BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form	SKILLED NURSING (SNF)
Fax Number: 1 (855) 895-3504	**Phone Number:** 1 (800) 633-4581

Note: Benefits are not available for inpatient SNF care solely for management of tube feedings, for home level dialysis treatment, as an interim transition to long term care placement or for any non-covered services. Benefits are not available for court ordered placement in a skilled nursing facility.

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

☐ New Request For ☐ **Modification Or** ☐ **Extension Requests Complete the Section Below:**

Date Last Authorized:	Previous Authorization Number:
MD/NP/PA justification for modification or Extension:	

Patient Information:

First Name:	Last Name:
Date of Birth:	ID Number:

Referring/Prescribing Provider:

Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Type of Provider: ☐PCP ☐Specialist Type:				

Servicing/Billing: Provider/Vendor/Lab ***If Referring or Prescribing Provider are the Same Check Here*** ☐

Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Specialist Type:			Contact Name:	

202401

If Servicing Provider is billing as part of a Group Contract enter the Group Name and Address:				
Group Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:		Zip:	

Billing Facility (If Applicable):				
Facility Name:			Tax ID:	NPI:
Street Address + Suite #:				
City:	State:	Zip:	Phone:	Fax:
Contact Name:				

Anticipated Date of Service:	**If Lab, Draw Date:**

Place of Service: (Check One Box Only or If typing replace box with an "X"):		
☐ Office	☐ Group Home	☐ Nursing Facility
☐ Acute Rehab	☐ Home	☐ Off Campus OP Hosp
☐ Ambulance- Air or Water	☐ Hospice	☐ PHP
☐ Ambulance-Land	☐ Independent Clinic	☐ RTC – Psychiatric
☐ Ambulatory Surgical Center	☐ Independent Laboratory	☐ RTC – SUD
☐ Assisted Living Facility	☐ Inpatient Hospital	☐ Skilled Nursing Facility
☐ Birthing Center	☐ Intermediate Care Facility	☐ Telehealth
☐ Custodial Care Facility	☐ IOP	☐ Urgent Care Facility
☐ End Stage Renal Disease Tx	☐ IP Psychiatric Facility	☐ Other - Please Specify:

Please enter all codes requested; unlisted codes must have a description.
Please include the quantity for each code requested and if applicable, left, right or bilateral designations.

ICD-10 Code(s):

CPT/HCPC Code(s):

PATIENT CLINICAL INFORMATION

Please read the following criteria and provide the requested documentation:

NOTE: Benefit limited to 30 days annually

Care Mgmt Referral Line = **800-995-2800**

- Member is expected to benefit from short term SNF with a discharge plan to home
- Certification must be obtained **prior** to admission
- The preliminary treatment plan **must** be approved **prior** to admission and include:
  - **Documentation of need for daily inpatient care**
  - **Estimated length of stay**
  - **Medical and rehabilitation therapies**
  - **Preliminary long and short-term goals**
  - **Discharge plan including needed services and location**

Note: Benefits are ***not*** available for inpatient SNF care solely for management of tube feedings, for home level dialysis treatment, as an interim transition to long term care placement or for any non-covered services. Benefits are not available for court ordered placement in a skilled nursing facility.

Please choose reason for admission, read requirements and provide documentation:

Rehabilitative Care

- Therapy is intended to treat a documented decline in functional status due to recent illness, injury, disease, or surgical procedure(s).
- Patient is able to actively participate in Physical and/or Occupational Therapy at least 1 hour/day, at least five days/week. Active participation includes patient mental status demonstrating responsiveness to verbal or visual stimuli and the ability to follow simple commands.
- Patient requires more than minimal or light physical assistance for mobility and basic ADLs (i.e., bathing, dressing, eating, toileting).
- Patient requires minimum or greater level of assistance with mobility in more than one area of physical function (i.e., ambulation and transfers).
- *Within twenty four (24) hours of admission* to the SNF, patient receives a physical therapy evaluation; therapy treatment plan is developed and implemented; and short and long term functional goals are developed and agreed to by the patient (or patient proxy if patient is unable to give consent).

Daily Nursing Care and Management

- Inpatient skilled nursing care is required for ongoing assessment and management of unstable or complex medical conditions, including need for treatment modifications until the patient's condition is stabilized (i.e., septicemia, uncontrolled pain, severe respiratory disease, etc.); and
- Complex teaching and training with the individual or caregiver requiring 24-hour inpatient skilled setting (i.e., new ostomy, administration of multiple newly ordered infused and/or injected medications, wound care for a Stage 3 and/or Stage 4 wound or multiple Stage 2 wounds).

Injections and infusions

- Medically necessary administration of multiple intravenous (IV), intramuscular (IM) and/or subcutaneous (SQ) medications for new and/or complex needs
- At least one of the medications is administered every 8 hours or more frequently

Ventilator and/or tracheostomy

- Active weaning of the ventilator and/or tracheostomy or patient/caregiver education to prepare for patient return to a home setting (other than long term care) with ventilator and/or tracheostomy; and
- Patient care requires availability of a respiratory therapist on site in the SNF 24 hours/day; and

PATIENT CLINICAL INFORMATION

- Respiratory management is directed by a pulmonologist who evaluates patient within 12 hours of admission and at least weekly thereafter.

Respiratory Treatment other than tracheostomy or ventilator

- Patient care requires respiratory therapy available on site in the SNF 24 hours/day; and
- Chest Physiotherapy (PT) at least three (3) times/day;
- New respiratory treatments to stabilize new medical conditions, including new use of oxygen and respiratory nebulization therapies more than three (3) times/day;
- Nasopharyngeal or tracheal suctioning on a frequent basis (i.e., at least every four hours).

Ostomy Care

- Management of and patient/caregiver education regarding a new colostomy or ileostomy during the early post-operative period and/or related to complications to prepare patient for home.
- Management and teaching must be at a level that cannot be performed in an alternative care setting, such as the patient's home, long term care facility, outpatient, etc.

Complex Wound Care

- Extensive treatment (i.e., packing, debridement, irrigation) of Stage 3, Stage 4 or multiple Stage 2 decubitus ulcers or other complicated wounds);
- Complex treatment of wounds requiring multiple dressing changes within a 24hr period (at least every 8 hours) and the treatment cannot be safely performed in the outpatient, home, or long-term care facility setting; or
- Complex treatment of extensive skin disorders, requiring frequent treatment (at least every 8 hours) and skilled observation and assessment.
- Skilled observation and assessment of each wound must be documented daily and reflect any changes in the wound status.

View our Medical Policy on line at https://www.fepblue.org/legal/policies-guidelines

Revised: January 2024 Effective: January 2019