

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:	Tyler Ochoa	DOB:	08/02/1980
Gender:	M	F	
Street address:	6028 Michael Island	City:	New Sydneyberg
State:	Minnesota	ZIP code:	31207
Member's plan ID number:	12547208750	Effective date:	04/29/2008
Phone:	+16898090516		

Service Information			
Referral requested by:	Boone, Mckinney and Rose	Phone:	+18355949232
FAX:	+16639801116		
Request date:	07/31/1993	Referred to (servicing provider):	Inda Laec, PA
NPI/Tax ID:	7363934442	Specialty:	Plastic Surgery
Servicing provider's full address:	9112 Johnson Lodge Angelastad, ND 53635	Phone:	+18201911455
FAX:	+19501449429		
Facility name:	Olsonview	NPI/Tax ID:	7091029512
Phone:	+14142235805	FAX:	+12074825910

Service(s) Requested:	
CPT/HCPC code(s):	78598
CPT/HCPC description:	Lung perf&ventilat diferentl
ICD-10 code(s):	A06.3
Dx description:	Amoeboma of intestine

For modification/extension requests:	
Date last authorized:	07/19/2017
Previous Blue Shield Promise authorization number:	30780246659
MD/NP/PA justification for request:	Lung perfusion and ventilation are two key components of pulmonary physiology. Lung perfusion is the process of delivering oxygen to the lungs via the
Requesting provider's name (please print):	Calk Barnks, NP
Provider's signature:	Calk B

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

IPA responsibility?	IPA authorization number:
Check box, if yes	Dates of service authorized (from/to):
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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.