

Post-Acute Care Admission for SNF, LTAC, and Acute Rehab Medicare Advantage Prior Authorization Request Form

Submit completed for via HPHConnect's Clinical Upload/Attachment feature or by FAX to 617-509-1147

Requirements — Allow at least one business day for processing precertification requests.

For **Stride** members, the *Non-Emergent Ground Transportation* request form must also be submitted for ambulance transport. For more information contact Stride Member Services at 888-609-0692.

- We reserve the right to request additional clinical information if the information provided is incomplete.
- Submitted therapy eval/notes must have been completed within 24-48 hours of the request.

Member Information		Person Submitting Request	
Last name:	Name:		
First name:	Phone #:		
Member ID #:	Fax #:		
Date of birth:	Affiliation:		
Admitting Information		Level of Care Requested	
Admitting facility name:	<input type="checkbox"/> Skilled Nursing Facility (SNF)		
Admitting facility NPI #: _____	<input type="checkbox"/> Acute Rehab		
Location:	<input type="checkbox"/> Long Term Acute Care Hospital (LTACH)		
Case manager contact name: _____	Requested admission date: _____		
Phone #: _____			
Clinical Information (check all that apply)			
Admitting diagnosis:	ICD-10: _____		
Current medical issues requiring physician oversight: _____			
Past medical history: _____			
Surgeries performed (with dates) _____			
Vital signs: T P R BP	Bowel: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent		
Bladder: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent Catheter: <input type="checkbox"/> N <input type="checkbox"/> Y (Type):			
Diet: _____	Tube feeding: <input type="checkbox"/> Y <input type="checkbox"/> N Type of feeding: _____		
Oxygen: None: Type: Liters: <input type="checkbox"/> 2-4 <input type="checkbox"/> >4	IV: <input type="checkbox"/> Y <input type="checkbox"/> N Fluids/TPN _____		
Vent: <input type="checkbox"/> Y <input type="checkbox"/> N	Antibiotics: _____		
Vent settings: _____	Other IV medications: _____		
O2 Sats: _____ Date taken: _____	Dose: _____ Frequency: _____		
Suction: <input type="checkbox"/> Y <input type="checkbox"/> N Frequency: _____			
Trach: <input type="checkbox"/> Y Type: _____ <input type="checkbox"/> N			
Pain: <input type="checkbox"/> Y <input type="checkbox"/> N Pain location: _____	Pain scale (check one): <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u>		
Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Not intact Wound type: _____			
Wound location: _____		Wound treatment: _____	
Wound description: _____		_____	
Stage: _____		Frequency: 1-2x/day _____	
Size: (cm) L W D: _____			
Drainage: <input type="checkbox"/> Y <input type="checkbox"/> N			

POST-ACUTE CARE ADMISSION FOR SNF, LTAC, AND ACUTE REHAB
 MEDICARE ADVANTAGE PRIOR AUTHORIZATION REQUEST FORM (CON'T)

Telemetry required at time of transfer: Y N
 Reason: _____

Therapies & Therapy Goals: PT & OT Enter (I) Independent; (S) Supervision; (Min) Minimal Assist; (Mod) Moderate Assist; (Max) Maximum Assist

	Baseline level of function:	Current level of function:	Therapies & therapy goals:
Bed mobility			
Transfers – sit to stand			
Transfers – supine to sit			
Ambulation (distance in ft)			
Assistive device (cane/walker/wheelchair)			
Weight bearing status Non/partial/full			
Stairs			
Bathing/UE			
Bathing/LE			
Dressing/UE			
Dressing/LE			
Toileting			

Speech Therapy

Dysphagia: Y N
 Cognitive deficit: Y N
 Dysarthria: Y N
 Provide details:
 Speech therapy goals: _____

Home Environment

Number of levels at the home: _____ Number of stairs to enter home: N/A 4+ 8+
 Lives alone Lives with significant other/spouse Lives with others
 Support hours/day available: _____
 Community supports: Transportation Shopping Laundry Meals
 Provided by: Informal support _____
 Paid formal support (name of organization) _____

Discharge

Discharge plan: _____
 Home with community supports: Home alone Home with VNA SNF Long Term Care
 Other: _____
 Potential barriers to discharge: _____
