

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:	Jessica Watkins	DOB:	09/14/1996
Street address:	259 Kristen Corner	City:	Scottberg
Member's plan ID number:	20683956615	Effective date:	06/19/2021
		Gender:	M F <input checked="" type="checkbox"/>
		State:	North Dakota
		ZIP code:	12665
		Phone:	+17087885115

Service Information			
Referral requested by:		Long Ltd	
Request date:		02/05/1997	
Referred to (servicing provider):		Inda Laec, PA	
Servicing provider's full address:		97731 Sarah Views Apt. 825 East Samanthaside, SD 24431	
Facility name:		Alvarezhaven	
NPI/Tax ID:		6223090817	
Phone:		+11154360536	
FAX:		+13764376858	
Phone:		+13688282577	
FAX:		+10207102639	

Service(s) Requested:	
CPT/HCPC code(s):	97167
CPT/HCPC description:	Ot eval high complex 60 min
ICD-10 code(s):	Q81.1
Dx description:	Epidermolysis bullosa letalis

For modification/extension requests:	
Date last authorized:	05/06/1999
Previous Blue Shield Promise authorization number:	49319470414
MD/NP/PA justification for request: The patient presents with a diagnosis of sensory processing disorder and is currently displaying several signs of difficulty with sensory integration, including difficulty with organizing, sequencing	
Requesting provider's name (please print):	Pilot Kala, RN
Provider's signature:	Pilot

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.