

Authorization Request for SNF, Acute Rehab and LTAC



Email: uuhptransition@hsc.utah.edu
(Please send email encrypted to protect PHI)
Phone: 801-587-6480 Option #2
Fax: 801-213-2132

Date of request: _____
No. pages included in this request: _____

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 ___/___/___ ID# _____

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 | <input type="checkbox"/> LTAC- Level II |
| <input type="checkbox"/> SNF (Swing bed)-Level III | <input type="checkbox"/> LTAC- Level III |
| <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 approval is valid for the first 3 days of admission. Please submit list of documents listed on page #2 of this form for initial medical review.

For ongoing stay authorization beyond the 3 initial days, please submit list of documents listed on page #2 for concurrent review within 72 hours of admission.

Please notify us immediately if member leaves against medical advice (AMA)

Note: Please submit clinical documents with time stamped note, signed by author.

Initial Request	
Skilled Nursing Facility, Acute Rehab and LTAC Admission	
	H&P from hospital
	Physical and Occupational Therapy Notes from hospital
	IV Antibiotics start and end date (if applicable)
	Skilled Wound Care (site/measurement/description)
Concurrent Review	
Skilled Nursing Facility, Acute Rehab and LTAC Concurrent review	
	All therapy notes for applicable date span
	PT/OT Minutes
	Any adjustments on medication(s) being used
	Updated treatment plan including barriers to discharge
	Discharge Plan