



**of Tennessee**  
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 P.O. Box 180205  
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CONFIDENTIAL INFORMATION

## Medicare Advantage PFFS<sup>SM</sup> Outpatient Therapy Advance Determination 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 Advance Determinations 1-800-924-7141**  
**Fax In Advance Determinations 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.