



**BlueCross
BlueShield**

Federal Employee Program.

California Prior Authorization Request Form		Hearing Aid	
E-Mail to: FEP_PPO_PART@blueshieldca.com or Fax to: 1 (855) 895-3504		Phone Number: 1 (800) 633-4581	
<p>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.</p>			
Patient Information:			
First and Last Name:		Phone Number:	
Date of Birth:		ID Number:	
Prescribing Provider – Note: Certified HA Specialists cannot prescribe in the state of CA			
Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	Phone: Fax:
Type of Provider: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist Type:			
Hearing Aid Provider: If Prescribing Provider and Hearing Aid Provider are the Same Check Box and skip section <input type="checkbox"/>			
Name:		Tax ID:	NPI:
Street Address + Suite #:			
City:	State:	Zip:	Phone: Fax:
Specialist Type:		Contact Name:	
Diagnosis with Code(s):			
CPT Code:			
Hearing Aid Name:			
510(k)/Registration Number or product Code (please check one): <input type="checkbox"/> QUF <input type="checkbox"/> QUG <input type="checkbox"/> QUH <input type="checkbox"/> ESD <input type="checkbox"/> OSM <input type="checkbox"/> QDD			
<p>This facsimile transmission may contain protected and privileged, highly confidential medical, Personal and Health Information (PHI) and/or legal information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this material, you may not use, publish, discuss, disseminate, or otherwise distribute it. If you are not the intended recipient, or if you have received this transmission in error, please notify the sender immediately and confidentially destroy the information that faxed in error. Thank you for your help in maintaining appropriate confidentiality.</p>			

Please provide the following documentation with this request:

*** Hearing Aid(s) cannot have already been dispensed***

History and physical and/or consultation notes including:

- Audiogram less than 6 months old showing moderate (>26 dB) hearing loss
- Prescription for FDA approved device
- Documentation of the type of hearing loss
- Pertinent past procedural and surgical history

For Hearing aid replacement outside of benefit parameters:

- History of hearing aid use
- Medical history to include relevant prior treatment
- Comprehensive audiometric testing
- Documentation on device malfunction showing that device is not repairable or no longer under warranty
- Change in hearing loss >15 dB in a frequency between 500-4000 Hz
- Follow-up plan for assessing effectiveness of replacement hearing aid

View our Medical Policy online at <https://www.fepblue.org/legal/policies-guidelines>