



BlueCross BlueShield of Tennessee
 1 Cameron Hill Circle, Suite 0017
 Chattanooga, TN 37402-0017
 bcbst.com

Commercial Inpatient/Outpatient Services Authorization Request

Please type/print legibly and fax completed form to:
 Commercial Utilization Management at 1-866-558-0789 **OR**
 Submit online authorization requests via Availity® anytime day or night*

If your request is regarding an urgent review and you need
 an immediate response, please call 1-800-924-7141.

Member Name _____ Date of Birth _____

Member ID Number _____

Diagnosis with Diagnosis Codes _____

Procedure Name and CPT® Code _____

Date of Service _____

Contact Name _____ Phone _____ Fax Number _____

Facility Name _____

Facility Address _____

Facility #/Tax ID/NPI# (if services completed in facility) _____

Facility Phone Number _____ Fax Number _____

Place of Service Name _____

Physician Name _____

Physician Address _____

Physician # _____ Tax ID _____ NPI# _____

Physician Phone Number _____ Fax Number _____

Service Type: (Select appropriate service type)

- | | |
|--|---|
| <input type="checkbox"/> Ambulatory/Outpatient | <input type="checkbox"/> Initial DRG |
| <input type="checkbox"/> Conversion to DRG | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Concurrent Review | <input type="checkbox"/> Conversion to Inpatient Per Diem |
| <input type="checkbox"/> Initial Per Diem | <input type="checkbox"/> DRG Threshold |

Additional Information

Clinical Information

Include a list of important information: date of current medical information, medical status, activity, diet, IV medicine with dosages, pain scale, physician orders, physician treatment plan, all pertinent lab values and any other support details.

* Contact the eBusiness Marketing team for all your Availity registration and training needs by calling 423-535-5717, option 2 or emailing eBusiness_marketing@bcbst.com.