

## 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:	Kimberly Baker	DOB:	08/15/2007
Street address:	4119 Stacey Fall Apt. 886	City:	North Jason
Member's plan ID number:	8907702515	State:	New Jersey
		Effective date:	05/17/1995
		Gender:	M F <input checked="" type="checkbox"/>
		ZIP code:	51313
		Phone:	+16666072357

<b>Service Information</b>			
Referral requested by:	James-Woods	Phone:	+13854342097 FAX: +12748274179
Request date:	09/19/2002	Referred to (servicing provider):	Bob Faylor, PA
		NPI/Tax ID:	5749136611
		Specialty:	Neurology
Servicing provider's full address:	1645 Elaine Ranch Apt. 900 Port Michelleborough, AZ 56798		Phone:
			+12411385197
Facility name:	Dianaport	FAX:	+16077353935
		NPI/Tax ID:	8158874208
		Phone:	+16414310640
		FAX:	+17073090538

<b>Service(s) Requested:</b>	
CPT/HCPC code(s):	A9543
	CPT/HCPC description: Y90 ibritumomab, rx
ICD-10 code(s):	S20.0
	Dx description: Contusion of breast

<b>For modification/extension requests:</b>	
Date last authorized:	08/19/2007
	Previous Blue Shield Promise authorization number: 39621838180
MD/NP/PA justification for request:	Y90 ibritumomab is a monoclonal antibody therapy indicated for treating relapsed or refractory B-cell non
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? 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.