



Federal Employee Program

Prior Authorization Request Form Knee Braces

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:

- Name, address and phone number of provider;
- HCPCS procedure code
- Clinical summary/ letter of medical necessity, history & physical, office notes, post-operative notes if patient has had surgery;
- Prescription, signed and dated by physician;
- X-ray or operative reports associated with knee injury;
- List of activities that the patient will be required to wear the knee brace;
- A copy of the manufacturers invoice if the physician's office is supplying the brace.

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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