

Durable Medical Equipment Treatment Authorization Request

Routine Request	Modification/ Extension	Retroactive Request	Urgent Request
FAX: (323) 889-6504	FAX: (323)889-6504	FAX (323)889-6504	FAX: (323) 889-5403

Important: Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee.

Patient Information		Language spoken: English	
Member's name: Alexandra Lang	DOB: 05/11/2018	Gender: M <input checked="" type="checkbox"/> F	
Street address: 945 Kevin Estates Apt. 796	City: Lake Mary	State: Wyoming	ZIP code: 79450
Member's plan ID number: 66554243541	Effective date: 01/16/2021	Phone: +15042265729	

Service Information			
Referral requested by: Brown-Jones		Phone: +16715276788 FAX: +13589843806	
Request date: 01/26/2021	Referred to (servicing provider): Dr. Peter Pan, MD	NPI/Tax ID: 6299129081	Specialty: Nuclear Medicine
Servicing provider's full address: 5069 Thomas Burgs South Anna, IN 35288		Phone: +14923963183	FAX: +15415217116
Facility name: Pattersonville	NPI/Tax ID: 7505977942	Phone: +13372227350	FAX: +11013821047

Service(s) Requested:	
CPT/HCPC code(s): 78227	CPT/HCPC description: Hepatobil syst image w/drug
ICD-10 code(s): B17	Dx description: Other acute viral hepatitis

For modification/extension requests:	
Date last authorized: 01/05/2014	Previous Blue Shield Promise authorization number: 56412686473
MD/NP/PA justification for request: Hepatobil Syst image with drug is a diagnostic imaging agent used to provide information about the structure and function of the liver, b	
Requesting provider's name (please print): Dr. Ltoen Klak, MD	Provider's signature: Dr. Lt

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:

IPA responsibility? Check box, if yes	IPA authorization number:
	Dates of service authorized (from/to): -

PLEASE ATTACH THE LATEST AVAILABLE MEDICAL RECORDS AND PROGRESS NOTES. THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. PLEASE CHECK ELIGIBILITY BEFORE RENDERING SERVICE. Payment will not be made for unauthorized services. All lab and x-rays must be ordered/performed by contracted providers. If you are unsure whether the provider is contracted with Blue Shield of California Promise Health Plan, contact Blue Shield Promise's Utilization Management Department at (800) 468-9935. Specialist findings must be sent to the member's primary care physician.