TEAMCARE®
A CENTRAL STATES HEALTH PLAN

REQUIRED MEDICAL PREDETERMINATION OF BENEFITS REQUEST FORM*

Please submit online by registering at MyTeamCare.org or complete this form & submit via fax to 877-PDB-6173 (877-732-6173)

MEMBER NAME:	ID TEA:	8	0	6						
PATIENT FULL NAME:	PATIENT DATE OF BIRTH:									
DOES THE PATIENT HAVE OTHER INSURANCE?	If yes, please explain:									
DOES THIS REQUEST PERTAIN TO A WORK-RELATED INJURY?	If yes, please explain:									
DOES THIS REQUEST INVOLVE AN MVA OR POSSIBLE SUBROGATION ISSUE?	If yes, please explain:									
TODAY'S DATE:										

Who is requesting this pre-determination? ☐ Ordering Provider ☐ Rendering Provider ☐ Other (Contact) - Please Explain:

Where should the response be sent? Name: Fax Number:

Are the Ordering and Rendering Providers the same? ☐ Yes - Complete Sections 1 and 3. ☐ No - Complete Sections 1, 2 and 3.

SECTION 1 - ORDERING PHYSICIAN

ORDERING PHYSICIAN: (Individual – Type 1 NPI)		
PROVIDER SPECIALITY:	FACILITY NAME:	
ORDERING PHYSICIAN NAME:	ORDERING PHYSICIAN PHONE NUMBER:	
CONTACT NAME:	CONTACT PHONE NUMBER:	
STREET ADDRESS:	FAX NUMBER FOR RESPONSE:	
CITY:	STATE:	ZIP CODE:

SECTION 2 - RENDERING PROVIDER/FACILITY

RENDERING PROVIDER/FACILITY/PHYSICIAN: (Organization – Type 2 NPI)		
PROVIDER SPECIALITY:		
RENDERING PROVIDER/FACILITY NAME:		
RENDERING PROVIDER/FACILITY PHONE NUMBER:	FAX NUMBER FOR RESPONSE:	
CONTACT NAME:	CONTACT PHONE NUMBER:	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

SECTION 3 – ADDITIONAL INFORMATION

PLACE OF SERVICE: ☐ Provider Office ☐ Outpatient Facility ☐ Inpatient Facility ☐ Home ☐ Office ☐ Other:

TYPE OF SERVICE: ☐ Surgery ☐ RX Drug ☐ Buy & Bill Drug ☐ DME (Durable Medical Equipment) ☐ Genetic Testing ☐ Radiology

☐ Therapy ☐ Other ☐ Enteral/Parenteral – Please answer following questions: Time Frame for request: ☐ Wks ☐ Mos Method of Administration:

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)**

PDB to TeamCare Recommended*:
TeamCare Fax - 877-PDB-6173 (877-732-6173)

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

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For a dental Predetermination of Benefits, requests should be submitted to TeamCare's Dental Department.

This form is for TeamCare Medical Predetermination of Benefits only and is required with all predetermination requests beginning January 1, 2023.