

Request for Out-of-Network Benefits

Initial Non-Urgent Initial Urgent DRG Clinical Update Retro
Extension of Service Yes No

Referral #: _____:

Member Name: _____ Member ID#: _____ D/O/B: _____

Primary Care Practitioner (PCP)

Referring Practitioner Name: _____ Provider ID #/NPI #: _____

Specialty: _____ Telephone #: _____ Fax: _____

Non-Participating Practitioner or Facility

Non-participating Practitioner/Facility Name: _____

Provider ID #/NPI # and Tax ID# (MUST BE INCLUDED): _____

Specialty: _____ Telephone #: _____ Fax: _____

Provider Address:(street) _____

(City) _____

(County) _____ (ST) _____ (ZIP) _____

*****PROVIDER MUST BE WILLING TO ACCEPT RATES FOR BLUECARE PLUS (HMO SNP)SM*****

Hospital Name for outpatient, 23-hour or inpatient services: _____

Address: _____

If another Practitioner in the group or on-call Practitioner sees this Member instead of the original requested specialist, that information would need to be submitted via the Out-of-Network Benefit fax form. The information submitted on claim must match the information in the BlueCross BlueShield of Tennessee system.

Member's Medical Information

***** Attach related records for services to be rendered *****

Symptoms/Diagnoses (Use the most appropriate ICD-9 or ICD- 10 Codes):

Service/Procedures to be provided (Use the most appropriate CDT, CPT or HCPCS Codes):

- Office/Follow-Up Visit Inpatient Outpatient Procedure 23-Hour Observation
 Behavioral Health Date(s) of Service: Emergency Room Dialysis
 Other: Explain _____

Frequency/Duration of Services Requested (i.e., 2 times per week for 6 weeks): _____

State below or attach reason(s) why services cannot be provided by an IN-NETWORK facility and/or Practitioner: (Please, be very specific. It must be noted if the Practitioner is a sub-specialist, pediatrician, travels to see patient, poor network adequacy, continuity of care, etc.)

Retro Information

If a Retro request, please provide explanation:

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

Fax: 1-866-325-6698

Telephone: 1-866-789-6314

All information is necessary. Without all information requested, no prior authorization can be obtained.

*** A reference number is not a confirmation of coverage of benefits available. Benefits remain subject to all contract terms, conditions, exclusions and to the patient's eligibility at the time services are rendered.

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.