



**BlueCross BlueShield
of Tennessee**

801 Pine Street
Chattanooga, Tennessee 37402-2555

www.bcbst.com

Prior Authorization Request for DRG Facilities

To register for secure e-mail for concurrent review, conversions and DRG threshold updates, contact:

Web Message Line at 423-535-7543

Please fill out all fields below for a prompt response.

Section 1: Disclaimer

Authorization is not a confirmation of coverage or benefits. Payment of benefits remains subject to all contract terms, benefit limits, conditions, exclusions, and the member's eligibility for benefits at the time services are rendered. If the member remains in hospital beyond seven days, please call Provider Service at 1-800-924-7141 to provide updated clinical information, so we may assist you with discharge planning and/or case management.

Section 2: Member Information

Member Name: _____

Date of Birth: _____

Member ID/Reference Number: _____

Threshold update due: _____

Section 3: Contact/Physician Information

Facility Name: _____

Contact Name: _____

Contact Phone Number: _____

Physician Name: _____

Physician Phone Number: _____

Section 4: Clinical Information:

Please include all clinical information supportive of the request for DRG conversion. LIST ALL PERTINENT INFORMATION SUCH AS: current medical status; activity; diet; medications with dosages; pain scale; physician orders; physician treatment plan; applicable office and/or inpatient progress notes; inpatient and/or outpatient treatment(s) including any special treatments such as alternative therapies or treatment; all pertinent lab values; and any other supportive information.



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Clinical Notes: