

Prior to Admission

Functional Level: INDEP MOD IND SUP/SBA MIN MOD MAX DEP

Adaptive Equipment:

Cane Walker None Other _____

Living Situation:

Skilled Nursing

IV Meds? Yes No If Yes, please provide the following:

Name: _____ Frequency: _____ Stop Date: _____

Name: _____ Frequency: _____ Stop Date: _____

Name: _____ Frequency: _____ Stop Date: _____

Name: _____ Frequency: _____ Stop Date: _____

If additional IV meds are in use, please include in attached documentation.

Trach?: Yes No

Respiratory Needs:

Wound care? Yes No If Yes, please provide the following:

Location: _____ Stage: _____ Size: _____ Treatment: _____

Location: _____ Stage: _____ Size: _____ Treatment: _____

Location: _____ Stage: _____ Size: _____ Treatment: _____

Location: _____ Stage: _____ Size: _____ Treatment: _____

If additional wounds, please include in attached documentation.

Physical Therapy

Bed Mobility: IND MOD IND SUP/SBA MIN MOD MAX DEP

Supine to Sit: IND MOD IND SUP/SBA MIN MOD MAX DEP

Sit to Stand: IND MOD IND SUP/SBA MIN MOD MAX DEP

Transfers: IND MOD IND SUP/SBA MIN MOD MAX DEP

Balance Sitting: IND MOD IND SUP/SBA MIN MOD MAX DEP

Balance Standing: IND MOD IND SUP/SBA MIN MOD MAX DEP

Wheelchair Management: IND MOD IND SUP/SBA MIN MOD MAX DEP

Weight Bearing Status: FULL NWB WBAT TTWB

Ambulation: IND MOD IND SUP/SBA MIN MOD MAX DEP Distance: _____ Feet

Assistance Device: Wheeled Walker Platform Walker Cane None Other _____

Method of Transfer: Stand pivot Hoyer Slide board Other _____

Stairs/Steps: IND MOD IND SUP/SBA MIN MOD MAX DEP Number: _____

Total minutes for physical therapy (PT) past 7 days: _____

Days per week of physical therapy (PT) past 7 days: _____

Occupational Therapy

Feeding: IND MOD IND SUP/SBA MIN MOD MAX DEP

Grooming: IND MOD IND SUP/SBA MIN MOD MAX DEP

Bathing: IND MOD IND SUP/SBA MIN MOD MAX DEP

Dressing Upper Body (UB): IND MOD IND SUP/SBA MIN MOD MAX DEP

Dressing Lower Body (LB): IND MOD IND SUP/SBA MIN MOD MAX DEP

Toileting: IND MOD IND SUP/SBA MIN MOD MAX DEP

Toilet Transfers: IND MOD IND SUP/SBA MIN MOD MAX DEP

Bladder Management: Continent Incontinent

Bowel Management: Continent Incontinent

Total minutes for occupational therapy (OT) past 7 days: _____

Days per week of occupational therapy (OT) past 7 days: _____

Speech Therapy

Comprehension: IND MOD IND SUP/SBA MIN MOD MAX DEP

Expression: IND MOD IND SUP/SBA MIN MOD MAX DEP

Memory: IND MOD IND SUP/SBA MIN MOD MAX DEP

Current Diet:

Total minutes for speech therapy (ST) past 7 days: _____

Days per week of speech therapy (ST) past 7 days: _____

Continued Stay and Discharge Planning

Inpatient Rehabilitation:

Is the patient still tolerating three hours of therapy five days per week and getting at least two therapies? Yes No

Discharge Plan:

Barriers to Discharge Plan:

Projected Discharge Date: _____

Inpatient Admission Guidelines

Providers are required to notify Blue Cross of all inpatient admissions. Some admissions require prior authorization to determine coverage and some admissions require notification only. All admissions must be medically necessary.

Please ensure the request is submitted as soon as the admission is scheduled. If the admission is unplanned, the request must be submitted no later than two working days after the admission occurs.

Once the member has been discharged, please notify us of the discharge date. Discharge information can be added on the Availity® Provider Portal or to the fax number listed below.

Documentation Requirements

In addition to filling out the previous pages of this form, please include documentation supporting the medical necessity of this request. Documentation should include:

- History and physical discharge summary (if available)
- Clinical progress notes (for concurrent requests)
- Medication list
- Therapy notes, including level of participation (evaluation and last progress notes)

Concurrent Review

Definition: An ongoing review during the member's stay, to ensure that the continued stay meets established medical necessity criteria. Facility providers are required to submit a concurrent review request when additional days are needed.

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit concurrent review requests. Faxes and phone calls for these requests will no longer be accepted by Blue Cross.

Providers outside of Minnesota without electronic access can call the number below or fax this form, along with clinical records to support the request, to the fax number listed below.

Contact Information

Inpatient Rehabilitation Admissions	Phone: 1-800-528-0934 Fax: (651) 662-7006
SNF Admissions	Phone: (651) 662-5540 (Initial Admission) Fax: (651) 662-1004 (Concurrent Reviews)