Authorization No: _____ **Date:** _____ **SAP Reviewer:** _____

REQUEST FOR SKILLED NURSING AND REHABILITATION CENTERS AUTHORIZATION OF SERVICES FORM – SINGLE CASE

Email form, order and Clinical screen to UMInquiryRequest@sunriseadvantageplan.com, or Fax to: 800-504 4752

Call UM at: (IL) 844-502-4149 opt. 3 or (NY, PA, VA) 844-896 0628 opt. 3
(Call Center Hours M-F 8am-5pm)

*****PLEASE DO NOT SEND REQUESTS FOR MULTIPLE MEMBERS IN ONE EMAIL – MUST SEND SEPERATELY**

☐ **STANDARD AUTHORIZATION** ☐ **EXPEDITED/REVIEW (72 Hours)**

PRIOR WRITTEN AUTHORIZATION IS REQUIRED BEFORE THE START OF SERVICES FOR OUTPATIENT REHAB AND FOR SERVICES BY ANY NON-PARTICIPATING PROVIDER. Payment is authorized only for the medical services noted below, and is subject to the limitations and exclusions as outlined in the Member Handbook/Certificate of Coverage. A copy of this Authorization Form must be submitted with the claim.

Member Demographics

_____ **Member Name**

_____ **Date of Birth**

_____ **Member's Plan ID**

_____ **Name of Sunrise Community or Other**

_____ **Referring Provider**

Is referring provider: ☐PCP/AP ☐Other

SNF

Diagnoses (ICD-10 Codes) Related to Authorization Request:_____

REQUEST DATE: _____ **SERVICE ANTICIPATED START DATE:** _____

Provider Company Name **(REQUIRED)**: _____ Provider Requesting Name **(REQUIRED)**: _____

Provider Contact Number **(REQUIRED)**: _____ Provider Email **(REQUIRED)**: _____

Provider Fax Number **(REQUIRED)**: _____

Notes:

Check the Level of Care and check the appropriate treatments/reasons below:

Factors	Level One _____	Level Two _____	Level Three _____
	Patient requires twenty-four (24) hours professional nursing in the form of intervention(s) for a skilled need. This level can be used for independent patients requiring antibiotics or dressing changes, enteral tube feeding and abnormal labs	Includes all Level One services and one or more of the following:	Includes all Level One and Two services and one or more of the following:
Therapy	☐ Evaluations as indicated upon admission; ☐ Treatments a minimum of 30 minutes per day, not more than 1.75 hours per day	☐ Therapy treatments (PT, OT, ST) 2 hours per day	☐ Therapy treatments (PT, OT, ST) or a combination of therapies 2 hours or greater per day
Wound Care	☐ Surgical/amputation sites, requiring two treatments per day ☐ Decubitis-Stage 2 or greater with necrotic tissue, one or more treatments per day ☐ Venous stasis ulcer – stage 2 or greater with necrotic tissue, one or more treatments per day ☐ Cellulitis – requiring two treatments per day ☐ Burns – with grafting, requiring mechanical debridement or two treatments per day	☐ Decubitis-multiple Stage 2 sites, requiring one or more treatments per day; ☐ Decubitis-Stage 3 or greater, requiring one or more treatments per day ☐ Mechanical or sharp debridement of necrotic tissue, excludes autolytic and/or enzymatic debridement ☐ Sterile packing and/or compression bandaging ☐ Drainage tubes ☐ Pulsed lavage daily treatments, excludes whirlpool	☐ Complex wound care, skin disorders including Stage IV decubiti ☐ Two or more treatments daily, or multiple sites, requiring debridement, packing or sterile technique, drainage tubes
Skilled Nursing need	☐ Acute: Colostomy, ileostomy, super-pubic catheter, peritoneal dialysis, including training and supplies ☐ Tracheostomy – stable ☐ IV Infusion, pump and supplies including pain management administered via IV ☐ Administration of one parental fluid or one intravenous medication (excluding TPN)	☐ IV infusion, peripheral line, subclavin line, central line, PICC line, including pump, maintenance and supplies ☐ Tracheostomy-suctioning two times per shift and/or unstable ☐ Post-traumatic injury, neurologically stable ☐ Oxygen, high concentration, nebulizer, mist ☐ Isolation for infection control (does not include contact isolation) – private room requires authorization ☐ Administration of a combination of two or more parental fluids or two intravenous medications (excluding TPN).	☐ Administration of TPN, chemotherapy or third generation antibiotics and complex IV ☐ Tracheostomy care with frequent suctioning or coughing, unstable, greater than 3 times a shift ☐ Post-traumatic injury, neurologically stable ☐ Infectious Diseases VRE ☐ Vent Care, includes weaning