Authorization request for SNF, Acute Rehab and LTAC

HEALTH PLANS
UNIVERSITY OF UTAH

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 3:00pm to allow enough time for review.

Patient Name:_____ DOB___/___/___ID#_____

Requesting facility Information

Patient Name: _____ _____ DOB: ____/_____/____ ID # _____

Requesting Facility: _____

Admissions Contact: _____ Phone: _____

Concurrent Review Contact: _____ Phone: _____

Address: _____ Fax: _____

Facility Tax ID: _____ Facility NPI: _____

Admission Date:_____ Anticipated length of stay:_____

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 being used
	Updated treatment plan. Barriers to discharge
	Discharge Plan