



Post-Acute Facility Request Form

For PACE Program Members ONLY

For Family Care (LTC) members call 1-866-937-2783 and ask to speak to the member's Interdisciplinary Team Staff (IDTS) about authorization requirements. CCI UM does not review or authorize any services for the LTC program.

Please complete this form and fax along with supporting clinical documentation to: Community Care Utilization Management Fax: 414-384-8272, phone: 262-207-9393, please call UM with any questions.

Incomplete forms or lack of supporting clinical may cause delay in determination or administrative denial for lack of clinical information.

Member Name:	DOB:	Medicare #:
		Medicaid #:

Current Setting/Hospital Stay			
Location:			
Admit Date:			
Admitting Diagnosis:			
Inpatient/Observation status: NOTE: CCI follows the Medicare rule requiring a 3-day qualifying inpatient hospitalization			
Requesting/Servicing Provider Information			
☐ IRF	☐ LTAC	☐ TBI	SNF ☐ (Medicare A stay only) For all other SNF level of care authorizations please call 1-866-937-2783 and ask for the member care team.
Requesting Facility Name: Address:			
Tax ID:		NPI #:	
Whom should CCI contact with approval to admit?	Name:	Phone:	Fax:
Whom should CCI contact at facility for ongoing clinical updates?	Name:	Phone:	Fax:
ICD 10 Diagnosis and Code.			
Anticipated Admission Date:			
Estimated Length of Stay:			

Initial POC goals including supporting clinical documentation, please attach.

Privacy and confidentiality: The information within this fax message is intended for the recipient(s) only. If you have received this fax in error, please contact us at 262-207-9393 (phone) or 414-384-8272 (fax) and destroy this document received. State and Federal Law prohibits any unauthorized use of this information. Thank you for your cooperation