

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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