



of Tennessee
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P.O. Box 180205
Chattanooga, TN 37402
bcbst-medicare.com

CONFIDENTIAL INFORMATION

Medicare Advantage PPOSM DME Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Equipment Requested _____

Diagnosis _____ ICD9 Code _____

Co-morbidities _____

Symptoms _____

Surgery Type _____ Surgery Date _____

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)

PO2 level _____ O2 Sat _____

Arterial blood gas results _____ Date Drawn _____

Supplier _____ Phone Number _____

Requesting Physician _____ NPI _____

Provider# _____ Tax ID# (the last 5 digits) _____

Phone Number _____ Fax Number _____

Address _____ Contact Person _____

Call In Prior Authorization 1-800-924-7141
Fax In Prior Authorization 1-888-535-5243 or 1-423-535-5243
Medicare Advantage Customer Service 1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired) Mon – Fri, 8 a.m. – 9 p.m., ET, seven days a week.

From March 2 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be answered within one business day.