



Federal Employee Program

Prior Authorization Request Form *Negative Pressure Wound Therapy in the Outpatient Setting*

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
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Birth Date:	Patient's Phone Number:
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Billing Provider Information	Ordering Physician/Provider Information
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Name and Address:	<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:
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Tax ID Number:	Tax ID Number:
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Office Contact:	Office Contact:
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Phone: ()	Phone: ()
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Fax: ()	Fax: ()
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Please enter all codes requested; "by report" codes must have a description of why the code is being used.

ICD-10 CODE(S):

CPT / HCPC CODE(S):

PATIENT CLINICAL INFORMATION

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

- History and physical and/or consultation notes including:
 - Prior treatment(s)/duration and response
 - Nutritional status
 - Treatment plan and estimated duration of wound VAC therapy
- Initial wound evaluation and description including:
 - Type of wound
 - Age and size of wound (length, width, and depth)
 - Amount of drainage
- Operative reports (if applicable)

For requests for continued use of a negative pressure wound therapy (NPWT) system:

- Subsequent wound care notes or progress notes including:
 - Current treatment
 - Treatment plan
 - Wound measurements

Wound evaluation, progress, and patient compliance

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: