

To: naviHealth

naviHealth Fax Number:

From: Name:

If Other:

Phone #:

Facility:

Number of pages:
(including cover sheet)

Fax Number:

Today's date:

Additional Contact Information (if applicable)

Acute facility:

Acute Case Manager:

Phone number:

Patient Identifiers:

Patient Name:

Patient DOB:

Preservice Authorization Request

The following patient information is required:

Commonly found in Physician History & Physical (H&P):

- **Acute presentation and diagnosis**

Commonly found in Most Recent Physician Progress Note(s):

- **Current medical status demonstrating stability**
- **Ongoing skilled medical need(s)**

Commonly found in PT/OT/ST Therapy Evaluation(s):

- **Usual living setting***
- **Prior level of function***

Commonly found in Most Recent Therapy Progress Note(s)

- **Current mobility, transfers & ambulation***
- **Current ADL status, e.g. feeding***
- **Current cognitive status***

**Applies when therapy is indicated*

Admission Review/First Continued Stay Authorization Request

The following patient information is required:

- **Demographic sheet**
- **Acute Hospital Discharge Summary**
- **Nursing admission assessment, Nursing notes and/or CNA documentation** including respiratory treatment and restorative nursing
- **Physical, occupational, and speech therapy evaluations** (within 48 hours of admission)

Interim Review/Subsequent Continued Stay Authorization Requests

The following patient information is required:

First Interim Review – PDPM:

- **PHQ-9 assessment**
- **Medication Administration Record (MAR)/Treatment Administration Record (TAR)**

All Interim Reviews:

- **Discharge Planning Assessment/Case management** or social work notes
- **Physician and nursing notes** since last update
- **Nursing notes and/or CNA documentation** including details for continued medical necessity
- **Physical, occupational, and speech therapy notes since last update** (most recent should be within 24 hours of next review date)

NOMNC (Health Plan **ONLY**; must be signed and valid)

Discharge Review

The following patient information is required:

- **Discharge instructions** (preferably within 24 hours of discharge)
- **Therapy discharge summaries** (if applicable)
- **Therapy service logs/billing logs** (if applicable) including minutes and visits recorded for entire stay

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