



of Tennessee
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1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantageSM Inpatient Rehabilitation Fax Form

Member Name _____ DOB _____

Member ID Number _____ PFFS _____ LPPO _____

Date of Admission to Facility _____ Facility Name _____

Facility Telephone Number _____ Facility Address _____

NPI Number _____ Tax ID# (the last 5 digits) _____

Contact Person _____ Phone _____ Fax _____

Requesting Physician _____ NPI Number _____

Requesting Physician Provider # _____ Tax ID# (the last 5 digits) _____

Diagnosis _____ CPT[®] Code _____ ICD9 Code _____

Height _____ Weight _____

Medications: _____

Co morbidity: _____

H&P (Attach) _____

Current Lab Values: (e.g., Hemoglobin & Hematrcrit), INR,PTT _____

Has a Doppler study of the lower extremities been performed? Yes () No ()

Patient Level of Orientation
Rancho level: Alert and Oriented () Willing and Able to Participate () Can Follow Commands

Type of Discipline (Therapy) () Speech () Occupational () Physical

Number of Hours per Day _____

Type of Surgery: _____ Date: _____

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Y0013 Inpatient Rehab



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Pain Control (by discharge) () PO () IV Please specify _____

Functional Status Prior to Admission: _____

Home Environment: _____

Single or Mult-Level _____ Number of steps to enter home _____

Number of steps in home _____ Availability of caregiver _____

Current Functional Status (Day Prior to Discharge from Acute Care Facility) FIMS Score (1-7)

	Minimum	Moderate	Maximum	CGA	SBA	Assistive Devices
Eating						
Dressing						
Bathing						
Bed/Mobility						
Supine-Sit						
Sit-Stand						
Transfers						
Ambulation "Distance"						

Wound Care description: (Length, Width, drainage), treatment, frequency: _____

Progress toward goals/Changes in Plan of Care: _____

Caregiver teaching/training: _____

Discharge Goals: Destination/Functional (Home with/without assist, facility, etc. _____

Telephone Number 1-800-924-7141
Fax 1-888-535-5243 or 1-423-535-5243