



AUTHORIZATION MANAGER TIPS

- Skilled Nursing Facilities, Rehab and Long-Term Acute Care

INTRODUCTION

Use this tip when you submit an authorization request using the Authorization Manager tool. To correctly complete an authorization request, inpatient facilities are required to include certain information in their request.

REQUIRED INFORMATION FOR INPATIENT ADMISSIONS

Request type	Inpatient
From	Requested admit date for service
Requested Admit Date	Requested admit date for service
Actual Admit Date	Requested admit date for service
Admit Type	Elective
Admit From	Select unknown if not known
Review Type	<input type="radio"/> Admitted <input type="radio"/> Pre-cert admission

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Skilled Nursing Facility	<ul style="list-style-type: none"> • Place of service: 31- Skilled Nursing Facility • Bed type: Skilled Nursing Facility (SNF) • Add Servicing/Facility Provider: <ul style="list-style-type: none"> – Add physician type servicing provider – Add Facility as type facility • Diagnosis: Add diagnosis code or description <p>After submitting, you will get an auto-approval or be asked to upload documentation, and your request will pend for review.</p> <p>Notes</p> <ul style="list-style-type: none"> • For pre-authorizations, the admit date should not be greater than 48 hours. • Attach the initial precertification form or clinical documentation if prompted. • For concurrent reviews, attach the recertification form to the existing authorization on file. Do not submit a new request.
Rehab	<ul style="list-style-type: none"> • Place of service: 61- Comprehensive Inpatient Rehabilitation Facility • Bed type: Acute Rehab • Add Servicing/Facility Provider: <ul style="list-style-type: none"> – Add physician type servicing provider – Add Facility as type facility • Diagnosis: Add diagnosis code or description

	<p>After submitting, you will get an auto approval or be asked to upload documentation, and your request will pend for review.</p> <p>Notes</p> <ul style="list-style-type: none"> • For pre-authorizations, the admit date should not be greater than 48 hours. • Attach the initial precertification form or clinical documentation when prompted. • For concurrent reviews, attach the recertification form to the existing authorization on file. Do not submit a new request.
<p>Long Term Acute Care (LTAC)</p>	<ul style="list-style-type: none"> • Place of Service: 33A-LTAC • Bed Type: Long-Term Acute Care (LTAC) • Add Servicing/Facility Provider: <ul style="list-style-type: none"> – Add physician as type servicing provider – Add Facility as type facility • Diagnosis: Add diagnosis code or description <p>After submitting, you will get an auto approval or be asked to upload documentation, and your request will pend for review.</p> <p>Notes</p> <ul style="list-style-type: none"> • For pre-authorizations, the admit date should not be greater than 48 hours. • Attach the initial precertification form or clinical documentation when prompted. • For concurrent reviews, attach the recertification form to the existing authorization on file. Do not submit a new request.

RELATED RESOURCES

[Initial Precertification Form for SNF/Rehab/LTCH](#)

[Recertification Form for SNF/Rehab/LTCH](#)

Visit our [Authorization Manager](#) page for additional resources, including:

- Authorization Manager Guide
- Ambulance Services Quick Tip
- Video on how to attach clinical documentation

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MPC_021522-3P (02/22)