



Behavioral Health Out of Network Request Form for Routine Outpatient Psychiatry and/or Therapy Services

Please check line of business for this form:

- BlueAdvantage (PPO)SM CoverKids
- BlueCareSM TennCare*Select*
- BlueCare Plus Tennessee
- Check here if this member has a FIDE plan.

Non-participating practitioner or facility: _____

Member number: _____

Member name: _____

Member date of birth: _____

Member contact number: _____

Date request sent: _____

Provider name: _____

Provider phone: _____

Provider fax: _____

Place of service: OON office visits _____

Requesting clinician: _____

Clinician provider ID #: _____

Clinician NPI #: _____

Clinician address: _____

Treating clinician: _____

Clinician provider ID #: _____

Clinician NPI #: _____

Clinician address: _____

Requested facility: _____

Facility provider ID #: _____

Facility NPI #: _____

Facility address: _____

Psychiatric ICD-10 diagnosis codes:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Medical ICD-10 diagnosis codes:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Anticipated frequency of office visits?

CPT codes requesting/start and end date/number of units for each:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Date when member initiated request for this service: _____

Brief Clinical (symptoms/behaviors/mental status):

Medications and dates prescribed:

Medications	Date

Prior treatment history:

Reason why member can or will not see in-network provider:

Signature of ordering clinician with credentials (required to process): _____

Date of signature: _____

Fax pre-certification numbers:

BlueAdvantage: 1-888-535-5243

CoverKids: 1-800-851-2491

BlueCare Plus Tennessee: 1-866-325-6698

BlueCare/TennCare *Select*: 1-800-292-5311

Customer service numbers:

BlueAdvantage: 1-800-841-7434

CoverKids: 1-800-924-7141

BlueCare: 1-800-468-9736

TennCare *Select*: 1-800-276-1978

BlueCare Plus Tennessee: 1-800-299-1407



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