



**Federal Employee Program**

**Prior Authorization Request Form      *Radioembolization for Primary and Metastatic Tumors of the Liver***

**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<br>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: previous treatment and response, Child Pugh score and Eastern Cooperative Oncology Group functional status
- Treatment plan
- Current liver function tests

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: