

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: James Gardner	DOB: 01/16/2009	Gender: M	F <input checked="" type="checkbox"/>
Street address: 693 Grant Turnpike Apt. 650	City: West Tina	State: Delaware	ZIP code: 38471
Member's plan ID number: 11138757188	Effective date: 08/14/2018	Phone: +10510163125	

Service Information			
Referral requested by: Barker, Grant and Haley	Phone: +12615354985 FAX: +15510559457		
Request date: 07/28/1996	Referred to (servicing provider): Inda Laec, PA	NPI/Tax ID: 4121106355	Specialty: Ophthalmology
Servicing provider's full address: 54463 Alisha Junctions Apt. 634 Ryanborough, KY 19203	Phone: +14451555121	FAX: +17087030707	
Facility name: Jasonchester	NPI/Tax ID: 29968314	Phone: +15431151208	FAX: +15018869184

Service(s) Requested:	
CPT/HCPC code(s): 82950	CPT/HCPC description: Glucose test [only when billed with ICD-10-CM code Z13.1]
ICD-10 code(s): N80.9	Dx description: Endometriosis, unspecified

For modification/extension requests:	
Date last authorized: 02/23/2021	Previous Blue Shield Promise authorization number: 9212143777
MD/NP/PA justification for request: The Glucose test is medically necessary for the diagnosis and management of the patient with ICD-10-CM code Z13.1	
Requesting provider's name (please print): Dr. Kareen Sharm, MD	Provider's signature: Dr. Ka

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.