

Fax Cover Sheet – LTCH:



To: naviHealth

naviHealth Fax Number:

From: Name:

Facility:

Phone #:

Fax Number:

Number of pages:
(including cover sheet)

Today's date:

Medical Only – Request is for Skilled Nursing only and does not include Skilled Therapy.

Additional Contact Information (if applicable) Acute Case Manager:

Acute facility: Phone number:

Preservice Authorization Request/Review

The following information is required:

- **Hospital demographic sheet** including name/phone of POA if applicable
- **Patient's name, current location, admit date, and requested setting**
- **MD order sheet**/full name of ordering physician and NPI number
- **History and physical**
- **Nursing admission assessment**
- **Physical, occupational, and speech therapy evaluations** (as applicable)
- **Most recent therapy notes** (within the last 48 hours, as applicable)
- **Most recent physician notes** (within the last 24 hours)
- **Post-procedure or surgical notes** if procedure/surgery occurred during this admission
- **Vent settings and/or weaning** (if applicable)
- **Description and orders for wound care** (if applicable)
- **Description and orders for tube feeding** (if applicable)
- **Imaging and labs** (within the last 48 hours)
- **Vital signs** (within the last 48 hours)
- **Current medication record**

Admission Review/First Continued Stay Authorization Request/Review

The following information is required:

- **Demographic sheet**
- **Discharge planning assessment** (as available)
- **Nursing admission assessment**
- **Physical, occupational, and speech therapy evaluations** (within 48 hours of admission, as applicable)
- **Most recent therapy notes** (within the last 48 hours, as applicable)
- **Most recent physician notes** (within the last 24 hours)
- **Labs, vital signs, medication orders** (past 2 days)
- **Vent settings and/or weaning** (if applicable)
- **Description and orders for wound care** (if applicable)
- **Description and orders for tube feeding** (if applicable)

Interim Review/Subsequent Continued Stay Authorization Requests/Reviews

The following information is required:

- **Demographic sheet**
- **Case management or social work notes**
- **Physician and nursing notes/physician orders**
- **Physical, occupational, and speech therapy notes since last update** (most recent should be within 24 hours of next review date)
- **Updates to current discharge plan**
- **Most recent therapy notes** (within the last 48 hours)
- **Most recent physician notes** (within the last 24 hours)
- **Labs, vital signs, medication orders** (past 2 days)
- **Vent settings and/or weaning** (if applicable)
- **Description and orders for wound care** (if applicable)
- **Description and orders for tube feeding** (if applicable)

Discharge Review

The following information is required:

- **Patient's discharge instructions** (preferably within 24 hours of discharge)

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