



**of Tennessee**  
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P.O. Box 180205  
Chattanooga, TN 37402

bcbst-medicare.com

CONFIDENTIAL INFORMATION

## Medicare Advantage PPO<sup>SM</sup> Oncology Drug Prior Authorization Fax Form

Member Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ DOB \_\_\_\_\_

Drugs Requesting \_\_\_\_\_

Date of Service \_\_\_\_\_ J Codes \_\_\_\_\_ ICD 9 Code \_\_\_\_\_

Diagnosis \_\_\_\_\_ CPT® Code \_\_\_\_\_

Plan of Treatment/Cycle \_\_\_\_\_

Meets Pharmaceutical Decision Support Tree (circle)    YES    NO    N/A  
     >If yes, no further information needed  
     >If no or N/A, include clinical information

Prior Treatments/Meds/Results \_\_\_\_\_  
 \_\_\_\_\_

Lab Values \_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ NPI \_\_\_\_\_

Facility/Provider Number \_\_\_\_\_ Facility/Provider Tax ID# (last 5 digits) \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Requesting Physician \_\_\_\_\_ NPI \_\_\_\_\_

Provider Number \_\_\_\_\_ Physician Tax ID# (the last 5 digits) \_\_\_\_\_

**Call In Prior Authorizations                    1-800-924-7141**  
**Fax In Prior Authorizations                1-888-535-5243 or 1-423-535-5243**  
**Medicare Advantage Customer Service 1-800-841-7434 or 1-888-423-9490 TTY**  
**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 returned within one business day.