



Certification for Medical-Surgical Admissions

FAX: 866-589-8256 Enterprise Intake Unit

To check status of a Certification, call 855-313-8914

Providers can FAX the following information as soon as available. Incomplete documentation will delay or prohibit benefit certification.

Facility Name: _____ NPI #: _____

Facility Contact Name and Phone: _____

Admitting Physician: _____

Subscriber Name (Last, First, Middle Initial): _____

Patient Name and DOB: _____

Patient Home Phone Number: _____

Health Plan or Subscriber ID: _____

Health Plan Group ID: _____

Level of Care Admitted to:

Acute Inpatient

Acute Rehab

THE FOLLOWING DOCUMENTATION IS Requested

Surgical – CPT Code/Procedure

History and Physical and/or Detailed Provider Admission Note

Admitting Orders

Supporting Documents (e.g. ER notes, lab and imaging results, consultation and procedure notes)

Operative Report, if surgical procedure performed

Billing Codes for Specific Procedures, if applicable

Medication Profile

Therapy Initial Evaluations and Progress Notes

Estimated Length of Stay (LOS)

*If Post-Admission, the Above-Needed PLUS Discharge Summary

Concurrent Certification Reviews Require

Provider Progress Notes

Consultation Report

Pertinent Test Results

Discharge Plan