

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:	Adam Hernandez MD	DOB:	06/14/1999
Street address:	58590 Lucero Plaza	City:	North Ryanmouth
Member's plan ID number:	96226730824	State:	New Jersey
		Effective date:	11/23/2020
		Gender:	M <input checked="" type="checkbox"/> F
		ZIP code:	55633
		Phone:	+11871592918

Service Information			
Referral requested by:	Mcdonald-Nguyen	Phone:	+13299432461
		FAX:	+13739649122
Request date:	04/25/2004	Referred to (servicing provider):	Ram Stam, MA
		NPI/Tax ID:	4878981188
		Specialty:	Plastic Surgery
Servicing provider's full address:	8595 Phillips Park Suite 610 Allisonport, OH 90589		
Facility name:	Taylormouth	Phone:	+18127402870
		FAX:	+11682628330
	NPI/Tax ID:	6076298040	
		Phone:	+17185318095
		FAX:	+19963160080

Service(s) Requested:	
CPT/HCPC code(s):	A9554
	CPT/HCPC description: I125 iothalamate, dx
ICD-10 code(s):	N11.1
	Dx description: Chronic obstructive pyelonephritis

For modification/extension requests:	
Date last authorized:	05/04/2008
	Previous Blue Shield Promise authorization number: 51809506111
MD/NP/PA justification for request:	: metastatic cancer I125 iothalamate is a radiopharmaceutical injection used for diagnostic imaging procedures, such as SPECT and PET
Requesting provider's name (please print):	Ram Stam, MA
	Provider's signature: Ram St

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

IPA responsibility?	IPA authorization number:
Check box, if yes <input checked="" type="checkbox"/>	75746234531
	Dates of service authorized (from/to): 08/21/22 - 09/14/22

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.