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| **FAX** |  | Utah Department of Health  Long-Term Acute Care  Documentation Fax Cover Sheet  Fax: 801-237-0751 |

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| **To:** |  |  | **From:** |  |
| **Fax:** |  | **Fax:** |  |
| **Phone:** |  | **Phone:** |  |

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| --- | --- | --- | --- |
| **Patient Name**  **(Last, First, MI):** |  | **Medicaid ID#:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Patient Diagnosis:** |  | **Review Type:** | |  |  | | --- | --- | |  | Pre-Admission | |  | Admission | |  | Continued Stay | |  | Discharge | |  | Retro-Auth | |
| **Initial Admit Date:** |  | **Requested Dates of Service:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital/Facility Name:** |  | **NPI#** |  |
| **Address:** |  | **Phone:** |  |
|  |  | **Fax:** |  |

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| **Comments:** |
| Instructions:  A fax cover sheet that includes all the above information is required with each long-term acute care fax. Clinical documentation must be submitted to support each request, including the InterQual review when available. For **Continued Stay reviews, providers must submit all supporting documentation 2 days prior to the end of the previously approved period.** | |