



INFUSION PRE-TREATMENT REQUEST
Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

Mail: Allegiance Benefit Plan Management, Inc.

P.O. Box 3018

Phone: (800) 877-1122

Missoula, MT 59806-3018

Office Contact:	Phone Number:	Request Date:	Scheduled Date:
Patient Name:	Participant ID#:	Group ID No.:	Patient Date of Birth:
Ordering Provider:	Address:	TIN & NPI:	Phone Number: Provider Fax:
Servicing Provider:	Address:	TIN & NPI:	Phone Number: Fax Number:
ICD-10 Codes:		CPT Codes:	

*Requests that include unlisted procedure code(s) will require additional documentation supporting the use of that code(s). If documentation is not submitted supporting the requested unlisted code(s) your request may be delayed and/or denied. Unlisted codes will not be considered eligible if accurate and listed codes are available to describe the requested service or procedure.

Inpatient

Outpatient

Please provide the following information:

1. A complete description of the procedure(s) or treatment(s) for which pre-treatment review is requested
2. A complete diagnosis and all medical records regarding the condition that supports the requested procedure(s) or treatment(s), including but not limited to, informed consent form(s) all lab work and/or x-rays, or diagnostic studies
3. An itemized statement of the cost of such procedure(s) or treatment(s) with corresponding CPT or HCPCS codes
4. The attending Physician's prescription, if applicable
5. A Physician's referral letter, if applicable
6. A letter of medical necessity
7. A written treatment plan
8. Any other information deemed necessary to evaluate the pre-treatment review request

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment.

Please allow 3 business days for a response.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.