

## 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:	Virginia Rivera	DOB:	08/20/1966
Street address:	96043 Hayley Passage	City:	Lake Jenniferhaven
Member's plan ID number:	53074688202	State:	Georgia
		Effective date:	06/01/1993
		Gender:	M F <input checked="" type="checkbox"/>
		ZIP code:	70998
		Phone:	+18021454084

<b>Service Information</b>			
Referral requested by:	Smith, Skinner and Boyd	Phone:	+19402803209 FAX: +16057346626
Request date:	03/11/1993	Referred to (servicing provider):	Inda Laec, PA
		NPI/Tax ID:	1571511929
		Specialty:	General Surgery
Servicing provider's full address:	01433 Hill Walk Trevorstad, CO 21290	Phone:	+17860686543 FAX: +10353425157
Facility name:	Port Thomas	NPI/Tax ID:	3352686084
		Phone:	+13759789554 FAX: +16570241727

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	77317
CPT/HCPC description:	Brachytx isodose intermed
ICD-10 code(s):	M90.5
Dx description:	Osteonecrosis in other diseases cla

<b>For modification/extension requests:</b>	
Date last authorized:	05/22/2007
Previous Blue Shield Promise authorization number:	52814095349
MD/NP/PA justification for request:	BrachyTx isodose intermed is an advanced brachytherapy planning and delivery system for the treatment of malignant and benign tumors
Requesting provider's name (please print):	Bob Faylor, PA
Provider's signature:	Bob Fa

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.