



Medicare Advantage
**Home Health/Outpatient
Therapies Services Request**

Please complete and fax to: Care Management at **1-888-535-5243**.
OR submit your request online through **Availity.com**.

If you need an immediate response, 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.

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/Home Health Agency Phone: _____ Fax: _____

Address: _____

HHA Provider # _____ NPI: _____ Tax ID: _____

Place of Service Requested

Home Health

Outpatient

Services Requested

Indicate all services requested and complete the dates/frequency and number of visits.

Service	From Date	To Date	# Visits	Frequency
SNV Skilled Nursing				
PT Physical Therapy				
OT Occupational				
ST Speech Therapy				

Request Type: Initial Extension If Extension, Current Case# _____

Number visits previously approved:	Actual number of visits used:	Date of last approved visit:	Is Member Homebound?
_____	_____	_____	Yes No

If the member requires a Wound Vac or other Durable Medical Equipment, please check benefits as these items may require prior authorization. If required, please use the DME form for request. For chiropractic services or wound therapy request (97597, 97598, 97605, 97606), please provide the following details:

Service	CPT Code	From Date	To Date	Frequency

Specific treatments requested**Clinical** (Attach supporting documentation in addition to clinical information given below.)


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

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