



## MEDICAL INPATIENT HOSPITAL ADMISSION PRE-CERTIFICATION/CONCURRENT REVIEW FORM

**Fax to: (651) 662-7006**

Telephone: (651) 662-5940 or 1-800-365-2735

Type of notification (X one):  Pre-Certification  Concurrent Review  Discharge

Provider Info.

You are a (circle one): Clinic or Facility Contact person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Provider name: \_\_\_\_\_ Contracting provider #: \_\_\_\_\_

NPI number: \_\_\_\_\_

Patient Info.

Name: \_\_\_\_\_ Gender (circle one): M or F

Patient's ID #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
alpha

Medical Information

Referring physician ind. #: \_\_\_\_\_ Name: \_\_\_\_\_  
alpha

NPI# \_\_\_\_\_

Admitting physician ind. #: \_\_\_\_\_ Name: \_\_\_\_\_  
alpha

Facility #: \_\_\_\_\_ Name: \_\_\_\_\_  
alpha

Admit Diagnosis code(s): \_\_\_\_\_ Admit Diagnosis description: \_\_\_\_\_

Secondary Diagnosis code(s): \_\_\_\_\_ 2<sup>nd</sup> Diagnosis description: \_\_\_\_\_

Procedure Code(s): \_\_\_\_\_ Procedure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Procedure description: \_\_\_\_\_

Secondary Procedure code(s): \_\_\_\_\_ 2<sup>nd</sup> procedure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2<sup>nd</sup> procedure description: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DISCHARGE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider medical record # (optional): \_\_\_\_\_

Medical information (necessary for admissions requiring review):

Admitting Diagnosis	Presenting Symptoms	Co-morbid Conditions	Admitting Orders
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>Internal use: This is the case reference number for this admission: #00 _____</p>
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When a hospital admission is scheduled, please submit the information electronically through the provider web self-service site ([www.providerhub.com](http://www.providerhub.com)). Have the following information available.

- Subscriber ID & account #
- Subscriber name & address
- Patient name, birth date, & gender
- Admitting physician's name & individual provider #
- Admitting DX code
- ICD9 surgical procedure code # and narrative, if applicable
- Date of surgery, if applicable
- Date of admission

**Pre-Certification**

Definition: An advance review of a proposed facility admission to determine whether the proposed admission meets the medical necessity criteria and to ensure that the member receives the maximum benefits available under the subscriber's plan. When a review is required contact us as soon as the admission is scheduled, but no later than two working days after the admission occurs. In addition to what is listed above, have the clinical information supporting the admission. We will complete the review in one business day.

**Concurrent Review**

Definition: An ongoing review during the member's care, to ensure that it meets established medical criteria and appropriateness. Concurrent review may be performed on select cases. Our clinicians will collaborate with the facility's utilization review/discharge planner/social worker.

**Contacting Us**

Call provider service intake team at (651) 662-5940 or 1-800-365-2735. You may fax this form to (651) 662-7006.

**Pre-Certification Requirements**

- Direct admissions to:
  - acute rehabilitation
  - skilled nursing
  - long term acute care units or facilities
- All Veterans Administration Hospital admissions
- All out of state CCS admissions
- Notification is required for all other admissions

Inpatient review requirements are subject to change.

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