

**BlueCare Plus (HMO SNP)SM
Durable Medical Equipment Request Fax Form**

Retro Yes No

Member Name _____ DOB _____

Member ID Number _____ LPP0 _____ PFFS _____

Diagnosis _____ ICD9 Code _____

ICD10 Code _____

Co-morbidities _____

Symptoms _____

Surgery Type _____ Surgery Date _____

PO2 level _____ O2 Sat _____

Arterial blood gas results _____ Date Drawn _____

Beginning Date of Service: _____ Date of Services Requested _____

Equipment Requested _____

Information Needed To Complete Evaluation

- HCPCS code for items requested _____
- Rental or Purchase _____
- Cost of items requested _____
- Certificate of Medical Necessity (if applicable to CMS guidelines) _____

Provider _____ Phone Number _____

Provider# _____ NPI Number _____

Supplier _____ Phone Number _____

Requesting Physician _____ Provider Number _____

NPI Number _____ Tax ID# (the last 5 digits) _____

Phone Number _____ Fax Number _____

Address _____ Contact Person _____

If a Retro request, please provide explanation: _____

Please Fax to BlueCare PlusSM Utilization Management Department upon completion of this form

Fax: 1-866-325-6698

Telephone: 1-866-789-6314

BlueCare Plus Tennessee • 1 Cameron Hill Circle • Chattanooga, TN 37402 • bluecareplus.bcbst.com

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association

BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program.

Enrollment in BlueCare Plus Tennessee depends on contract renewal.