of Tennessee

Home Health Services Request

Please type/print legibly and fax completed form to:
For a member transitioning from inpatient setting (SNF, REHAB or INPATIENT HOSPITAL) fax to: Transition of Care at 1-866-230-3424. For all other requests fax to: Utilization Management at 1-866-558-0789.

Submit online authorization requests via Availity® anytime day or night.

When prior authorization/notification is required and services are needed beyond the original services authorized by BlueCross BlueShield of Tennessee, the continuation of services must be requested before the initial authorization of services ends. *Please Note: An illegible form cannot be processed and will be returned.*

Member Information

Name	Date of Birth	Subscriber ID	Primary Diagnosis (ICD-10)

Contact Information

Name	Phone	Fax	Contact for CLINICAL questions:	Phone

Provider Information

Ordering Physician:	Address:	Home Health Agency:	Address:
NPI:	Physician Provider #	NPI:	HHA Provider #
Tax ID:		Tax ID:	
Phone:	Fax:	Phone:	Fax:

Services Requested (Indicate all services requested and complete the dates/frequency and number of visits.)

Service	From Date	To Date	# Visits	Frequency
SNV Skilled Nursing				
PT Physical Therapy				
OT Occupational				
ST Speech Therapy				
MSW Social Worker				
HIT Home Infusion				
HHA Home Health Aide				
Private Duty HHA Private duty home health aide: Visit greater than 4 hours				
PDN Private Duty Nursing: Visit greater than 4 hours				

REQUEST TYPE: INITIAL / EXTENSION

IF EXTENSION: Current case #: _____

Number visits previously approved: _____ / Actual visits: _____

Date of last approved visit: _____

IS MEMBER HOMEBOUND: ☐YES / ☐ NO

**If member will require a Wound Vac or other Durable Medical Equipment, please check benefits as these items may require preauthorization. If required, please use DME form for request.

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Clinical (Attach fax in addition to clinical information given below.)

***Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling 423-535-5717 option 2 or emailing eBusiness_marketing@bcbst.com.**

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

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