

## 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: \_\_\_\_\_

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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: \_\_\_\_\_