of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbstmedicare.com | bluecare.bcbst.com

BlueCare Tennessee | BlueCare℠ CoverKids

Skilled Nursing Facility/Inpatient Rehabilitation Authorization Request

Please complete this form and submit it as an attachment through the Availity® Provider Portal at Availity.com. If you haven't signed up for Availity, you can also register for an account at Availity.com.

- Confidential -

Initial Request: _____ Concurrent Review: _____

Inpatient Rehabilitation ☐

Skilled Nursing Facility ☐ Level I ☐ Level II ☐ Level III ☐

PASRR complete? Yes ☐ No ☐

Member Information

Member Name: _____ Date of Birth: _____

Member Identification Number: _____ Reference Number: _____

Member Current Telephone Number: _____

SNF / Inpatient Rehabilitation Facility Information

Expected Date of Admission to Facility: _____ Transported by: ☐ Air ☐ Ground ☐ Private Vehicle

Facility Name: _____ Contact Name: _____

Is the SNF/Inpatient Rehabilitation Facility "in network" with BlueCross BlueShield of Tennessee? Yes ☐ No ☐

Address: _____

Phone Number: _____ Fax Number: _____

Provider Number: _____ NPI Number: _____

Facility member is transferring from: _____

Ordering Physician Information

Prescribing Physician Name: _____

Is the Ordering Physician "in network" with BlueCross BlueShield of Tennessee? Yes ☐ No ☐

Address: _____

Phone Number: _____ Fax Number: _____

Provider Number: _____ NPI Number: _____

Admitting Physician Information

Facility Physician Name: _____

Is the Facility Physician "in network" with BlueCross BlueShield of Tennessee? Yes ☐ No ☐

Address: _____

Phone Number: _____ Fax Number: _____

Provider Number: _____ NPI Number: _____

Providers should obtain the above information for the online authorization process.

Clinical Information

Diagnosis/ICD-10: _____

Co Morbidity / Past Medical History: _____

Height: _____ Weight: _____ Type of Surgery: _____ Date of Surgery: _____

Pain Control (at discharge): PO (by mouth): ☐ IV: ☐ Please specify: _____

Patient Level of Orientation

Rancho Level (1-8): _____ ☐ Alert and Oriented ☐ Willing and Able to Participate ☐ Can Follow Commands

Cognitive Function: _____ Types of Discipline (Therapy): ☐ Speech ☐ Occupational ☐ Physical

Number of Therapy Hours per Day: _____ Functional Status Prior to Admission: _____

Home Environment

Single or Multi Level: _____ Number of steps within home: _____ Number of steps to enter home: _____
Availability of caregiver: _____

Current Functional Status: Date of Evaluation: _____						
	Dependent	Substantial/ Maximum	Partial/ Moderate	Supervision or Touching	Setup or Clean-up	Independent
Eating						
Dressing						
Bathing						
Roll left and right						
Lying to sitting						
Sit to Stand						
Transfers						
Steps						
Ambulation						
Toileting						

Distance of ambulation / Description of gait: _____

Assistive devices used currently: _____

Wound Care: description of wound (length, width, depth, drainage), treatment and frequency (attach wound description and care information):

Progress toward goals/Changes in Plan of Care:

Caregiver teaching/training:

If this is a Skilled Nursing Facility request, what are the other skilled needs (e.g., IV antibiotics, TPN, oxygen, CPM, Peg Tube, wound vac., etc.)? Please be specific regarding dosage amounts, frequencies and CPM settings:

Estimated length of stay: _____ Behavioral Health Issues (if applicable): _____

Discharge Goals:

Destination/Functional (e.g., home with or without assist, facility, HH, outpatient, DME, etc.):

If you're unable to use Availity, please fax the form to the applicable line of business below:

Commercial/FEP . . . . . Fax: 1-866-230-3424
BlueCare Tennessee/CoverKids . . . . . Fax: (423) 591-9398/Phone: 1-888-423-0131
Medicare Advantage . . . . . Fax: 1-888-535-5243/Phone: 1-800-924-7141