



of Tennessee
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 P.O. Box 180205
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 bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantage PFFSSM 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 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.