



# Regence

Regence BlueCross BlueShield of Oregon is an Independent  
Licensee of the Blue Cross and Blue Shield Association

**Pre-authorization Request Form**  
**Medical Services**  
**Commercial, Individual, Medicare, BCBS FEP members:**  
**Fax: 1 (855) 232-0085**  
**Administrative Services Only (ASO) members:**  
**Fax: 1 (844) 679-7763**  
**Mail to: PO Box 1271, WW5-53**  
**Portland, OR 97207-1271**

**Instructions:** This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Is this for a Medicare Preservice Benefit Organization Determination Request? ☐ Yes ☒ No

**Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box.** ☐ Fax to 1 (855) 240-6498.

**Expedited is defined as:** When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

## SECTION 1 – PATIENT INFORMATION

Patient Name (Last) DUCKTEST								First DAISY								MI	Patient's Phone # 32122535										
Patient's Regence Member ID #										Group #										Date of Birth							
2	1	0	0	2	2	9	5	1	2	6	5	0	0	0	0	2	05/06/1950										

## SECTION 2 – PROVIDER INFORMATION

Please check one: <input checked="" type="checkbox"/> Requesting/Prescribing Provider <input type="checkbox"/> Rendering/Treating Provider																			
Provider Name Vivek Deshmukh, MD										Tax ID # 931127856									
NPI # 1710922026					Office Phone # 503-963-2801					Confidential Voice Mail <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Fax # 503-963-2825				
Mailing Address 9155 SW BARNES RD STE 440										City PORTLAND					State OR		ZIP Code		
Provider Specialty Neurosurgery										Email Address demorrow@orclinic.com									

### Who should we contact if we require additional information?

Name Devynn			Phone # 503-963-2801 Ext.			Confidential Voice Mail <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Fax # 503-963-2825		
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**If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.**

Phone #: Ext:			Date: Time:			Date: Time:			Date: Time:			
Facility or Independent Laboratory Name The Oregon Clinic						Tax ID # 931127856			NPI # 1710922026			
Mailing Address 9155 SW BARNES RD STE 440						Fax # 503-963-2825						
City PORTLAND			State OR		ZIP Code		Phone # 503-963-2801 Ext.			Confidential Voice Mail <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 3 – PREAUTHORIZATION REQUEST

Date of Service/Anticipated Admission 02/05/2021

Please check one: ☐ Outpatient Hospital ☐ Inpatient ☐ ASC ☒ Office  
☐ Other \_\_\_\_\_

**Note:** This form does not serve as a notification of admission. Please reference our provider website for instructions about how to notify us of an admission.

#### Please provide all diagnosis, CPT or HCPCS codes and their descriptions.

Diagnosis code(s) and description(s)	CPT or HCPCS code(s) and description(s)
Primary: M54.16 - Lumbar Radiculopathy	Bone Growth Stimulator for PURCHASE -- CPT E0748 and 20974
Second:	
Third:	

### SECTION 4 – DOCUMENTATION SUBMISSION

#### Submit the following documentation, as appropriate, with this request:

- Specific clinical documentation as outlined in the associated Regence Medical Policy, Policy Guidelines section
- OR**
- Specific clinical information documenting the applicable Medicare, or BCBS FEP medical necessity criteria, **including:**
    - History and physical
    - Lab/Radiology/Testing results
    - Current symptoms and functional impairment
    - Treatment history and any other information such as chart notes that support medical necessity for the request

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.