

Authorization Requests: BCBST

Purpose of this communication:

- To inform providers that effective July 1, 2026, all authorization requests for Durable Medical Equipment (DME) for BlueCross® BlueShield® of Tennessee (BCBST) must be submitted to CareCentrix through the DME Navigator Point-of-Care (POC) Platform. This includes Commercial, Medicare, Medicaid, Dual Eligible Special Needs Plans (D-SNP), the Federal Employee Program (FEP), and out-of-state Blues Plans (BlueCard).

What do I need to know?

- All authorization requests for Durable Medical Equipment (DME) for BlueCross® BlueShield® of Tennessee (BCBST) must be submitted to CareCentrix through the DME Navigator Point-of-Care (POC) Platform, rather than to BCBST, effective July 1, 2026.
- Providers can identify what codes require prior authorization by using the [DME Navigator Prior Authorization Tool](#).
- CareCentrix applies the medical coverage policies approved by health plan clients, including but not limited to, those medical coverage policies posted [here](#).
- For additional information on CareCentrix's authorization requirements, review the applicable [Provider Manual](#).
- As a reminder, all [initial and continuation of services](#) requests must be entered in the DME Navigator POC Platform and, when applicable, prior authorization must be requested directly through the DME Navigator POC Platform.

What do I need to do?

- Refer to our [DME Navigator Prior Authorization Tool](#) for a listing of codes requiring prior authorization. The codes that require prior authorization are subject to change. Please refer to the "Update" tab for the most recent changes.
- For help with the DME Navigator POC Platform, you can use the live chat feature within the platform, contact your Parachute Account Manager, or email support@parachutehealth.com.

Thank you in advance for your cooperation and continued partnership.