



**Federal Employee Program**

**Prior Authorization Request Form    Implantable Middle Ear and Bone-Anchored Hearing Aids**

**Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.**

**Patient Information**

Patient's Name:	Blue Cross Blue Shield ID Number: R
Birth Date:	Patient's Phone Number:

**Billing Provider Information**

**Ordering Physician/Provider Information**

Name and Address:	<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:
Tax ID Number:	Tax ID Number:
Office Contact:	Office Contact:
Phone: (    )	Phone: (    )
Fax: (    )	Fax: (    )

**\*Please enter all codes requested; "by report" codes must have a description of why the code is being used.\***

**ICD-10 CODE(S):**

**CPT CODE(S):**

**HCPCS CODE(S):**

**PATIENT CLINICAL INFORMATION**

**Please provide the following documentation:** Anticipated Date(s) of Service:

- History and physical or consultation notes including:
  - Type of hearing loss
  - Past treatment
  - Medical condition requiring requested device
- Audiologic reports
- Additionally, for removal, repair or replacement of a device (if applicable):
  - Reason for the request
  - Documentation of device malfunction and/or repairs
  - Device manufacturer warranty

View our Medical Policy on line at <http://www.fepblue.org/medical-policies.jsp>

**Fax Number: 1-855-895-3504**

**Phone Number: 1-800-633-4581**

This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and **confidentially** destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.

Revised:                      Effective: