



1 Cameron Hill Circle
Chattanooga, TN 37402
bluecare.bcbst.com

BlueCareSM
TennCareSelect

Prior Authorization Request Form

Authorization is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.

BlueCare/TennCareSelect
Fax Number: 1-800-292-5311

<input type="checkbox"/> BlueCare	<input type="checkbox"/> TennCareSelect
<input type="checkbox"/> Inpatient Request	<input type="checkbox"/> Outpatient Request

Member Information

Member Name: _____ Member ID Number: _____
 Address: _____
 Date of Birth: _____ Member Phone Number: _____
 Diagnosis: (List all ICD-9/10 codes): _____

Physician and Facility Information

Ordering Physician: _____ Provider Number: _____
 National Provider Identifier: _____ Tennessee Medicaid Number: _____
 Phone Number: _____ Fax Number: _____
 Date of Order or Certificate of Medical Necessity: _____
 Facility Name: _____ Provider Number: _____
 Address: _____
 Provider Number: _____
 National Provider Identifier: _____ Tennessee Medicaid Number: _____
 Phone Number: _____ Fax Number: _____
 Contact: _____ Start Date: _____ End Date: _____
 Date of Evaluation: _____
 Services Being Requested: _____
 Number Requested: _____ Frequency requested: _____
 Conservative TX used and/or failed: _____
 Date of previous treatment: _____
 Date of last actual MD assessment/follow up: _____

Problems:

- 1.
- 2.
- 3.
- 4.

Codes/Services Requested (Please include codes, number of units/days/etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Clinical Information: (Attach records, lab results, and imaging results if needed. If photos required per VSHP Medical Policy for review, please mail to the address at top.)

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