



**of Tennessee**  
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 P.O. Box 180205  
 Chattanooga, TN 37402  
 bcbst-medicare.com

CONFIDENTIAL INFORMATION

## BlueAdvantage PFFS<sup>SM</sup> DME Advance Determination Fax Form

Member Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ DOB \_\_\_\_\_

Equipment Requested \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD9 Code \_\_\_\_\_

Co-morbidities \_\_\_\_\_

Symptoms \_\_\_\_\_

Surgery Type \_\_\_\_\_ Surgery Date \_\_\_\_\_

**Information Needed To Complete Evaluation**

>HCPCS code for items requested \_\_\_\_\_

>Rental or Purchase \_\_\_\_\_

>Cost of items requested \_\_\_\_\_

>Certificate of Medical Necessity (if applicable to CMS guidelines)

PO2 level \_\_\_\_\_ O2 Sat \_\_\_\_\_

Atrial blood gas results \_\_\_\_\_ Date Drawn \_\_\_\_\_

Supplier \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ NPI \_\_\_\_\_

**Call In Advance Determinations      1-800-924-7141**

**Fax In Advance Determinations      1-888-535-5243 or 1-423-535-5243**

**BlueAdvantage Customer Service    1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired)**  
**Mon – Fri, 8 a.m. – 9 p.m., ET, seven days a week.**

From March 3 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be answered within one business day.