

## **Certification for Medical-Surgical Admissions**

## FAX: 866-589-8256 Enterprise Intake Unit

To check status of a Certification, call 855-313-8914

Providers can FAX the following information as soon as available. Incomplete documentation will delay or prohibit benefit certification.

| Facility Name:                                 | _NPI #: |
|--|---------|
| Facility Contact Name and Phone:               |         |
| Admitting Physician:                           |         |
| Subscriber Name (Last, First, Middle Initial): |         |
| Patient Name and DOB:                          |         |
| Patient Home Phone Number:                     |         |
| Health Plan or Subscriber ID:                  |         |
| Health Plan Group ID:                          |         |
| Level of Care Admitted to:                     |         |
| Acute Inpatient                                |         |
| Acute Rehab                                    |         |

## THE FOLLOWING DOCUMENTATION IS Requested

| Surgical – CPT Code/Procedure   |
|---|
| History and Physical and/or Detailed Provider Admission Note                                    |
| Admitting Orders  |
| Supporting Documents (e.g. ER notes, lab and imaging results, consultation and procedure notes) |
| Operative Report, if surgical procedure performed   |
| Billing Codes for Specific Procedures, if applicable  |
| Medication Profile  |
| Therapy Initial Evaluations and Progress Notes  |
| Estimated Length of Stay (LOS)  |
| *If Post-Admission, the Above-Needed PLUS Discharge Summary                                     |
|   |

## **Concurrent Certification Reviews Require**

**Provider Progress Notes Consultation Report** Pertinent Test Results **Discharge** Plan

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