



Federal Employee Program

Prior Authorization Request Form *Oral/Maxillofacial Procedures*

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:

- Complete dental records and medical records from physicians who have treated member for the same condition.
- Computed Radiograph Analysis
- with A and B deviations at a minimum
- Diagnostic Original Color photos;
- Diagnostic Original Cephalometric tracings
- Diagnostic Original Cephalometric radiographs
- Diagnostic Original Orthopantomogram (panoramic radiograph)

******Please do not submit moldings******

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: