

## Predetermination Request Form

— Confidential —

Date Submitted: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Please complete this form when requesting predetermination of benefits for a specific procedure or service. If the determination of this review will influence the decision to proceed with treatment, BlueCare Tennessee recommends that nothing be scheduled until the final determination has been issued. A request for predetermination is not necessary for urgent or emergency medical treatment. (If a medical review is being requested, please allow up to 15 days for a determination to be made.)

Predetermination requests are never required and are offered as a courtesy review to check for possible pre-existing conditions, benefits/coverage, and to ensure services meet medical criteria/guidelines. They do not take the place of any precertification/prior authorization requirements. Failure to obtain any necessary authorizations may result in a denial or reduction in benefits.

Please return this completed form to: BlueCare Tennessee  
Claims Service Center – CoverKids  
1 Cameron Hill Circle, STE 0002  
Chattanooga, TN 37402-0002

You may also fax this completed form to (423) 535-5268. If you have any questions, please call BlueCare Tennessee Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 6 p.m. (ET).

Member Name:	Member ID Number:
Date of Birth (mm/dd/yy):	Male      Female
Diagnosis (including ICD-10-CM Code):	

Requested Procedure(s) or Equipment:

CPT® or HCPCS Codes (required):


Clinical information to support medical appropriateness (e.g., failed outpatient therapy, laboratory or X-ray results, vital signs), medications, presenting symptoms, plan of treatment and brief clinical history:

Please attach additional supporting documentation (e.g., X-rays, pictures, Certificate of Medical Necessity)

Attachment(s)

No Attachment(s)

BlueCare Tennessee Medical Policies can be accessed online at [bluecare.bcbst.com](http://bluecare.bcbst.com).

Physician:	Provider No.:	NPI No.:
Telephone No.:	Fax No.:	
Address:	City:	State/Zip:
Facility or Supplier:	Provider No.:	NPI No.:
Telephone No.:	Fax No.:	
Address:	City:	State/Zip:

If provider/facility or supplier is out-of-network and requesting in-network benefits, please note that and attach the rationale for utilizing out-of-network sources.

Please note: Final reimbursement determinations are based on member eligibility at the time of service, Medical Necessity criteria, applicable member copayments, coinsurance, deductibles, benefit plan exclusions/limitations, authorization/referral requirements and BlueCare Tennessee Medical Policy.



BlueCare Tennessee  
1 Cameron Hill Circle | Chattanooga, TN 37402

[bluecare.bcbst.com](http://bluecare.bcbst.com)

BlueCare Tennessee, an Independent Licensee of the BlueCross BlueShield Association

CPT® is a Registered Trademark of the American Medical Association

17BCM101611 (3/17)