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

CONFIDENTIAL INFORMATION

BlueAdvantage PPOSM Cardiac Inpatient Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Date of Admission _____

Diagnosis _____ CPT[®] Code _____ ICD9 Code _____

Co-morbidities _____

Symptoms _____

Telemetry _____ ICU/CCU _____

Prior Treatments/Medications/Results _____

>Cardiac Enzymes _____

>PT/PTT _____

>Other labs _____

>EKG results _____

>ECHO results _____

>Stress results _____

Facility/Provider Name _____ Contact Person _____

Provider Number _____ NPI _____ Phone _____

Fax Number _____

Call In Prior Authorization 1-800-924-7141

Fax In Prior Authorization 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 returned within one business day.

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BlueCross BlueShield of Tennessee, Inc., a health plan with a Medicare contract.
 CPT[®] is a registered trademark of the American Medical Association.
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