



Inpatient Admission Notification & Pre-Certification Request Form

(See next page for additional instructions)

- Type of admission:**
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Medical Admission | <input type="checkbox"/> LTAC Admission | <input type="checkbox"/> ACR Admission | <input type="checkbox"/> SNF Admission |
| <input type="checkbox"/> MH 23-hour Observation | <input type="checkbox"/> MH Admission | <input type="checkbox"/> MH Partial Admission | <input type="checkbox"/> SNF Concurrent |
| <input type="checkbox"/> CD Admission* | <input type="checkbox"/> CD RTC Admission* | <input type="checkbox"/> MH RTC Admission | <input type="checkbox"/> Detox |

*An additional form is required for this type of review

Admission court ordered? Yes No

Admission due to emergency hold? Yes No

Facility Information	Person completing form: _____ <input type="checkbox"/> Clinic <input type="checkbox"/> Facility Phone: _____ Fax: _____ Facility NPI / Tax #: _____ Facility Provider ID #: _____ Facility name: _____ Facility address: _____ City/State/Zip: _____
Patient Information	Member name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Member ID: _____ Date of birth: _____ Member address: _____ City/state/zip: _____ Phone: _____
Admission Information	Admission date: _____ Discharge date: _____ Admitting Individual ID #: _____ NPI / Tax #: _____ Admitting provider name: _____ Admitting provider address: _____ Admitting provider city/state/zip: _____ Phone: _____ Fax: _____ Admitting diagnosis code: _____ Diagnosis description: _____ Secondary diagnosis code: _____ Diagnosis description: _____ Procedure code: _____ Procedure description: _____ Secondary procedure code: _____ Procedure description: _____ Your medical record number (optional): _____
This section to be completed by the health plan (PANs only): Case reference number for this admission: _____	

Information contained on this facsimile (FAX) message is confidential and intended only for the personal and confidential use of the recipient named below. If you are not the intended recipient of this information or the person responsible for delivering it, you are prohibited from disclosing, distributing, copying or acting in reliance upon this information. If you have received this FAX in error, please notify us immediately by telephone at (651) 662-7933 and return all pages to: PO Box 64560, St. Paul, MN 55164. An inadvertent transmittal by FAX does not alter the privileged nature of this communication pursuant to statute or common law.

X12630R13 (06/14)

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<p>Preadmission Notification (PAN)</p>	<p>Definition: A preadmission notification (PAN) is simply a notification that a member has been admitted for an inpatient stay. These notifications do not require review or clinical information unless you receive a request for it from our clinicians.</p> <p>When a PAN is required, please submit the information electronically through the provider web self-service site (www.availity.com). Use this fax form for PANs only when the provider web self-service site is not available. PANs for Blue Essentials (HMO-POS) members must be faxed to the number below using this form.</p> <p>Please ensure the PAN is submitted as soon as the admission is scheduled, but no later than two working days after the admission occurs. The following information is required:</p> <ul style="list-style-type: none"> • Subscriber ID, & name • Patient name, ID, birth date, & gender • Admitting diagnosis code • Date of admission • Admitting physician’s name & Individual Provider Number <p>Once the member has been discharged, please notify us of the discharge date.</p>																														
<p>Pre-Certification</p>	<p>Definition: An advance review of a proposed facility admission to determine whether the admission meets established medical necessity criteria and to ensure that the member receives the maximum benefits available under the subscriber’s plan.</p> <p>Pre-certification requests can be submitted by phone or fax to the numbers below. In addition to the information listed above for PANs, you will need to provide clinical information supporting the admission. You can find a list of inpatient services that require pre-certification as well as the clinical documentation that is required for the review in the Medical and Behavioral Health Medical Policy Manual at providers.bluecrossmn.com.</p> <p>Additional admissions may require pre-certification based on the member or provider contract, such as:</p> <ul style="list-style-type: none"> • Admissions to Identified Facilities • All inpatient admissions for Federal Employee Program® (FEP) members • Government programs (PMAP, Minnesota Care, MSC+, MSHO) member admissions to facilities that are not participating with Blue Cross and Blue Shield of Minnesota • Veterans admissions to facilities that are not participating with Blue Cross and Blue Shield of Minnesota • BlueLink TPA member admissions to out-of-state facilities that are not participating with Blue Cross and Blue Shield of Minnesota • CCStpa member admissions to out-of-state facilities that are not participating with Blue Cross and Blue Shield of Minnesota <p>This list is not all inclusive and is subject to change.</p>																														
<p>Concurrent Review</p>	<p>Definition: An ongoing review during the member’s stay, to ensure that it meets established medical criteria and appropriateness. Our clinicians will collaborate with the facility’s utilization review/discharge planner/social worker when concurrent review is required.</p>																														
<p>PAN Intake Team Contact Information</p>	<table border="1"> <tr> <td colspan="3">Blue Cross, Blue Plus, BlueLink and CCS members</td> </tr> <tr> <td>Hospital, LTAC, ACR, RTC Admissions</td> <td>Phone: 1-800-528-0934</td> <td>Fax: (651) 662-7006</td> </tr> <tr> <td>SNF Admissions</td> <td>Phone: (651) 662-5540</td> <td>(Initial Admission)</td> </tr> <tr> <td></td> <td>Fax: (651) 662-1004</td> <td>(Concurrent Reviews)</td> </tr> <tr> <td colspan="3">SecureBlue (MSHO) members</td> </tr> <tr> <td>Hospital, LTAC, ACR, RTC Admissions</td> <td>Phone: 1-800-528-0934</td> <td>Fax: (651) 662-7006</td> </tr> <tr> <td>SNF Admissions</td> <td>Phone: 1-800-711-9868</td> <td>(Initial Admission)</td> </tr> <tr> <td></td> <td>Fax: (651) 662-4022</td> <td>(Concurrent Reviews)</td> </tr> <tr> <td colspan="3">Blue Essentials (HMO-POS) Intake Team</td> </tr> <tr> <td>All admissions for Blue Essentials members</td> <td>Phone: 1-855-315-4038</td> <td>Fax: (651) 662-0622</td> </tr> </table>	Blue Cross, Blue Plus, BlueLink and CCS members			Hospital, LTAC, ACR, RTC Admissions	Phone: 1-800-528-0934	Fax: (651) 662-7006	SNF Admissions	Phone: (651) 662-5540	(Initial Admission)		Fax: (651) 662-1004	(Concurrent Reviews)	SecureBlue (MSHO) members			Hospital, LTAC, ACR, RTC Admissions	Phone: 1-800-528-0934	Fax: (651) 662-7006	SNF Admissions	Phone: 1-800-711-9868	(Initial Admission)		Fax: (651) 662-4022	(Concurrent Reviews)	Blue Essentials (HMO-POS) Intake Team			All admissions for Blue Essentials members	Phone: 1-855-315-4038	Fax: (651) 662-0622
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