



Federal Employee Program

Prior Authorization Request Form External Insulin Infusion Pump

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
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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:
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:

- Documentation of completion of a comprehensive diabetic education program
- Documentation of glucose self testing an average of at least three times a day during the past month prior to initiation of the pump (i.e., glucose diary)
- Documentation of multiple daily injections of insulin (i.e., at least three injections per day), with frequent self adjustment of insulin dose for at least six months (i.e., glucose diary)
- History and physical and/or consultation reports and three diabetes management related chart notes within the last year
- Laboratory report including: HbA1c, glucose levels, C-peptide (if applicable)

Patients on an External Insulin Pump prior to Enrollment:

- Documentation of glucose testing an average of three times a day during the past month

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581
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Any Requests for External Insulin Pump Repair or Replacement:

- Make and model of current insulin pump
- Age of current pump and medical necessity for replacement
- Pump warranty expiration date
- Repair log or documentation in MD progress notes of pump failure/description of pump problem

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

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Revised: Effective: