

Pre-Determination Request
Fax to: (806) 373-1458

A PreDetermination is a courtesy MEDICAL NECESSITY review provided by IMS / IMS Managed Care. The review is provided to determine if the treatment requested is medically necessary, and a covered service. Expected review completion is within 5-7 business days.

You must verify benefits and eligibility for services, and document the Call Reference # provided: _____

Requested by: _____

Ph # & Extension REQ: _____

Requested date: _____

Call reference for PreD Request: _____

All fields in the request should be completed prior to submission of your request. Blank fields may delay the review process.

PROVIDER / FACILITY INFORMATION

Physician Name: _____

Facility Name: _____

Physician Tax ID: _____

Facility Tax ID: _____

Physician Phone: _____

Facility Phone: _____

Physician Fax: _____

Facility Fax: _____

Physician Address: _____

Facility Address: _____

PATIENT INFORMATION

Patient Name: _____

DOB: _____

SS# of Insured: _____

Phone: _____

Employer: _____

Member ID (REQUIRED) _____

OTHER INFORMATION

Please provide supporting documentation for your request, such as History & Physical, Dr. Orders, Plan of care, office/progress notes, current Lab & Diagnostic Imaging reports. Fax them along with this completed form. If these documents are not submitted with the request, delays may be incurred. Fax # (806) 373-1458.

Date Procedure/Treatment is scheduled: _____ Outpatient Services: Yes ☐ or No ☐

Diagnosis: 1. _____ ICD-10: _____

2. _____ ICD-10: _____

If this is for Infusion services, please note where the infusion will occur:

☐ Self-administered ☐ Physician Office ☐ Home Infusion ☐ Infusion Center _____

Treatment Plan: _____

Treatment/Procedure description and codes:

_____ # of units _____ CPT/HCPC: _____ Billed Amt \$: _____

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The determination is based on medical necessity and does not affect or restrict in any manner the physician's authority or responsibility of patient care. All benefits are subject to the terms and provisions of the employer's health care benefit plan and will be based on the member's eligibility status at the time the charges are incurred.

Rev 11/2024