

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:	Jeremiah Hernandez	DOB:	09/09/1934
Street address:	010 Alexander Islands	City:	Sandovalland
Member's plan ID number:	79693390897	Effective date:	03/23/2020
		Gender:	M F <input checked="" type="checkbox"/>
		State:	Rhode Island
		ZIP code:	35624
		Phone:	+11138400260

Service Information			
Referral requested by:		Swanson, Roy and White	
Request date:		01/08/2020	
Referred to (servicing provider):		Stooj Blake, RN	
Servicing provider's full address:		70323 Fisher Vista Kruegerchester, OR 82331	
Facility name:		South Laurenland	
NPI/Tax ID:		3227540851	
Phone:		+17955951685	
FAX:		+16490842037	
Phone:		+12026916181	
FAX:		+17879531824	

Service(s) Requested:	
CPT/HCPC code(s):	95992
CPT/HCPC description:	Canalith repositioning proc
ICD-10 code(s):	O68.1
Dx description:	Labour and delivery complicated by

For modification/extension requests:	
Date last authorized:	12/03/2000
Previous Blue Shield Promise authorization number:	38183499980
MD/NP/PA justification for request: Canalith repositioning procedure (CRP) is a physical therapy treatment for benign paroxysmal positional vertigo (BPP)	
Requesting provider's name (please print):	Calk Barns, 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 <input checked="" type="checkbox"/>	IPA authorization number: 67076083088
	Dates of service authorized (from/to): 09/10/22 - 10/22/22

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.