

BlueCare Plus (HMO SNP)SM Home Infusion Therapy (HIT) Request Fax Form

Member Name (First, Middle, Last)
Member ID Number
Member Date of Birth
Address (Street, City, State, Zip)
Gender
 Male Female

Primary Insurance Coverage:
 Medicare LPPO
 Other PFFS

Member Information

| Primary Diagnosis ICD-9-CM Code: ICD-10-CM Code: | HIT Related Diagnosis ICD-9-CM Code: ICD-10-CM Code: | Other Diagnosis ICD-9-CM Code: ICD-10-CM Code: | |
|---|--|--|-----------------------|
| Supportive Documentation Attached: <input type="checkbox"/> Signed Doctor's Orders <input type="checkbox"/> Clinical History <input type="checkbox"/> Culture & Sensitivity <input type="checkbox"/> Misc. Lab | | Justification for Home Infusion Therapy: | |
| Daily Administration Schedule for this Infusion Therapy: Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Pump Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dates of Service for this authorization From: _____ To: _____ | |
| Is patient receiving private duty nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Type of HIT Therapy: <input type="checkbox"/> IV Hydration <input type="checkbox"/> TPN <input type="checkbox"/> Enteral <input type="checkbox"/> IV Drug Administration <input type="checkbox"/> PO <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Aerosol <input type="checkbox"/> Other | |
| Previous Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Reference # | | Is patient receiving any skilled nursing services in addition to home infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of last Service: | | | |
| HCPCS Code | Drug/Supplement with Dosage and Frequency <small>Code J3490 requires NDC Number</small> | Route of Administration IV IM SQ Tube Other | Total Units Requested |
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BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association

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

Enrollment in BlueCare Plus depends on contract renewal.



1 Cameron Hill Circle
 Chattanooga, TN 37402-0001
 bluecareplus.bcbst.com

CONFIDENTIAL INFORMATION

| | | | | | | | | | | |
|-----------------------------|--|--|--------------------------------|--------------------------------|--|--------------------------------|--|-------------------------|-------------------------|-------------|
| Physician Name | | | | Provider# | | Physician Address | | Telephone Number | | |
| | | | | NPI# | | (Street, City, State, Zip) | | () | | |
| | | | | Tax ID# (last 5 digits) | | | | FAX Number | | |
| | | | | | | | | () | | |
| Infusion Agency Name | | | Provider# | | | Infusion Agency Address | | | Telephone Number | |
| | | | NPI# | | | (Street, City, State, Zip) | | | () | |
| | | | Tax ID# (last 5 digits) | | | | | | FAX Number | |
| | | | | | | | | | () | |
| Contact Person | | | | Signature | | | | Title | | Date |
| | | | | | | | | | | |

NOTE: Doctor's orders, clinical information, & appropriate lab results must be received with the request for service within two (2) business days of receiving the initial request for service.

For Prior Authorization or Advance Determination call Utilization Management at 1-866-789-6314, Monday through Friday, 8 a.m. to 5:15 p.m. (ET), or fax the request to 1-866-325-6698.

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