SNF / LTAC / Acute Rehabilitation Authorization Request Form

FAX: 1-801-758-3370

www.StewardHealthChoiceUT.org

Steward Health Care Network

HEALTH CHOICE UTAH

SNF / LTAC / ACUTE REHABILITATION - Authorization Request

❖ **Authorization approval is required PRIOR to patient being admitted to requested facility.**

Member Name (Last, First)	Member ID#	DOB	Date of Request
☐ Skilled Nursing Facility (SNF) ☐ Long Term Acute Care (LTAC) ☐ Acute Rehabilitation ☐ Other _____		Anticipated Length of Stay	
Name of Requesting Facility		NPI #	
Facility Address		Date of Admit	
Admissions Coordinator / Contact Person	Direct Phone #	Fax #	
Diagnosis 1 (ICD-10 code)	Diagnosis 2 (ICD-10 code)	Diagnosis 3 (ICD-10 code)	

*** Providers are required to send medical documentation supporting requested service with request.**

*** If patient does not admit to requested facility within 48 hours, a new request/clinicals will be necessary prior to admission.**

*** Providers are required to send updated clinical information 24 hours prior to end of days authorized for concurrent review.**

Please fax REQUEST FORM, and CLINICALS to 1-801-758-3370.

- ❖ Failure to provide requested documentation may result in delayed payment of claims and/or denial of requested services/authorizations.
- ❖ Medical/Clinical information is evaluated using evidence-based criteria along with local delivery systems and other circumstances to determine appropriateness of requested healthcare services.