



# Durable Medical Equipment Request Form

To request services: BlueCare/TennCareSelect  
Fax Number: **1-866-325-6697**

- Urgent                       New Request                       Date of Service Correction  
 Non-Urgent                       Continuation Request                       Previous Auth #

## Member Information

Member Name: \_\_\_\_\_ Member ID Number: \_\_\_\_\_  
 Member Address: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Diagnosis: (List all ICD-10 codes) \_\_\_\_\_

## Physician and Facility Information

Ordering Physician: \_\_\_\_\_ Provider Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 National Provider Identifier: \_\_\_\_\_ Tennessee Medicaid Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

---

Treating/Rendering Provider: \_\_\_\_\_ Provider Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- Purchase       Rental

	HCPCS Code	Modifiers (if applicable)	Code Description	Units Requested	Date of Service Requested	Duration
1						
2						
3						
4						
5						
6						
7						

	HCPCS Code	Modifiers (if applicable)	Code Description	Units Requested	Date of Service Requested	Duration
8						
9						
10						
11						
12						
13						
14						
15						

- This form is to be used to request all DME services, and is not to be used as an order
- Please attach the specific order for the request that includes the type of service, the amount of services requests, the frequency of services and the duration of the request.
- The request on the order must match the request on this form.

Member discharged from hospital facility?  Yes  No      If yes, discharge date:

Recent surgery related to this request?  Yes  No

Clinical Information: (Attach medical records appropriate for this request. Including, but not limited to: clinical notes, lab and/or imaging results. If photos required per BlueCare Tennessee Medical Policy for review, please mail to the address at top of page 1.)

Member Name:

Member ID Number: