

## RECERTIFICATION FORM FOR SNF/REHAB/LTCH

Please complete all pages and fax to a number below.

Commercial members: 1-888-641-5330 BCBSMA employees: 1-617-246-4299 Medicare Advantage members:

1-800-205-8885

Federal Employee Program members

(Prefix R): 1-800-205-8885

Use this form to request recertification for long-term care hospital, rehabilitation hospital, or skilled nursing services.

Policy reminder. When care for a member receiving treatment in your facility is needed beyond the date approved at their admission, we must receive your request 48 hours before the member is scheduled to be discharged.

Date of birth (mm/dd/yyyy):   Section B.   Clinical Status/Treatment   Pain:   Pain:	Se	ction A.	Me	mber &	Facility Inf	orma	tion								
Member ID number:   Facility name:   Facility name:   Facility fax:   Facility NPI:   Requested # of days:   5   7   10			Ме	mber na	ame:										
Facility NPI:	E														
Section B.   Clinical Status/Treatment			Fa	acility na	ame:										
Contact name:				Facility	fax:										
Admit date:   Discharge date:				Facility	NPI:				F	Requested # of days:			□ 10		
Section B.			Co	ontact na	ame:					Contact phone					
Alert & oriented	Admit date:									Discharge date:					
Alert & oriented															
Able to follow commands					atus/Treatn			l		_					
T:											Isolatio	solation			
□ 02         Sat:         %         □ Nebs         Freq:         x/day           □ Trach         Uvent         Freq:         Vent wean         □ Decannulation           □ Vent         F102:         Peep:         □ Vent wean         □ Decannulation           □ Suctioning         Freq:         x/day         Vent wean         □ Decannulation           □ Wound         Stage/type:         □ Dressing type:         x/day           □ Length:         Width:         Depth:         Dressing type:         x/day           □ Enteral Feeds.         % Total daily calories:         %         x/day           □ TPN/PPN         □ Rate:         cc/h         x/day           □ IV Therapy         □ Rate:         cc/h         x/day    Section C. Labs/Diagnostics  WBC:  Neutrophils:  Hgb: Hgb: Hct: PLT: PTT: PTT: INF: Na:  Cardiac monitoring		Able to fo		ommano	ds		Able to	1	_	atment		T			
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PLT:         PT:         PTT:         INF:           Na:         K:         Glucose:         BUN/Creat:    Other labs:	Section C. Labs/Diagnostics														
Na: K: Glucose: BUN/Creat:  Other labs:   Cardiac monitoring	W	BC:			Neutrophils	:			Hgb	:	Hct:				
Other labs:   Cardiac monitoring	Р	LT:			PT	:			PTT	:					
		Na:			K	:			Glucose:		BUN/Creat:				
	Other labs:														
Other tests:		ther tests:								t X-ray Stable/Improving					

Member name:		BCBSMA ID #:								Date	Date of birth:			
Section D. Current Level of Function/Treatment														
	In	Independent		Supervision		Contact guard		Min. Asst		Mod Asst.			Dep.	
ADL Bod Mahi	:1:4.													
Bed Mobi Transfers														
Ambulation														
Walking	distance	nce (in feet):				Device:		☐ Cane ☐ Walker						
						ndurance:	☐ Goo	od 🗆 Fair 🗀		Poor				
□ PT	□ PT Frequency:			x Hrs/Day:			x Days/	Wee	ek:					
□ OT	□ OT Frequency:				x Hrs/Day:			x Days/Week:						
□ ST	□ ST Frequency:				x Hrs/Day:			x Days/Week:						
Continu	Ocation E. Disabana BlackOcata (including a scient													
Section E. Discharge Plan/Goals (including social barriers and concerns)														
Ambulanc	e servi	ces reminde	er. Me	embers rea	uirina	ambulanc	e service	s mu	ıst be traı	nsporte	ed bv a Blu	ue Cr	ross Blue	
Shield of M	/lassach	usetts-partic	ipatin	ng ambulan	ce pro	vider. To							se use <u>Find a</u>	
<u>Doctor &amp; Estimate Costs</u> (bluecrossma.com/findadoctor).														
Section F. Discharge Blan														
Section F. Discharge Plan														
Anticipa		harge date:	<u> </u>											
		ischarge to:	+	Acute Reh			☐ Home		•					
Anticipated discharge needs: ☐ VN							∃ PT		ЭТ	□ ST		OME		
Med	dicaid ap	op initiated?	Yes		No									

<sup>\*</sup>Blue Cross Blue Shield of Massachusetts refers to Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. ©2022 Blue Cross and Blue Shield of Massachusetts, Inc. or Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc.