



# Commercial Long Term Acute Care Hospitalization (LTACH) Services Authorization Request

Please complete and fax to: Commercial Transition of Care at **1-866-230-3424**.

**!** Requests can be submitted online at any time through **Availity.com**.

If you need an immediate response, please call our Provider Service line at **1-800-924-7141** Monday through Friday from 8 a.m. to 6 p.m. ET. Illegible forms will be returned.

LTACH Initial Request: \_\_\_\_\_ Concurrent Review: \_\_\_\_\_

## Member Information

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Identification Number (please include prefix):  
\_\_\_\_\_

Member Telephone Number: \_\_\_\_\_

Have you received a reference number for this case? ☐ No ☐ Yes (include number):  
\_\_\_\_\_

## LTACH Facility Information

Expected Date of Admission to Facility: \_\_\_\_\_

Diagnosis with diagnosis code(s): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the LTACH in BlueCross BlueShield of Tennessee's network or a local BlueCross plan? ☐ Yes ☐ No

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Provider Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Facility Member is transferring from: \_\_\_\_\_

Transported by: ☐ Air ☐ Ground ☐ Private Vehicle

**Admitting Physician Information:**

Facility Physician Name:\_\_\_\_\_

Is the Facility Physician in BlueCross BlueShield of Tennessee’s network or a local BlueCross plan? ☐ Yes ☐ No

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Fax Number:\_\_\_\_\_

Provider Number:\_\_\_\_\_ NPI Number:\_\_\_\_\_

**Clinical Information:**

Please include the following clinical information:

Reason for LTACH admission (telemetry, ventilator care/weaning, long-term IV antibiotics, complex wound management, frequent lab monitoring, dialysis, daily physician care coordination, etc.)

Recent Hospital History Summary:

Medical/Surgical History:

Comorbidities:

Vitals: heart rate, respiratory rate, blood pressure, oxygen saturation:

Neuro: level of orientation, behavior:

Cardiac: telemetry, cardiac issues, treatment plan:

Respiratory: include current ventilator settings, when intubated,  
trach clinical, weaning attempts, plan of care, O2 Sats:

GI: diet, route, PEG/NG etc., TPN:

GU: Foley, dialysis:

Musculoskeletal: therapies, current functional level, braces, restrictions, prior level of function:

Infection Control: isolation, positive cultures:

Pain Management:


IV Medications: antibiotics with anticipated end date, cardiac IV meds, etc.:

Lab Values: most recent labs

Skin/Wounds: description of wounds, wound care orders, durable medical equipment (e.g., wound vac, specialty bed):

Psychosocial: living arrangement, home access, caregiver:

Discharge Planning: estimated length of stay, anticipated discharge destination/plan  
(e.g., at home with home health, skilled nursing facility/inpatient rehab):

 By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling **423-535-5717 option 2** or emailing **[eBusiness\\_marketing@bcbst.com](mailto:eBusiness_marketing@bcbst.com)**.