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BlueCareSM
 TennCareSelect

Outpatient Therapy Request Form

BlueCare/TennCareSelect

Fax Number: 1-800-292-5311

BlueCare TennCareSelect

**Prior Authorization isn't required for children under the age of 21.

**Prior Authorization isn't required for the initial visit for evaluation of the member's outpatient therapy needs.

Member Information

Member Name: _____

Member ID Number: _____ Date of Birth: _____

Diagnosis (List all): _____

Therapy Provider Information

Ordering Physician: _____ Provider Number: _____

National Provider Identifier: _____ Tennessee Medicaid Number: _____

Phone Number: _____ Fax Number: _____

Contact: _____

Servicing Provider: _____ Provider Number: _____

National Provider Identifier: _____ Tennessee Medicaid Number: _____

Phone Number: _____ Fax Number: _____

Contact: _____

A copy of the MD's written order (or details of the verbal order) must be submitted with this fax request.

Date of Evaluation: _____

Therapy Being Requested: _____

Number of Treatments: _____ Frequency of Treatments: _____

Pain Rating: _____ Date of Pain Rating: _____

Pain Location: _____

Conservative TX Used and/or Failed: _____

Date of Previous Treatment: _____ Date of Last Actual MD Assessment/Follow up: _____

If this is post-operative therapy, what procedure: _____

Date of Procedure: _____

If prior therapy, is there an HEP currently in place: Yes No

Is the patient compliant with the HEP: Yes No

Problems:

Assistive Devices: _____

Rehab Potential: _____

Short-Term Goals: (initial requests)

Target Completion Date: _____

Long-Term Goals: (initial requests)

Target Completion Date: _____

If requesting therapy continuation, document the following: goals (progressing or not progressing) met and ROM/strength/functional limitations:

Date of the Assessment: _____

Notification is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered. This request may be subject to retrospective review based on Medical Policy.

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