

# Durable Medical Equipment Request Form

To request services: BlueCare Plus

Fax Number: **1-866-325-6698**

Initial    Continuation    Date of Service Correction    Previous Auth #: \_\_\_\_\_

## Member Information

Member discharged from hospital facility?    Yes    No    If yes, discharge date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

Recent surgery related to this request?    Yes    No

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_    Member Gender: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_    Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Diagnosis for Requested Item (List ICD-10 Codes): \_\_\_\_\_

## Ordering Physician

Ordering Physician: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_    Fax Number: \_\_\_\_\_

National Provider Identifier: \_\_\_\_\_    Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

## DME Provider

Treating/Rendering Provider: \_\_\_\_\_

Provider Number: \_\_\_\_\_    National Provider Identifier: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_    Ext.: \_\_\_\_\_    Fax Number: \_\_\_\_\_

Purchase      Rental

	HCPCS Code	Modifiers (if applicable)	Code Description	Units	Start Date	End Date	Retail Price*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

\*Regarding Retail Price: Payment for services rendered will be dependent on provider contracts and reimbursement rules. Retail price is utilized to determine authorization requirements only.

Please include specific clinical documentation supporting the medical necessity of the requested item. This can include Certificate of Medical Necessity, if applicable, clinical records, photos, and other supporting information.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

Requests can be submitted online at any time through [Availity®.com](https://www.availity.com). 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](mailto:eBusiness_marketing@bcbst.com).