

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: Vanessa Martinez	DOB: 04/21/2015	Gender: M <input checked="" type="checkbox"/> F	
Street address: 47255 Thompson Rapid	City: Lake Kathleen	State: Delaware	ZIP code: 10412
Member's plan ID number: 89507420574	Effective date: 06/26/1996	Phone: +17699523802	

Service Information			
Referral requested by: Atkinson, Brady and Trevino		Phone: +11469512103 FAX: +13197290222	
Request date: 08/18/2015	Referred to (servicing provider): Calk Barnks, NP	NPI/Tax ID: 4764667161	Specialty: Otolaryngology
Servicing provider's full address: 344 Tanya Parks Lake Danatown, ME 83206		Phone: +16251466606	FAX: +12038047855
Facility name: Bryanstad	NPI/Tax ID: 52940609	Phone: +16618167768	FAX: +17082661359

Service(s) Requested:	
CPT/HCPC code(s): 93890	CPT/HCPC description: Tcd vasoreactivity study
ICD-10 code(s): M30	Dx description: Polyarteritis nodosa and related co

For modification/extension requests:	
Date last authorized: 08/07/2015	Previous Blue Shield Promise authorization number: 45689234349
MD/NP/PA justification for request: A transcranial Doppler (TCD) vasoreactivity study is an important diagnostic tool used to assess the degree of cerebral vascular	
Requesting provider's name (please print): Bob Faylor, PA	Provider's signature: Bob Fa

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.