

## Behavioral Health Out of Network Request Form for Routine Outpatient Psychiatry and/or Therapy Services

**Please check line of business for this form:**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> BlueAdvantage (PPO) <sup>SM</sup> | <input type="checkbox"/> BlueCare Plus (HMO SNP) <sup>SM</sup> | <input type="checkbox"/> CoverKids |
| <input type="checkbox"/> BlueCare <sup>SM</sup>            | <input type="checkbox"/> TennCare <i>Select</i>                |                                    |

Non-participating practitioner or facility: \_\_\_\_\_

Member number: \_\_\_\_\_

Member name: \_\_\_\_\_

Member date of birth: \_\_\_\_\_

Member contact number: \_\_\_\_\_

Date request sent: \_\_\_\_\_

**Provider name:** \_\_\_\_\_

Provider phone: \_\_\_\_\_

Provider fax: \_\_\_\_\_

**Place of service: OON office visits** \_\_\_\_\_

**Requesting clinician:** \_\_\_\_\_

Clinician provider ID #: \_\_\_\_\_

Clinician NPI #: \_\_\_\_\_

Clinician address: \_\_\_\_\_

**Treating clinician:** \_\_\_\_\_

Clinician provider ID #: \_\_\_\_\_

Clinician NPI #: \_\_\_\_\_

Clinician address: \_\_\_\_\_

**Requested facility:** \_\_\_\_\_

Facility provider ID #: \_\_\_\_\_

Facility NPI #: \_\_\_\_\_

Facility address: \_\_\_\_\_

**Psychiatric ICD-10 diagnosis codes:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Medical ICD-10 diagnosis codes:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Anticipated frequency of office visits?**

**CPT codes requesting/start and end date/number of units for each:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Brief Clinical (symptoms/behaviors/mental status):**

**Medications and dates prescribed:**

Medications	Date

**Prior treatment history:**

**Reason why member can or will not see in-network provider:**

Signature of ordering clinician with credentials (required to process): \_\_\_\_\_

Date of signature: \_\_\_\_\_

**Fax pre-certification numbers:**

BlueAdvantage: 1-888-535-5243

BlueCare Plus: 1-866-325-6698

Bluecare/TennCare *Select*: 1-800-292-5311

CoverKids: 1-800-851-2491

**Customer service numbers:**

BlueAdvantage: 1-800-841-7434

BlueCare Plus: 1-800-299-1407

BlueCare: 1-800-468-9736

TennCare *Select*: 1-800-276-1978

CoverKids: 1-800-924-7141

