



Date Submitted: _____

Please complete this form when requesting predetermination of benefits for a specific procedure or service. If the determination of this review will influence the decision to proceed with treatment, we recommend that nothing be scheduled until the final determination has been issued. A request for predetermination is not necessary for urgent or emergency medical treatment. (If a medical review is necessary, please allow up to 15 days for a determination to be made).

Please return this completed form to: BlueCross BlueShield of Tennessee
Predetermination/ODM, 1B
PO Box 6309
Chattanooga, TN 37402-6309

You may also fax this completed form to (423) 591-9091. If you have any questions, please contact BlueCross BlueShield of Tennessee Provider Service at 1-800-924-7141, Monday through Friday, 8 a.m. to 5:15 p.m. (ET).

Member Name:	Member ID No.:
Date of Birth (mm/dd/yy):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis (including ICD-9-CM Code):	

Requested Procedure(s) or Equipment:

CPT® or HCPCS Codes (required):

_____	_____
_____	_____

Clinical information to support medical appropriateness (e.g., failed outpatient therapy, laboratory or X-ray results, vital signs), **medications, presenting symptoms, plan of treatment and brief clinical history:**

Please attach additional supporting documentation (e.g. X-rays, pictures, Certificate of Medical Necessity).

Attachment(s) No Attachment(s)

BlueCross BlueShield of Tennessee Medical Policies can be accessed online at BCBST.com.

Physician:	Provider No.:	Telephone No.:
Address:	NPI No.:	Fax No.:
Facility or Supplier:	Provider No.:	Telephone No.:
Address:	NPI No.:	Fax No.:

If provider/facility or supplier is out-of-network and requesting in-network benefits, please note that and attach the rationale for utilizing out-of-network sources.

Please note: Although predetermination approvals are valid for one year, final reimbursement determinations are based on member eligibility at the time of service, Medical Necessity criteria, applicable member copayments, coinsurance, deductibles, benefit plan exclusions/limitations, authorization/referral requirements and BlueCross BlueShield of Tennessee Medical Policy.