

MEMBER NAME:					ID:	8	0	6						
PATIENT FIRST NAME:					PATIENT LAST NAME:									
PATIENT DATE OF BIRTH:														
TODAY'S DATE:						SCHEDULED/ANTICIPATED SERVICE DATE:								
BCBS NETWORK ONLY						Medical Mutual network providers should contact Medical Mutual at 800-362-1279 for all pre-determination requests and guidelines.								

ORDERING PHYSICIAN

ORDERING PHYSICIAN: (Individual – Type 1 NPI)		
TYPE OF PROVIDER:		NAME OF FACILITY:
ORDERING PHYSICIAN FIRST NAME:		ORDERING PHYSICIAN LAST NAME:
CONTACT FIRST NAME:		CONTACT LAST NAME:
TELEPHONE NUMBER:		FAX NUMBER:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

RENDERING PROVIDER/FACILITY

RENDERING FACILITY/PHYSICIAN/PROVIDER: (Organization – Type 2 NPI)		
RENDERING PHYSICIAN PROVIDER TYPE:		
RENDERING PROVIDER/FACILITY NAME:		
CONTACT FIRST NAME:		CONTACT LAST NAME:
TELEPHONE NUMBER:		FAX NUMBER:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PLACE OF SERVICE:	<input type="checkbox"/> Provider Office <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other	
TYPE OF SERVICE:	<input type="checkbox"/> Surgery <input type="checkbox"/> DME (Durable Medical Equipment) <input type="checkbox"/> Medication/Injection/Infusion <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Radiology	
	<input type="checkbox"/> Enteral/Parenteral <input type="checkbox"/> Therapy <input type="checkbox"/> Study <input type="checkbox"/> Exam <input type="checkbox"/> Other	
CPT/HCPCS CODE(S):		
ICD-10 DIAGNOSIS CODES:		
COMMENTS:		

PLEASE ATTACH THE FOLLOWING INFORMATION (IF APPLICABLE) TO SUPPORT MEDICAL NECESSITY:

Lab/test results, x-rays, patient's current condition, medical history, evaluation/progress notes, conservative treatment and color photos

**A Pre-Determination of Benefits is not a guarantee of payment and is contingent upon compliance with all Plan requirements.*

PDB to Network Required*

BCBS Website – bcbsil.com

ABA Therapy/Behavioral Health	Gender Reassignment Surgery
Bariatric/Gastric Surgeries	Transplants (Not Including Corneal Transplants)
Breast Reductions	

PDB to TeamCare Recommended*:

TeamCare Fax - 877-PDB-6173 (877-732-6173)

Augmentative Speech Device (Durable Medical Equipment – DME)	Intacs	Proton Beam Therapy
Blepharoplasty (color photos required)	Implantable Miniature Telescope (IMT)	Provenge/Sipuleucel-T
Bone Growth Stimulator (Durable Medical Equipment – DME)	JAS Splints/Mechanical Stretching Devices	Rhinoplasty
Breast Augmentation	Laminotomy/Laminectomy/Spine & Back Surgery	Scooter/Wheelchair (Durable Medical Equipment – DME)
Buy & Bill Specialty Drugs-High-Cost Drugs (Includes IV Therapy)	Laser Treatment of Congenital Port Wine Stain/Hemangiomas	Spinal Cord Stimulator
Capsule Endoscopy/Pill Cam	Lung Cancer Screening	Stereotactic Radiosurgery
Durable Medical Equipment (DME) – purchase/rental, repair or replacement	Manual Manipulation Anesthesia (MUA)	TENS Unit/Muscle Stimulator
Dynasplint/Dynamic Splint (Durable Medical Equipment – DME)	Obstructive Sleep Apnea (Surgical Treatment)	Total Parenteral Nutrition – TPN
Enteral feeding and related supplies	Panniculectomy	Vagus Nerve Stimulator Implant
Gastrointestinal (GI) Motility Measurement (CPT Codes: 91112, 91132, 91133 and 91299)	Pectus Excavatum	Varicose Veins/Sclerotherapy
Genetic/DNA Testing/Genomic Assays	Penile Prosthesis	Video Monitored Electroencephalogram – V-EEG
Glucometer/Continuous Monitor/Glucose Monitor (Buy & Bill)	Photodynamic Therapy/Dermatologic Applications	Ventilator (Durable Medical Equipment – DME)
Hormone Replacement Therapy	Power Operated Cart/ Wheelchair (Durable Medical Equipment – DME)	Wound Vac – (NPWT) (Durable Medical Equipment – DME)
Hyperbaric Oxygen Chamber	Prophylactic Mastectomy	

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