



# BlueCare Tennessee Professional Services Information

**This form is only required for BlueCare/TennCareSelect.**

Provider Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Address?

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

License# \_\_\_\_\_ NPI \_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ TaxID \_\_\_\_\_

Patient Age Start \_\_\_\_\_ Patient Age End \_\_\_\_\_ Accepting New TennCare?

If participating in BlueCare Tennessee networks (BlueCare<sup>SM</sup>, TennCareSelect, CoverKids, BlueCare Plus), please check the appropriate services provided below:

## Adult Services

<b>12</b> Psych IP Svcs/MD Svcs	<b>14</b> 24 hour Residential Treatment/MD Svcs	<b>16</b> IP Substance Abuse Svcs MD Svcs
<b>18</b> IP Substance Abuse Svcs Detoxification/MD Svcs	<b>19</b> OP MH Svcs/MD Svcs	<b>20</b> OP MH Svcs/Non MD Svcs
<b>76</b> OP ECT	<b>24</b> OP MH Svcs/Partial Hospitalization /MD Svcs	<b>28</b> OP Substance Abuse Treatment/MD Svcs
<b>30</b> OP Substance Abuse Detoxification/MD Services	<b>72</b> Psych Testing	<b>73</b> Neuropsych Testing
<b>86</b> Behavior Analyst Services		

## Child and Adolescent Services

<b>A2</b> Psych IP Svcs/MD Svcs	<b>A4</b> IP Substance Abuse Svcs Treatment/MD Svcs	<b>A6</b> IP Substance Abuse Svcs Detoxification/MD Svcs
<b>A7</b> 24 Hr Treatment Svcs/MD Svcs	<b>B5</b> OP MH Svcs/MD Svcs	<b>B6</b> OP MH Svcs/non MD Svcs
<b>J1</b> Psych Testing	<b>C4</b> OP MH Svcs Day Treatment/ Partial Hospitalization MD Svcs	<b>D4</b> OP SA Services Treatment/ MD Svcs
<b>D6</b> OP SA Services Detoxification/MD Svcs	<b>H3</b> Neuropsych Testing	<b>H4</b> Psychosexual Testing
<b>L1</b> Behavior Analyst Services		

Check here if these services apply to all service addresses.

**Note: If services differ by address, please include a separate form for each address.**