



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

Home Health Services Request

Please type/print legibly and fax completed form to:

For a member transitioning from inpatient setting (SNF, REHAB or INPATIENT HOSPITAL) fax to: Transition of Care at 1-866-230-3424. For all other requests fax to: Utilization Management at 1-866-558-0789.

Submit online authorization requests via Availity® anytime day or night.

When prior authorization/notification is required and services are needed beyond the original services authorized by BlueCross BlueShield of Tennessee, the continuation of services must be requested before the initial authorization of services ends.

Please Note: An illegible form cannot be processed and will be returned.

Member Information

Name	Date of Birth	Subscriber ID	Primary Diagnosis (ICD-10)
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Contact Information

Name	Phone	Fax	Contact for CLINICAL questions:	Phone
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Provider Information

Ordering Physician:	Address:	Home Health Agency:	Address:
NPI:	Physician Provider #	NPI:	HHA Provider #
Tax ID:		Tax ID:	
Phone:	Fax:	Phone:	Fax:

Services Requested (Indicate all services requested and complete the dates/frequency and number of visits.)

Service	From Date	To Date	# Visits	Frequency	REQUEST TYPE: INITIAL / EXTENSION
SNV Skilled Nursing					IF EXTENSION: Current case #: _____ Number visits previously approved: ____ / Actual visits: ____ Date of last approved visit: _____ IS MEMBER HOMEBOUND: <input type="checkbox"/> YES / <input type="checkbox"/> NO **If member will require a Wound Vac or other Durable Medical Equipment, please check benefits as these items may require preauthorization. If required, please use DME form for request.
PT Physical Therapy					
OT Occupational					
ST Speech Therapy					
MSW Social Worker					
HIT Home Infusion					

Specific treatments requested

Clinical (Attach fax in addition to clinical information given below.)