

Provider Checklist for PAC Levels of Care



SNF: Skilled Nursing Facility

IRF: Inpatient Rehabilitation Facility

LTACH: Long Term Acute Care Hospital

Please submit all requests for Prior Authorization:

- Midwest Region: Per Fax: 217-902-9712 (preferred) Per Phone: 217-902- 9056
- HANW: Per Fax: 217-902-9712 (preferred) Per Phone: 217-902-8242
- FCC: Fax. 866-896-1941 (fax request only, must submit clinical information with request)
Note: FirstMedicareDirect-ALIGNMENT MEMBERS fall outside of these checklist guidelines
Fax requests for inpatient to 844-237-1915

THE FOLLOWING INFORMATION IS REQUIRED FOR REVIEW:

SKILLED NURSING FACILITY AUTHORIZATION

- Reason for coverage
 - *Daily* skilled nursing need? (i.e., complex treatment of wounds without the use of a wound vac, IV therapy greater than 1X daily, care of NEW ostomy)
 - *Daily* skilled therapy need?

INPATIENT REHABILITATION FACILITY

- Reason for coverage
 - Is there a complex rehabilitation and medically complex need that requires intensive rehabilitation therapy for at least 3 hours daily, 5 days per week, or 15 hours of intensive therapy within a 7-day period?

LONG TERM ACUTE CARE HOSPITAL

- Reason for coverage
 - Complex respiratory needs/Ventilator weaning?
 - Highly complex wound care that cannot be provided at a lower level of care?

THE FOLLOWING CLINICAL DOCUMENTATION IS REQUIRED FOR ALL REQUESTS OF COVERAGE:

- History and physical.
- Current progress notes.
- Medication Administration Record.
- Treatment Administration Record if request is related to complex wound care.
- CURRENT therapy notes including initial evaluations and treatment notes no less than 24 hours old.
- CURRENT wound care documentation with description, measurements, and treatment plan.
- Current Pulmonologist note for ventilator care at LTACH.
- Any additional documentation to validate reason for coverage.

*The information provided is a minimum for PAC levels of care and a coverage decision. All cases will be reviewed individually and may require additional information. Incomplete submissions have the potential to cause delays up to 14 days.

FOR ANY ISSUES UPLOADING NOTES:

Please upload clinical documentation to support the medical necessity of this request. If you have questions or have issues with accessing this online system, please contact Provider Network Management at (800) 851-3379 for assistance.