

## 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.

<b>Patient Information</b>		<b>Language spoken:</b> English	
Member's name:	Christopher Roberts	DOB:	05/06/1983
Street address:	246 Thomas Locks Suite 243	City:	Jeffersontown
Member's plan ID number:	29297430476	State:	North Carolina
		Effective date:	02/12/2021
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	31924
		Phone:	+18657724334

<b>Service Information</b>			
Referral requested by:	Davies, Wright and Clark	Phone:	+12023553189
		FAX:	+12478233321
Request date:	10/07/2015	Referred to (servicing provider):	Pilot Kala, RN
		NPI/Tax ID:	2143308986
		Specialty:	Ophthalmology
Servicing provider's full address:	3109 Dyer Parkways South Zoe, MP 37836	Phone:	+11265190072
		FAX:	+16781650695
Facility name:	Michaelview	NPI/Tax ID:	2107627595
		Phone:	+10952118241
		FAX:	+19087320035

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	55875
	CPT/HCPC description: Transperi needle place pros
ICD-10 code(s):	A83.5
	Dx description: California encephalitis

<b>For modification/extension requests:</b>	
Date last authorized:	11/17/1995
	Previous Blue Shield Promise authorization number: 19263758426
MD/NP/PA justification for request:	Transperi needle placement pros are a type of needle placement procedure which is used for the management of chronic pain. This procedure involves the insertion
Requesting provider's name (please print):	Calk Barns, NP
	Provider's signature: Calk B

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.