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 P.O. Box 180205
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CONFIDENTIAL INFORMATION

Medicare Advantage PPOSM Outpatient Therapy Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Service requested _____ Dates of service _____

Diagnosis _____ ICD9 Code _____

Surgery Procedure _____ Surgery Date _____

Evaluation

- >ROM _____
- >Short Term Goals _____
- >Long Term Goals _____
- >Treatment Modalities _____
- >Prior Functional Status _____
- >Status of any Therapy currently in progress _____

Facility Name _____ Address _____

Facility Provider Number _____ NPI _____ Tax ID (last 5 digits) _____

Phone _____ Fax _____

Contact Person _____ Phone _____

Requesting Physician _____ Provider Number _____

NPI _____ Tax ID# (last 5 digits) _____

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.