of Tennessee
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Chattanooga, TN 37402
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Prior Authorization Requirements

PLEASE READ: Authorization is not a confirmation of coverage or benefits. Payment of benefits remains subject to all health benefit plan terms, limits, conditions, exclusions, and the member's eligibility at the time services are rendered.

Prior authorization is required for commercial plans for the following services in an inpatient or outpatient setting:

- Inpatient Admissions
- Hysterectomy
- DME> $500
- Home Health Visits
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Specialty Pharmacy Drugs
- Endometrial Ablation
- Rehabilitation
- Skilled Nursing Facilities
- Genetic Testing
- Behavioral Health
- Neonatal ICU Admissions
- High-Tech Imaging
- Panniculectomy
- Varicose Veins (color photos required)
- Non-Emergent Air Ambulance Transportation
- Blepharoplasty (color photos required)
- Spine Surgery
- Bariatric Surgery
- Breast Surgery for Augmentation or Reduction
- 72-Hour Ambulatory Glucose Monitoring
- Pain Management
- Hyperbaric Treatments
- Joint Surgery (Hip, Knee, Shoulder)
- 23-Hour Observation (when elective, direct admission from MD office and transfers from another facility)
- Gender Reassignment Surgery

Behavioral Health

- Inpatient Admissions
- Residential Treatment (RES)
- Partial Hospitalization (PHP)
- Intensive Outpatient Program (IOP)
- Electroconvulsive Therapy (ECT)
- Transcranial Magnetic Stimulation (TMS)
- Psych Testing

You can request prior authorization for these services on BlueCross' payer space within the Availity provider portal, where you can also confirm coverage and verify benefits.

Prior authorization can also be requested by calling/faxing:

High-Tech Imaging/Genetic Testing	1-888-693-3211
Durable Medical Equipment	1-866-558-0789 (Fax)
Medical, Surgical, Behavioral Health	1-800-924-7141
Musculoskeletal Management	1-866-747-0587