



Blue Cross Blue Shield of Tennessee

1 Cameron Hill Circle, Suite 0017
Chattanooga, TN 37402-0017
bcbst.com

Commercial Lab-based Sleep Study Authorization Request

Member Name _____ Date of Birth _____

Member ID # (Include prefix) _____ Reference Number (if available) _____

Clinical Information

Contact Name _____ Date of Service _____

Phone _____ Fax _____

Comorbidities

Diagnosis with Diagnosis Code(s) _____

The following CPT code(s) require precertification. Precertification required for individuals 18 and older.
Please select all that apply:

- 95807 95808 95810 95811 95805

Check all that apply:

- Epworth Sleepiness Scale score greater than ten
- BMI greater than 30
- Snoring
- Excessive daytime sleepiness
- Observed apnea or choking episode

Please attach pertinent clinical information

Provider Information

Place of Service Facility MD Office Outpatient Center Other _____

Physician Name _____

Physician Address _____ City _____ State _____ Zip _____

Physician Number _____ Tax ID _____ NPI _____

Physician Phone Number _____ Fax Number _____

Facility Name (if in a facility) _____

Facility Address _____ City _____ State _____ Zip _____

Facility Number _____ Tax ID _____ NPI _____

Facility Phone Number _____ Fax Number _____

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call **(423) 535-5717, option 2**, or contact your eBusiness Network Manager.