



Skilled Nursing Facility and Sub-acute Rehab Facility Prior Authorization Request Form

Horizon Commercial Phone: 1-833-592-1075

Braven Health Medicare Advantage Phone: 1-833-592-1077

FAX: 877-249-9054

This form must be completed in its entirety for all faxed skilled nursing facility prior authorization requests. The most recent clinical notes and current medication list (including those prescribed in the past 30 days) must also accompany the faxed request.

For all patients: Place a check next to the answer of each of the following questions

Patient Name: _____ Patient Date of Birth (mm/dd/yyyy): _____

Select ALL the Skilled Services that are being requested:
 Nursing Physical Therapy Occupational Therapy Speech Therapy

What type of Nursing services are needed?
A. Wound care (1 or more deep/wide wounds, wound care multiple times a day, recent limb removed) A
B. IV Management, Line care (e.g. Peripherally Inserted Central Catheter [PICC line]) B
C. Nutrition is given by a tube into the nose or abdomen; or into a vein—Total Parenteral Nutrition C
D. Cardiac Management (e.g. measuring the patients fluids into and out of their body) D
E. Suctioning through the nose or an opening in the patient’s throat E
 None of the above

What type of therapy services are needed?
A. Rehabilitation needs assessment A
B. Restoring lost function B
C. Learning functional activities due to change in condition C
D. Supervision of therapeutic exercises or activities D
E. Gait evaluation E
F. Restoring the ability to speak or swallow/rehabilitation of speech F
G. Prosthetic evaluation and use G
 None of the above

Please select the correct Facility Level with the associated nursing/therapy hours
• Skilled Nursing Facility: Does the patient require up to 3 hours of nursing care per day AND up to 2 hours of rehabilitation per day Skilled Nursing Facility
• Subacute Rehab: Does the patient require 3 to 6 hours of nursing care per day AND 2 to 3 hours of rehabilitation per day? Subacute Rehab

Do you have clinical documentation to support this request, including the answers provided to the questions above (e.g. physician orders, history and physical, letter of medical necessity)? Yes documents attached
 Yes will be faxed

For Braven Health Medicare Advantage Members: Place a check next to the answer of each of the following questions

Admission to a Skilled Nursing Facility is ordered due to: **(select all that apply)**
A. The patient’s condition would make care at home unsafe A
B. Patient unable to care or manage self at home B
C. Patient does not have help at home C
D. Home may not be suitable for care at home D

Are the skilled services necessary to improve, maintain, prevent or slow further deterioration of the patient’s condition? YES NO

Are the skilled services being provided by or under the supervision of a medical professional? YES NO

For Commercial Members: Place a check next to the answer of each of the following questions

Does the patient have acute hospital needs? (The patient’s immediate hospital care needs have been met and is ready for discharge) YES NO

Does the patient have intense and complex care needs that make skilled nursing facility care safer and more practical than a lower level of care? YES NO

Does the care include multiple components delivered by skilled professionals? YES NO

Is there a plan to provide ALL of the following?
A. Care plan management and evaluation to meet patient needs, achieve treatment goals, and ensure medical safety YES NO
B. Observation and assessment of patient’s change condition to evaluate need for treatment modification or for additional procedures until condition stabilized
C. Education services to teach patient self-maintenance or to teach caregiver patient care