BlueCross BlueShield of Montana

Predetermination (formerly Prior Auth) Request – DME, Prosthetics or Orthopedic Devices

Fax: 866-589-8256, ATTN: Predetermination

To check status of a Predetermination, call 855-313-8914.

If the purchase price is more than $1000, complete this form. If the purchase price is not more than $1000, call Customer Service at 1-800-447-7828 to determine if predetermination is required. If predetermination is necessary, complete this form. Specific coverage criteria for some items are explained in medical policy published at **www.bcbsmt.com** or in the member's contract.

CPAP-type devices do not need predetermination. Oxygen does not need predetermination.

Patient Name:	Patient Health Plan ID:	Patient Group ID:	Patient Date of Birth:
Provider Name:	Provider NPI Number:	Provider Phone: Provider Fax:	
Ordering Provider Name:	Ordering Provider Telephone:		

HCPCS or CPT Code	Diagnosis Code	Rental (RR) or Purchase (NU)	Price	Replace	Upgrade	Repair

Unlisted Code Description:

Fax: 866-589-8256, ATTN: Predetermination **or**
Mail: Utilization Management Department, Blue Cross and Blue Shield of Montana, P.O. Box 7982, Helena, MT 59604
NOTE: Do not mail form if already faxed

To Be Completed By BCBSMT

☐ Approved - Authorization Number: _____

☐ Denied

Comments:

Reviewed by: _____ Date: _____

This notice is not a guarantee payment will be provided and only approves the medical necessity and appropriateness of the medical services requested and authorized. The determination for claims payment is made when the claim is received. The claim is subject to the terms and limitations of the member's benefit plan including applicable deductibles and co-payments. Additionally, prior authorizaton is only honored if the member is a covered member and dues are paid at the time the services are provided. Payment is not allowed if the member is not covered at the time of service.

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Additional line items

HCPCS or CPT Code	Diagnosis Code	Rental (RR) or Purchase (NU)	Price	Replace	Upgrade	Repair

Unlisted Code Description:

Replace/Upgrade Reason:

Type of Repair: