

Medicare Plus BlueSM PPO Acute Inpatient Fax Assessment Form

Re-sending fax Precertification Recertification
Urgent reason: _____

Complete this form and fax it to:
For Medicare Plus BlueSM PPO contracts, fax to Contracts 1-866-464-8223
or send an e-fax or email to MedicarePlusBlueFacilityFax@bcbsm.com.
Include hospital admission H&P and PM&R consultation notes (as applicable)

Please allow 24 hours for processing precertification and recertification requests. Precertification isn't a guarantee of payment. Facilities and other health care providers must verify patient eligibility and benefits prior to making precertification requests. If the facility or the provider isn't participating with the local plan, claims may not pay. If the facility or provider isn't participating with a member's contract network, a member may incur higher costs. All therapy notes must be within 24 to 48 hours of admission or last covered day.

Incomplete submissions will be returned unprocessed.

Human organ transplant						
Medicare Plus Blue PPO members, transplant procedures must be performed in facilities that are approved by Medicare for the relevant procedure. Please contact our Medicare Advantage Provider Inquiry department at 1-866-309-1719 for any HOTP-related questions. If additional assistance is needed for a member, please contact our Case Management department at 1-800-845-5982.						
Patient information						
Name		Date of birth	Policy number	Phone number		
Address		City	State	ZIP code		
Precertification						
Direct admit	ER admit	Elective admit	Observation	Admission date	Estimated length of stay	
Facility name		Facility NPI number			Facility phone number	
Address		City	State	ZIP code		
Admitting physician		Physician provider NPI number			Physician phone number	
Address		City	State	ZIP code		
Recertification						
Number of days requested 3 days 5 days 7 days		Current estimated length of stay			Last covered date	
Facility contact information						
Contact name		Title	Signature			
Date	Contact phone number		Fax number		E-mail	
Surgical admissions						
Surgical procedure and ICD-10 CM PCS codes					Surgery date	
1)						
2)						
Medical admissions						
Admitting diagnosis and ICD-10 CM codes						
1)						
2)						
Height	Weight	BP	HR	Resp rate	Temp	Pulse Ox
ER/admission assessment and treatment:						

Medical history/co-morbidities/family history:											
Pertinent lab/imaging/other test results:											
Admission orders/current treatment plan:											
Current medications/frequency:											
Skin status											
Intact	Wound/Incision location #1	Stage:	I	II	III	IV	Unstageable	Size: L x W x D (cm)			
Description											
Treatment							Frequency				
Pain status											
Pain:	Yes	No	Location				Rating (out of 10)	Treatment effective		Yes	No
Pain medications					Dose		Frequency	Route			
Case management											
BCBSM offers case management assistance for discharge planning. Would you like a referral made to our case management department? Yes No											
Discharge plans (needs to be initiated upon admission)											
Discharge date (tentative/actual)			Assistive devices								
Resides:	Alone	w/Spouse	w/Other	Support:	Spouse	Children	Family/friend	Home health care	Other		
Home description (levels, bed/bath location, steps to enter, etc.)											
Discharge to home :			Alternative level of care:		Rehab	Adult foster home	Assisted living				
Yes No					Skilled nursing facility	Long term center	Other: _____				