



1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

- Confidential -

COMMERCIAL SERVICES AUTHORIZATION FAX FORM
(Please type/print legibly)

Submit online requests for authorization 24 hours per day/7 days per week via BlueAccess®*

-or-

Fax completed form to Commercial Utilization Management at: 1-866-558-0789

Member Name: _____ Date of Birth: _____

Member ID Number: _____

Facility Name: _____ Provider Number/NPI: _____

Physician: _____ Provider Number/NPI: _____

Contact Name: _____ Contact Phone Number: _____

Diagnosis and/or ICD-9 : _____

Procedure and/or CPT®: _____

Admit Date: _____ Discharge Date: _____

Check service being requested:

- | | | |
|------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Ambulatory/Outpatient | <input type="checkbox"/> Observation** | <input type="checkbox"/> Initial Per Diem |
| <input type="checkbox"/> Initial DRG | <input type="checkbox"/> Concurrent Review | <input type="checkbox"/> DRG Threshold |
| <input type="checkbox"/> Conversion to DRG | <input type="checkbox"/> Conversion to Inpatient Per Diem | |

*If you are not a registered user for BlueAccess contact eBusiness:
• Phone: 1-800-924-7141 (Say "Contracting," then say "Enrollment")
• Fax: 1-423-535-7523
• Email: ecomm_systemconfig@bcbst.com

**Indicates 23 hour observation for commercial business

Clinical Information

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LIST ALL PERTINENT INFORMATION SUCH AS: date of current medical information, current medical status; activity; diet; IV medications with dosages; pain scale; physician orders; physician treatment plan; all pertinent lab values; and any other supportive information.

PLEASE DO NOT INCLUDE ANY OTHER DOCUMENTS WITH THIS FORM.



BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

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