

Post-acute facility admission guide

This guide is intended to help facilitate the review process for both the admission to a post-acute facility (Skilled Nursing Facility [SNF] and Acute Rehabilitation Facility) and concurrent reviews. Please have this information available before calling for a precertification (authorization) request.

Please do **not** fax or submit this information to us.

For review of an admission to a **Post-Acute Facility**, please call **1-800-275-2583**.

For concurrent reviews, please call **1-866-319-6954**.

SNF or Acute Rehabilitation Facility Precertification/Concurrent review request:

Date of admission: _____

Eligibility verified: _____

Admitted from: _____

Requesting physician name/phone number: _____

Clinical Dx for this admission: _____

PMHx/Co-morbid conditions: _____

PTA prior level of function/Home environment: _____

Anticipated D/C plan/Caregiver availability/Able-bodied caregiver:

Barriers to discharging to home with services: _____

Responsible party and phone number: _____

DME items in home/DME needs: _____

Previous HC agency used: _____

Level of care/Used/Bed type: _____

If rehab subacute level of care, number of therapy minutes: _____

Attending physician: _____

Phone number: _____ NPI: _____

Facility fax number: _____ Facility NPI: _____

Cognitive/Behavioral status: A & O x _____

Height: _____ Current weight: _____

Diet: _____ Appetite: _____

Tube feeding type: _____ Date inserted: _____

Feeding product/Volume/Frequency per day: _____

Method of delivery: _____

Speech Tx: _____

Skin intact: _____

Wound site/Origin/Measurement/Color/Drainage/Treatment: _____
 O2/Ventilator/Trach settings: _____ O2 saturation reading (%): _____
 Blood glucose monitoring frequency/Result range: _____
 Blood sugar coverage: _____
 Pain issues/Site: _____ Pain treatment: _____
 Vascular access(es): _____
 Significant Meds/IV or SQ Meds/Fluids (Including Dosage & Frequency): _____
 Lab values: _____
 Current medical issues: _____
 Upcoming appointments: _____

Functional Assessment Date: _____

STATUS KEY: A=Admission; C=Concurrent review; G=Goal (Admission status information is not required at time of concurrent reviews.)

	A	C	G
Ambulation			
Bed Mobility/Rolling			
Transfers			
Curb/Ramp/Stairs			
W/C Mobility/Transfers			
Balance: Sitting			
Balance: Standing			
ADL/UE			
ADL/LE			
Toilet/Tub transfers			
Toileting: Hygiene; Clothing management			
HHA/HHM (Household Activities/Maintenance)			
Grooming			
Feeding			

Conference date: _____
 Family training: _____
 Estimated date of discharge: _____