Blue Cross Blue Shield Blue Care Network of Michigan

SNF/acute IPR assessment form

For Blue Cross commercial and Blue Care Network commercial
For Michigan and non-Michigan SNF/acute IPR providers

Instructions

Complete this form and submit it along with supporting clinical documentation when requesting prior authorization for admissions to and extensions of stays at skilled nursing facilities (SNFs) and acute inpatient rehabilitation (IPR) facilities.

For SNFs/acute IPRs in Michigan. You must submit prior authorization requests through the e-referral system starting June 1, 2023. Complete this form and attach it and the supporting clinical documentation to the request in the e-referral system. After the fourteenth extension request or anytime the e-referral system is not available, fax your requests and the supporting clinical documentation to the numbers shown below.

For non-Michigan SNFs/acute IPRs that have access to Availity®. You can fax the completed form and the supporting clinical documentation to the numbers below or you can submit them through the e-referral system, which you can access through Availity as follows:

1. Log in to Availity.
2. Enter the member's contract number from their ID card. Be sure to include the alpha prefix. Availity will determine the member's plan and take you to the Pre-Service Review for Out-of-Area and Local Members screen.
3. Click *e-referral*, under the Authorization Vendors heading.

For non-Michigan SNFs/acute IPRs that don't have access to Availity. Fax the completed form and the supporting clinical documentation as follows:

- UAW Retiree Medical Benefits Trust (URMBT) Blue Cross non-Medicare requests: Fax to 1-866-915-9811.
- Other Blue Cross commercial requests: Fax to 1-866-411-2573.
- BCN commercial requests: Fax to 1-866-534-9994.

IMPORTANT: Incomplete submissions or missing clinical documentation may cause delays or nonapprovals.

- For all SNF and IPR requests, also attach the hospital admission H&P, PM&R consultation and most recent PT/OT notes.
- For SNF requests for Blue Cross and Blue Shield Federal Employee Program® Basic Option and FEP Blue Focus members, include a completed **Consent for Case Management form**, signed by the member. No consent form is required for Standard Option members.

Note for discharge planning:

- For BCN commercial members: For DME, P&O and diabetes supplies, contact Northwood, Inc., at 1-800-393-6432.
- For Blue Cross commercial members: For information about DME and diabetes supplies, contact Provider Inquiry at 1-800-249-5103 to determine benefits.

NOTE: If non-emergency air ambulance transport is needed, prior authorization is required. To request prior authorization, follow the instructions on the document titled **Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers**. Do this prior to the flight.

By submitting this form, you are attesting to the following:

- You've verified the member's eligibility and benefits for skilled nursing facility and inpatient rehabilitation services and you understand that authorization is not a guarantee of payment.
- Michigan facilities must be contracted with Blue Cross or BCN; facilities outside of Michigan must participate with their local Blue plan.
- All information is from within 24 to 48 hours before the SNF/IPR admission or is from the last covered day.
- The member is cognitively capable and is able to actively and willingly participate in therapy.
- For SNF services, the member is receiving at least 1 hour of therapy 5 days a week.
- For IPR services, the member is receiving at least 3 hours of therapy, 5 days a week, and is able to sit for 1 hour a day.

Type data into every field unless otherwise noted. Enter N/A if not applicable.

Type of request: ☐ Initial authorization ☐ Continued stay / extension of stay

SNF / IPR information

Facility name	Facility NPI	Facility type: ☐ SNF ☐ Acute inpatient rehabilitation

Name of contact person at SNF/IPR	Phone number of contact person at SNF/IPR	Fax number of contact person at SNF/IPR	
SNF/IPR street address	SNF/IPR city	SNF/IPR state	SNF/IPR ZIP code
Participates with local Blue plan ☐ Yes ☐ No	SNF/IPR admission date	Admitting diagnosis with ICD-10 code	

Attending physician name	Attending physician phone (for non-Michigan facilities only)
Attending physician address (for non-Michigan facilities only)	

Patient information

Patient name	Patient date of birth	Subscriber ID	Patient phone number

Complications

Medical history

Name of surgical procedure	Date of surgical procedure

Admission information

Height	Weight	Estimated length of stay	Prior level of function (home)

Cognition

Cognition – A&O: x_____ or **Other:**

Vital signs

Vital signs: T P R BP

Diet

Type: ☐ NPO ☐ TPN ☐ Tube feeding

Calories / day: _____ CCs / day: _____

Bowel / bladder

Bowel: ☐ Continent ☐ Incontinent

Bladder: ☐ Continent ☐ Incontinent

Catheter: ☐ No ☐ Yes: Type:

Ostomy: ☐ No ☐ Yes

Post-op complications of ostomy: ☐ No ☐ Yes

Oxygen delivery

Delivery mechanism: ☐ None ☐ Type: Flow rate: Saturation:

Vent: ☐ No ☐ Yes: Saturation: Vent settings:

Suction per 24 hours

☐ **No** ☐ **Yes:** **Frequency:**

Respiratory treatment

☐ **No** ☐ **Yes:** **Frequency:** **Type:**

Tracheostomy

☐ **No** ☐ **Yes:** **Type:**

Pain

Pain: ☐ No ☐ Yes: Location:

Medication: ☐ No ☐ Yes: Drug: Route: Dose: Frequency:

Pain scale: Before management: After management:

Significant medication changes at reassessment that affect functioning

List the changes:

IV medications

IV / PICC line: ☐ No ☐ Yes: Complete the medication information below:

Medication name	Dose	Frequency	Start date	End date

Skin status

☐ **Skin is intact** ☐ **Skin is not intact:** Complete the fields below:

#1 wound or incision: ☐ No ☐ Yes: Size L x W x D (cm):

Location and stage: Treatment (type, frequency):

#2 wound or incision: ☐ No ☐ Yes: Size L x W x D (cm):

Location and stage: Treatment (type, frequency):

Mobility: current functioning

PT / OT — Date of notes: **Focus goal:**

Bed mobility/assist needed	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Transfers	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Gait / assist needed	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind

Gait / distance **Gait / assistive device** ☐ None ☐ Type:

Stairs: Current number of stairs patient can climb: Number of stairs in home:

Stairs / assist needed	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind

Comments:

Self-care: current functioning

Occupational therapy – focus goal:

Bathing / UE	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Bathing / LE	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Dressing / UE	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Dressing / LE	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
Toileting / hygiene management	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind
ADL transfers	☐ Total assist	☐ Max assist	☐ Mod assist	☐ Min assist	☐ CGA	☐ SBA	☐ Mod ind	☐ Ind

Speech therapy: current status

☐ **No speech therapy needed** ☐ **Dysphagia evaluation / modified barium swallow assessment needed**

Result / aspiration risk / recommendations:

Care management

Blue Cross and BCN offer care management assistance for discharge planning.

Would you like a referral made to our Care Management department? ☐ Yes ☐ No

Discharge plans (must be initiated at admission)

Note: Submit discharge summary once member has been discharged from the facility.

Discharge date (tentative): **Discharge goal:**

Discharge location: ☐ Assisted living ☐ Long-term care ☐ Foster care ☐ Home alone ☐ Home with HHC ☐ Home with family support ☐ Other:

Name of support and phone number

Name	Phone number	Name	Phone number
☐ Spouse		☐ Family/friend	
☐ Child		☐ Home health care	
☐ Child		☐ Other	

Home evaluation date:

Home – number of levels: ☐ 1 level ☐ 2 levels ☐ 3 levels ☐ Other:

Home – number of steps: At entry: At bed / bath:

Lives with:

Supervision needs at discharge:

Equipment needs at discharge:

Discharge barriers:

Additional notes

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association