



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

**UAW Retiree Medical  
Benefits Trust  
Medicare Plus Blue PPO<sup>SM</sup> Acute  
Inpatient Fax Assessment Form**

<input type="checkbox"/> InterQual <sup>®</sup> criteria MET	<input type="checkbox"/> InterQual <sup>®</sup> criteria Not MET	<input type="checkbox"/> RE-SENDING FAX
<input type="checkbox"/> <b>PRECERTIFICATION</b>	<input type="checkbox"/> <b>RECERTIFICATION</b>	

<p>Complete this form and fax it to: 1-866-464-8223 Or E-FAX/E-Mail to <a href="mailto:MedicarePlusBlueFacilityFax@bcbsm.com">MedicarePlusBlueFacilityFax@bcbsm.com</a> Include hospital admission H&amp;P and PM&amp;R consultation notes (as applicable)</p>
--

Facility and provider must participate with local BCBS plan or member may incur sanctions. Precertification does not guarantee payment. Please verify eligibility and benefits prior to request. Complete every field unless otherwise noted. Information must be legible. Place N/A if not applicable. **Do not send a medical record review.**

**INCOMPLETE SUBMISSIONS WILL BE RETURNED UNPROCESSED.**

HUMAN ORGAN TRANSPLANT					
Is there a potential of this member receiving a human organ transplant during this admission? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes: Has a prior authorization been completed with BCBSM's Human Organ Transplant Program (HOTP)? <input type="checkbox"/> Yes					
<b>If not, please call the HOTP department at 1-800-242-3504.</b>					
CONTACT INFORMATION					
Contact name		Title		Signature	
Date	Contact phone number	Fax number		E-mail	
PATIENT INFORMATION					
Name			Date of birth	Contract number	
Address		City		State	Zip Code
PRECERTIFICATION					
<input type="checkbox"/> Direct admit	<input type="checkbox"/> ER admit	<input type="checkbox"/> Elective admit	<input type="checkbox"/> Observation	Admission date	Estimated length of stay
Facility name		Facility NPI number		Facility phone number	
Address		City		State	Zip Code
Admitting physician		Physician provider NPI number		Physician phone number	
Address		City		State	Zip Code
SURGICAL ADMISSIONS					
Surgical procedure and CPT codes				Surgery date	
1)					
2)					
RECERTIFICATION					
Number of days requested		Current estimated length of stay		Last covered date	
MEDICAL ADMISSIONS					
Admitting diagnosis and ICD9 codes					
1)					
2)					
Height	Weight	BP	HR	Resp rate	Temp
ER/Admission assessment and treatment:					

Medical history/Co-morbidities/Family history:					
Pertinent lab/Imaging/Other test results:					
Admission orders/Current treatment plan:					
Current medications/frequency:					
<b>SKIN STATUS</b>					
<input type="checkbox"/> Intact	<b>Wound/Incision location #1</b>	Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Unstageable	Size: L x W x D (cm)		
Description					
Treatment				Frequency	
<b>PAIN STATUS</b>					
Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Rating (out of 10)	Pain meds/Frequency	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rating
<b>CASE MANAGEMENT</b>					
BCBSM offers case management assistance for discharge planning. Would you like a referral made to our case management department? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>DISCHARGE PLANS (needs to be initiated upon admission)</b>					
Discharge date (tentative/actual)		Assistive devices			
Resides: <input type="checkbox"/> Alone <input type="checkbox"/> w/Spouse <input type="checkbox"/> w/Other		Support: <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Family/friend <input type="checkbox"/> HHC <input type="checkbox"/> Other			
Home description (levels, bed/bath location, steps to enter, etc.)					
Discharge to home : <input type="checkbox"/> Yes <input type="checkbox"/> No		ALOC: <input type="checkbox"/> Rehab <input type="checkbox"/> SNF <input type="checkbox"/> LTC <input type="checkbox"/> Assisted living <input type="checkbox"/> Other			