

This Information is:

Public Internal (**Volunteer State Health Plan Use Only**) Confidential Highly Confidential

**Hospice Notification
Request Form**

BlueCare/TennCareSelect
Fax Number: 1-800-292-5311

BlueCare <input type="checkbox"/>	TennCareSelect <input type="checkbox"/>
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Member Information

Member Name:	Member ID Number:
Address:	
Date of Birth:	Member Phone Number:
Diagnosis: (List all)	

Physician and Hospice Provider Information

Ordering Physician:	Provider Number:
National Provider Identifier:	Tennessee Medicaid Number:
Phone Number:	Fax Number:
Contact:	

.....

Hospice Provider:	
Address:	
Provider Number:	
National Provider Identifier:	Tennessee Medicaid Number:
Phone Number:	Fax Number:
Requested Dates of Service:	
Hospice Revenue Codes Requested:	

- | | | |
|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------|
| RC 0651 Routine Home Care
#Days/Units | RC0656 Inpatient Hospice Care
#Days/Units | RC 0658 Room and Board Only for
Dual Eligible Members
#Days/Units |
| RC 0652 Continuous
Home Care
#Hours/Units | RC 0655 Inpatient
Respite Care
#Days/Units | |

Notification is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered. This request may be subject to retrospective review based on Medical Policy.

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