

## 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: Sue Matthews	DOB: 11/19/1964	Gender: M <input checked="" type="checkbox"/> F	
Street address: 248 Lindsey Forest	City: Kaufmanside	State: Montana	ZIP code: 99668
Member's plan ID number: 11709885642	Effective date: 06/24/2005	Phone: +13214227544	

<b>Service Information</b>			
Referral requested by: Hill-Reyes	Phone: +10417129475 FAX: +10186922786		
Request date: 11/13/2004	Referred to (servicing provider): Pilot Kala, RN	NPI/Tax ID: 9785515979	Specialty: Otolaryngology
Servicing provider's full address: 4938 Neil Walks Apt. 305 Lake Phillip, CO 77519		Phone: +14588256613	FAX: +16481223833
Facility name: West Jamesburgh	NPI/Tax ID: 7863255510	Phone: +13982523193	FAX: +14823530317

<b>Service(s) Requested:</b>	
CPT/HCPC code(s): A9512	CPT/HCPC description: Tc99m pertechnetate
ICD-10 code(s): B85-B89	Dx description: Pediculosis, acariasis and other in

<b>For modification/extension requests:</b>	
Date last authorized: 11/22/2021	Previous Blue Shield Promise authorization number: 82186070542
MD/NP/PA justification for request: Tc99m pertechnetate is a radiopharmaceutical agent utilized in a variety of medical imaging procedures, such as single-	
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.