

Provider NP/PA Pain Management Form

The Interventional Pain Management Bill (SB1935/HB1896), placed restrictions and requirements specific to a Nurse Practitioner/Physician Assistant who works in the area of pain management.

BlueCross BlueShield of Tennessee wants to ensure that all of its members receive quality health care services. Therefore, it is vital that its business practices support compliance of the requirements of this law. To meet the requirements of the law, some information is needed from you.

Please indicate below the type of practice setting you will be working in, the name and specialty of your supervising physician and whether you attest that they will always be physically present in the same building where you would be performing these spinal injections/procedures. Also, please attach a detailed explanation regarding your scope of practice, the procedures you will be performing, and how you will comply with this law.

Failure to provide this required information could delay the processing of your credentialing application.

Practice setting

Will you do spinal injections and procedures (including blocks of major peripheral nerves of the spine)?

Yes No If yes, how will you be supervised?

Type of procedures performed

Name and specialty of supervising physician

I attest that the information above is correct and if I will perform spinal injections/procedures, the supervising physician listed above will always be physically present in the same building where I will be perform such spinal injections/procedures. If any of the information listed above changes, I agree to notify BlueCross immediately of these changes. I understand that failure to notify BlueCross of any changes could affect my credentialing/contracting status.

Practitioner Name

Date

Practitioner Signature