

**BlueCare Plus (HMO SNP)SM
Inpatient Rehabilitation Request Fax Form**

Initial Non-Urgent Initial Urgent DRG Clinical Update Retro

Member Information

Member Name _____ DOB _____

Member ID Number _____ PFFS _____ LPPD _____

- Is Member enrolled in Choices? Yes No
 - Is Member enrolled in ECF Choices? Yes No
 - Does member have a mental illness? Yes No
 - Does the member have an intellectual and developmental disability (IDD)? Yes No
 - Please list the disability or mental illness
-
- Was Medicaid Preadmission Screening and Resident Review (PASRR) Services Requested? Yes No
 - Please list PASSR services that were requested

Facility Section

Date of Admission to Facility _____ Facility Name _____

Facility Telephone Number _____ Facility Address _____

NPI Number _____ Tax ID# (the last 5 digits) _____

Contact Person _____ Phone _____ Fax _____

Admitting Physician Information

Admitting Physician _____ NPI Number _____

Admitting Physician Provider # _____ Tax ID# (the last 5 digits) _____

Clinical Information

Diagnosis _____ CPT® Code _____

ICD9 Code _____ ICD-10 Code _____

Height _____ Weight _____

Medications: _____

Co-morbidity: _____

H&P (Attach) _____

Current Lab Values: (e.g., Hemoglobin & Hematocrit), INR, PTT _____

Has a Doppler study of the lower extremities been performed? Yes No

Patient Level of OrientationRancho Level: Alert and Oriented Willing and Able to Participate Can FollowCommands Type of Discipline: Therapy Speech Occupational Physical

Number of Hours per Day _____

Type of Surgery: _____ Date: _____

Pain Control (by discharge) PO IV

Please specify _____

Functional Status Prior to Admission:

Home Environment

Home Environment:

Single or Multi-Level _____ Number of Steps in Home _____ Number of steps to enter home _____

Availability of Caregiver _____

Current Functional Status (Day Prior to Discharge from Acute Care Facility) FIMS Score (1-7)

	Minimum	Moderate	Maximum	CGA	SBA	Assistive Devices
Eating						
Dressing						
Bathing						
Bed/Mobility						
Supine-Sit						
Transfers						
Ambulation "Distance"						

Wound Care Description: (Length, Width, and Drainage), treatment, frequency:

Progress toward goals/Changes in Plan of Care

Caregiver teaching/training:

Discharge Goals: Destination/Functional (Home with/without assist, facility, etc.)

If a Retro request, please provide explanation:

Please Fax to BlueCare Plus Utilization Management Department upon completion of this form

Fax: 1-866-325-6698

Telephone: 1-866-789-6314

BlueCare Plus Tennessee | 1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecareplus.bcbst.com
BlueCare Plus Tennessee, an Independent Licensee of the Blue Cross Blue Shield Association

BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program.

Enrollment in BlueCare Plus Tennessee depends on contract renewal.