Inpatient Rehabilitation and Skilled Nursing Facility Admissions Prior Authorization Request Form



Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity Essentials[®] Provider Portal to submit preservice prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at **Availity.com/essentials** to ensure a timely review.

Providers outside of Minnesota without electronic access can fax this form, along with clinical records to support the request. See page 5 for fax instructions.

Type of Admission:	Initial Inpatient Rehabilitation	Initial Skilled Nursing Facility (SNF)
	Concurrent Inpatient Rehabilitation	Concurrent Skilled Nursing Facility (SNF)
	If concurrent, initial authorization number:	
Request for Urg	ent Review: By checking this box, I certify that	applying the standard review time may seriously
ieopardize the life or	health of the member or the member's ability to	regain maximum function per federal definition

jeopardize the life or health of the member or the member's ability to regain maximum function per federal definition of "Urgent." Contact Information

Person Completing Form:	 Phone:	Fax:
Ordering Facility Information		
Facility NPI / Tax ID: Ordering Provider Name: Ordering Facility Address: City/State/ZIP:	 Ordering Facility Name:	
Patient Information		
Member Name: Member ID:	 Date of Birth:	M F X
Member Address: City/state/ZIP:		
Admission Information		
Admission Date:	_Estimated Length of Stay:	
Facility NPI / Tax ID: Admitting Facility Name: Admitting Facility Address: Admitting Facility City/State/ZIP:	 	
Phone:		

_____ Secondary Diagnosis Code: _____

Your Medical Record Number (optional):

Admitting Diagnosis Code: _____

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Prior to Admission					
Functional Level:] INDEP		SUP/SBA		DEP
Adaptive Equipment:					
Cane Walker	Nor	ne 🗌 Other _		 	 -
Living Situation:					

Skilled Nursing			
IV Meds? Yes No If Yes, please prov	vide 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:				
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):				
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?			
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)		