

Prior Authorization Request Form MRI of the Breast

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 including: ethnicity, age, age at time of first menstrual period, age at time of first live birth, relatives with a history of breast cancer, history and number of breast biopsies and pathology results
- Radiology report(s) (e.g., mammogram, breast ultrasound)
- Genetic testing reports (e.g., BRCA 1 or BRCA 2 testing) (if applicable)
- Pathology report(s), (if applicable)
- Type of breast implant(s) (if applicable)

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

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Revised: Effective: