Post-Acute Care Admission for SNF, LTAC, and Acute Rehab *Prior Authorization Request Form*

Harvard Pilgrim Health Care
a Point32Health company

Submit completed form via *HPHConnect's* Clinical Upload/Attachment feature or by FAX to 617-509-1147.

Requirements — *Allow at least one business day for processing precertification requests.*

- We reserve the right to request additional clinical information if the information provided is incomplete.
- Submitted therapy eval/notes must have been completed within 24-48 hours of the request.

Member Information

Last name First name

Member ID # Date of birth / /

Person Submitting Request

Name

Fax Phone Affiliation

Admitting Information

Admitting facility name

Admitting facility NPI # Location

Case manager contact name Phone

Level of Care Requested

Skilled Nursing Facility (SNF) Acute Rehab (AR) Long Term Acute Care Hospital (LTACH)

Requested admission date / /

Clinical Information (*check all that apply*)

Admitting diagnosis: ICD-10

Current medical issues requiring physician oversight:

Past medical history:

Surgeries performed (*with dates*):

Vital signs: T P R BP Bowel: Continent Incontinent

Bladder: Continent Incontinent Catheter: N Y Type

Diet Tube feeding: N Y Type of feeding

Oxygen: N Y Type Liters: 2-4 >4

Vent: N Y Vent settings

O_2 Sats Date taken / /

IV: N Y Fluids/TPN

Antibiotics Other IV medications

Dose Frequency

Suction: N Y Frequency Trach: N Y Type

Pain: N Y Pain location

Pain scale (*check one*): ☺ 1 2 3 4 5 6 7 8 9 10 ☹

Skin: Intact Not intact Wound type

Wound location

Wound description

Stage Size (cm): L W D Drainage: Y N

Wound treatment

Frequency: 1-2x/day

Clear Form

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Telemetry required at time of transfer: Y N

Reason:

Therapies & Therapy Goals: PT & OT Enter (**I**) Independent; (**S**) Supervision; (**Min**) Minimal Assist; (**Mod**) Moderate Assist; (**Max**) Maximum Assist			
	Baseline level of function:	**Current level of function:**	**Therapies & therapy goals:**
Bed mobility			
Transfers – sit to stand			
Transfers – supine to sit			
Ambulation (distance in ft)			
Assistive device (cane/walker/wheelchair)			
Weight bearing status Non/partial/full			
Stairs			
Bathing/UE			
Bathing/LE			
Dressing/UE			
Dressing/LE			
Toileting			

Speech Therapy

Dysphagia: Y N Cognitive deficit: Y N Dysarthria: Y N

Provide details:

Speech therapy goals:

Home Environment

Number of levels at the home: Number of stairs to enter home: N/A 4+ 8+

Lives alone Lives with significant other/spouse Lives with others

Support hours/day available:

Community supports: Transportation Shopping Laundry Meals

Provided by: Informal support

Paid formal support (*name of organization*)

Discharge

Discharge plan:

Home with community supports: Home alone Home with VNA SNF Long Term Care

Other:

Potential barriers to discharge:

Clear Form