

## Inpatient/Outpatient Services Prior Authorization Request Form

To request services for BlueCare Plus Tennessee fax to 1-866-325-6698.

Requests can be submitted online at any time through **Availity.com**.

Inpatient	Outpatient			
Please indicate	e if service request meets CMS	/NCQA definition of Urgent or Expedited:	Yes, Urgent/Expedited	
Rationale:				
Submitter	Contact Information			
Name:				
Phone:		Fax:		
Member lı	nformation			
Member Nam	e:			
Member ID Number:		Member Gender:		
Member Addr	ess:			
Member Phone Number:		Date of Bir	/ Date of Birth://	
Primary Diagr	nosis for requested service, (lis	st ICD-10 Codes):		
Ordering F	Physician			
Ordering Phys	sician:			
Provider Num	ber:			
Phone Numbe	er:	Fax Number:		
National Prov	ider Identifier:	Tax ID:		
Address:				

Treating Facility Information			
Treating/Facility Name:			
Provider Number:			
Phone Number: Fa	Fax Number:		
National Provider Identifier:	Tax ID:		
Address:			
Service Type (Select appropriate service	e type)		
Date of Service/Admit Date://			
Type of admit: Emergency or Elective (scheduled):			
If extension, What are the dates of service requested? _			
Please include applicable procedure(s) names and code	e(s) below.		
Name/Description		CPT®/HCPCS	
Please include specific clinical supporting the medical r	necessity of the requested ite	ms.	
Clinical Information			
Past medical history, provider's orders/treatment plan, all pertinent diagnostic testing, wound description and therapy notes/evaluation, discharge plans and any othe if applicable.	care, nutrition/diet, activity, p	rior level of function,	
<b>Disclaimer</b> : Authorization is not a confirmation of cover	rage or benefits. Benefits rem	ain subject to all contract	

terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered.

BlueCare Plus Tennessee

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