



Request Form for Clinical Criteria

Date:

Complete this form if you'd like to know the clinical criteria we use to make medical necessity determinations for coverage. This form is for clinical criteria requests only, and can't be used to request coverage for services or authorization of services. It may be completed by a member or potential member, or by a doctor or other provider on their behalf.

Contact Information

Name:		
Address 1:		Address 2:
City:	State:	ZIP:
Phone:	Fax (optional):	

Are you currently a member or provider of Blue Cross Blue Shield of Massachusetts?

- Yes No

What type of services are you requesting clinical criteria for? (Check all that apply.)

- Chiropractic

Select the specific conditions so we can send you the appropriate criteria.

- Cervical /Neck complaints
- Lumbar/Low back complaints
- Thoracic/ Middle back complaints
- Headache
- Shoulder complaints

How do you prefer to receive this information? (Check one.)

- U.S. Mail Fax

If you elect to receive this information via fax you are consenting to receive a response at the fax number provided above.

How to Submit This Form

U.S. Mail:

ATTN: WHL Clinical Criteria Request
4031 Aspen Grove Drive, Suite 250
Franklin, TN 37067

Email: Clinicalcriteria@tivityhealth.com

Fax: 888-492-1029

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).