



Providers must call Blue Cross and Blue Shield of Texas (BCBSTX) at 800-528-7264 to check benefits. For initial services, complete this form, print and fax to BCBSTX at 877-361-7646, or access the Availity® Essentials Authorizations tool and submit online.

Date _____

Check One: [] Initial Request [] Concurrent [] Discharge
Patient Name _____ Patient Date of Birth _____
Subscriber Name _____ Subscriber ID _____ Group _____

Facility/Provider Name _____ NPI _____
Address _____ City _____ State _____ Zip _____
Primary MD Full Name _____ MD NPI _____
Address _____ City _____ State _____ Zip _____
Utilization Reviewer/Contact Name _____ Phone _____ Ext. _____ Fax _____
ECT History: Has patient had ECT in the past? [] Yes [] No
Past frequency? _____ (x per week/month)
Brief details of ECT to date: _____
Is this a transition after inpatient ECT? [] Yes [] No
Current ECT plan frequency _____ (x per week/month)
Visits requested (Current Procedural Terminology (CPT®) code): [] 90870 # _____
Requested ECT authorization start date _____ Tentative end date of treatment: _____

Current DX – Please list ICD-10 code(s), diagnosis name, specifier and all medical diagnoses.

ICD-10 Code _____ DX Name _____ Specifier _____
ICD-10 Code _____ DX Name _____ Specifier _____
ICD-10 Code _____ DX Name _____ Specifier _____
ICD-10 Code _____ DX Name _____ Specifier _____

Medications (dosages):

Current clinical presentation/risk factors (Substance abuse: Include last date of use):

Previous mental health or chemical dependency treatment:

Current treatment goals:

Discharge plan/summary:

My signature confirms that I am providing the requested services:

Signature _____ Date _____

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