



Authorization Request for SNF, Acute Rehab, and LTAC

Date of Request_____ Number of Pages in this Request_____

Submit this completed form to UMFax@healthcomp.com with encryption for security. You can also fax this completed form to 1-559-243-7012.

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, please provide the list of documentation listed in page #2 to expedite the review for medical necessity. Please submit completed request by 3:00 pm to allow enough time for review.

Patient Name_____ DOB_____ Member ID Number_____

Requesting Facility Information

Requesting Facility_____

Level of Care Requested:

- | | |
|--|---|
| <input type="checkbox"/> SNF (Swing bed) Level I | <input type="checkbox"/> LTAC – Level I |
| <input type="checkbox"/> SNF (Swing bed) Level II (Medicaid Excluded) | <input type="checkbox"/> LTAC – Level II |
| <input type="checkbox"/> SNF (Swing bed) – Level III (Medicaid Excluded) | <input type="checkbox"/> LTAC – Level III |
| <input type="checkbox"/> SNF Long Term (Prism Process – No Therapies) | <input type="checkbox"/> Acute Rehab |

Admissions Date_____ Anticipated Length of Stay_____

Admissions Contact_____ Phone_____

Concurrent Review Contact_____ Phone_____

Admissions Fax_____ Concurrent Fax (If Different)_____

Address_____

Facility Tax ID_____ Facility NPI_____

For questions regarding Revenue codes, please refer to your contracts.

Initial review: Please submit list of documents listed on page #2 of this form for initial medical review. For ongoing stay authorization beyond the initial days, please submit list of documents listed on page #2 Please notify us immediately if member leaves against medical advice (AMA).



Information Sheet

Initial Request – Skilled Nursing Facility, Acute Rehab, and LTAC Admission

- ☐ H&P from Hospital
- ☐ Current Physical & Occupational Therapy Notes from Hospital
- ☐ IV Antibiotics Start & End Date (If Applicable)
- ☐ Skilled Wound Care (Site/Measurement/Description)

Concurrent Review – Skilled Nursing Facility, Acute Rehab, and LTAC Review

- ☐ All Therapy Notes or Applicable Date Span
- ☐ PT/OT Minutes
- ☐ Any Adjustments of Medication(s) Being Used
- ☐ Updated Treatment Plan Including Barriers to Discharge
- ☐ Discharge Plan