

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: _____

Please submit completed request by 3:00 pm to allow enough time for review

Note: Highlighted fields are required to be filled out.

Patient Name: _____ DOB: ____/____/____ ID # _____
 Requesting Facility: _____
 Admissions Contact: _____ Phone: _____
 Concurrent Review Contact: _____ Phone: _____
 Address: _____ Fax: _____

Admission Date to facility: _____ Anticipated Discharge Date: _____

Please submit page 1 on initial request and Page 2 for concurrent review.

Check all skilled services that apply:		
IV Medication:	Frequency of Medication:	Start date & End date:
Respiratory status:	Oxygen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheotomy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ventilator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wean Trials:	Ventilator settings:
Skilled Wound Care: _____ Site/ measurement/description: _____ Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not staged Treatment frequency: <input type="checkbox"/> QD <input type="checkbox"/> BID <input type="checkbox"/> TID Dressing Type: _____ Wound Vac: _____ Note: If multiple wounds, please attach wound assessment sheets.		

Initial approval is valid for the first 3 days of admission as indicated above. Please submit therapies evaluations/treatment plans for medical review within 72 hours of admission. For ongoing stay authorization beyond initial 3 days, please submit page 2 with ongoing therapies notes and minutes for review on a weekly basis. Please notify us *immediately* if member leaves against medical advice (AMA)

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Patient's Name: _____ Date: _____

For CONCURRENT REVIEW-Please check Applicable Level of Assistance Needed (<u>Attach documents to support your Assessment</u>).							
Date of Functional Level Assessment:							
	Independent	Modified Independence	Supervision/ Stand by Assist	Contact Guard/ Minimal assist	Moderate Assistance	Maximum Assistance	Total Assistance
PT Minutes:							
Bed Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs/ Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OT Minutes:							
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UB Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LB Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST Minutes:							
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulation (distance in feet):							
Weight Bearing status (Device):							
Wheelchair mobility Distance:							
Notes:							