



**of Tennessee**

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P.O. Box 180205  
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bcbst-medicare.com

**CONFIDENTIAL INFORMATION**

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

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

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

Procedure/Service Requesting \_\_\_\_\_ CPT<sup>®</sup> Code \_\_\_\_\_

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

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

Plan of Treatment \_\_\_\_\_

\_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ Facility/Provider Number \_\_\_\_\_

Address \_\_\_\_\_

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

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

Requesting Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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