



# 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

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

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

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

**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