



**Federal Employee Program**

**Prior Authorization Request Form    *Neuromuscular and Functional Electrical Stimulation***

**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:

<b>Billing Provider Information</b>	<b>Ordering Physician/Provider Information</b>
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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:

**For Trial Requests:**

- History and physical;
- Dictated psychological consult;
- Record of medications tried for the patient's condition
- Is the requested device a neuromuscular stimulator or an interferential stimulator?

**For Permanent Placement Requests:**

- All the above, plus:
- Procedure report and MD clinical notes documenting patient response to trial placement, if trial was done
- Record of previous treatments with response (invasive and non-invasive)
- Prescription for device or therapy including make and model of device

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

<b>Fax Number: 1-855-895-3504</b>	<b>Phone Number: 1-800-633-4581</b>
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Revised:                      Effective: