

## 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:	Luis Miller	DOB:	06/12/1958
Street address:	123 Dennis Mountain Apt. 787	City:	West Ashley
Member's plan ID number:	20919320836	Effective date:	01/06/2021
		Gender:	M F <input checked="" type="checkbox"/>
		State:	Florida
		ZIP code:	54684
		Phone:	+18523481327

<b>Service Information</b>			
Referral requested by:	Howard, Smith and Warner	Phone:	+17084391250 FAX: +16231427937
Request date:	05/05/2017	Referred to (servicing provider):	Inda Laec, PA
		NPI/Tax ID:	2773502557
		Specialty:	Anesthesiology
Servicing provider's full address:	41030 Juan Heights West Paul, NM 92414	Phone:	+11897666265
		FAX:	+11339953813
Facility name:	Holmeshaven	NPI/Tax ID:	1414844982
		Phone:	+15953500622
		FAX:	+16007137806

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	78597
CPT/HCPC description:	Lung perfusion differential
ICD-10 code(s):	T91.2
Dx description:	Sequelae of other fracture of thorax

<b>For modification/extension requests:</b>	
Date last authorized:	08/11/2004
Previous Blue Shield Promise authorization number:	59996730120
MD/NP/PA justification for request:	A lung perfusion differential is a diagnostic test used to identify any areas of the lungs that are not functioning properly. This test is particularly useful
Requesting provider's name (please print):	Dr. Almy Shaw, MD
Provider's signature:	Dr. Al

Accident?	If yes, where did he accident occur?
Yes No <input checked="" type="checkbox"/>	Home Work Auto Other:
IPA responsibility? Check box, if yes <input checked="" type="checkbox"/>	IPA authorization number: 54064077848
	Dates of service authorized (from/to): 01/16/22 - 03/01/22

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.