# Post-Acute Prior Authorization Request

## For PACE Program and FC Partnership 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 #:<br>Medicaid #: |
| Provider Name/Clinic: | | Tax ID: |
| Clinical Review: | Phone Number: | Fax Number: |
| Contact/Title: | | |
| Date of Review: | | |

| **Current Setting/Hospital Stay** | | | |
|---|---|---|---|
| Location: | | | |
| Admit Date: | | | |
| Admitting Diagnosis: | | | |
| Inpatient/Observation status:<br>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 ca 1-866-937-2783 and ask for the member care team. |
| Requesting Facility Name:<br>Address: | | | 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: | | | |

Initial POC goals including supporting clinical documentation, please attach.