

Medicare Advantage **Predetermination Authorization Request**

Please complete and mail to:

BlueCross BlueShield of Tennessee Medicare Advantage Predetermination 1 Cameron Hill, Circle, Suite 0005 Chattanooga, TN 37402-0005

Fax this form to:

Care Management at 1-888-535-5243.

If you have questions, please call our Provider Service line at **1-800-924-7141** Monday through Friday from 8 a.m. to 6 p.m. ET. Illegible forms will be returned.

Please Note: Predetermination requests aren't needed for services that don't require prior authorization. However, we recommend them for procedures or services that may be considered cosmetic, investigational or not a covered benefit. This makes sure services meet medical criteria/guidelines and take the place of any prior authorization requirements. Failure to obtain any necessary authorizations may result in a denial or reduction in benefits.

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Contact Information		
Name:	Phone:	Fax:
Member Information		
Name:	ID Number:	
Date of Birth (mm/dd/yyyy):	Gender:	
Diagnosis (including ICD-10-CM Code):		
Provider Information		
Ordering Physician:	Phone:	Fax:
Address:		
Physician Provider #: NPI:	Tax ID:	

Treating Provider:		Phone:	Fax:
Address:			
HHA Provider #	NPI:	Tax ID:	
Requested Procedur Please include all rel	r e(s) or Equipment lated procedure codes	for request	CPT®/HCPS Code(s) (required)

Clinical information to support medical appropriateness

(e.g., failed outpatient therapy, laboratory or X-ray results, vital signs), medications, presenting symptoms, plan of treatment and brief clinical history. Please attach additional supporting documents like X-rays, photos, Certificate of Medical Necessity:

If you're an out-of-network provider/facility or supplier requesting in-network benefits, please note that and attach the rationale for utilizing out- of-network sources:

Please note:

Final reimbursement determinations are based on member eligibility at the time of service, Medical Necessity criteria, applicable member copayments, coinsurance, deductibles, benefit plan exclusions/limitations and authorization/ referral requirements.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

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