



of Tennessee

1 Cameron Hill Circle, Suite 0017
Chattanooga, TN 37402-0017
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Commercial

Complex Rehabilitation Technology Durable Medical Equipment (DME) Authorization Request

Member Name: _____ Date of Birth: ____ / ____ / ____

Member ID Number: _____ Diagnosis Codes: _____

Diagnosis:

Ordering Physician: _____

Provider # _____ NPI #: _____

Physician Address: _____

City: _____ State: _____ ZIP Code: _____

Physician Phone Number: _____ Fax Number: _____

DME Supplier: _____

DME Supplier Address: _____

City: _____ State: _____ ZIP Code: _____

DME Supplier #: _____ NPI #: _____

DME Supplier Phone Number: _____ Fax Number: _____

Start: _____ Date Duration: _____

Requestor's Contact Name: _____

Phone: _____ Fax Number: _____

Special note regarding needed information:

For Complex Rehabilitation Technology, please complete the form on page 2.

All codes/line items to be billed and the required information noted below, must be provided to pre-review for billable codes and provide coverage determinations for complex rehabilitation technology. The reimbursement of billable codes/line items will be based on established/published reimbursement guidelines and/or contracted fee schedules.

