



Admission Notification

Fax form to: Health and Wellness Services 1-866- 938-9754

Telephone: 1-866-938-9741

Type of notification (X one): Preadmission Plan-of-care Continued-stay

Your Info.

You are a (circle one): Clinic or Facility Contact person: _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____

Provider name: _____ Contracting EPNI provider #: _____ Alpha

NPI #: _____

Patient Info.

Name: _____ Gender (circle one): M or F

Patient's ID #: (____) _____ - _____ - _____ Date of birth: ____/____/____

Alpha

Medical Information

Referring physician ind. #: _____ Name: _____
Alpha

Referring physician NPI #: _____

Admitting physician ind. #: _____ Name: _____
Alpha

Admitting physician NPI #: _____

Facility #: _____ Name: _____
Alpha

Admit ICD9 DX code: _____ Admit DX description: _____

Secondary ICD9 DX code: _____ 2nd DX description: _____

Procedure ICD9 code: _____ Procedure date: ____/____/____

 Procedure description: _____

Secondary ICD9 code: _____ 2nd procedure date: ____/____/____

 2nd procedure description: _____

ADMISSION DATE: ____/____/____ DISCHARGE DATE: ____/____/____

Your medical record # (optional): _____

Medical information (necessary for admissions requiring plan-of-care review):

Internal use:
This is the certificate number for this admission:
#00 _____

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Tell Me More about.....

Preadmission notification (PAN)	<p>When a PAN is required call us as soon as the admission is scheduled, but no later than two working days after the admission occurs. Have the following information available.</p> <ul style="list-style-type: none">• Subscriber ID & account #• Subscriber name & address• Patient name, birth date, & sex• Admitting physician's name & individual provider #• Admitting DX code• ICD9 surgical procedure code # and narrative, if applicable• Date of surgery, if applicable• Date of admission
Plan-of-care review	<p>Plan-of-care review is required for:</p> <ul style="list-style-type: none">• Direct admissions to acute rehabilitation units or facilities and long term acute care units or facilities• Mental health/chemical dependency admissions, including acute care, partial hospital, and residential (behavioral health reviews and uses separate forms)• Workers' Comp. non-emergency admissions• All admissions to nonparticipating facilities <p>(see list below) contact us as soon as the admission is scheduled, but no later than two working days after the admission occurs. In addition to what is listed above, have the clinical information supporting the admission. We will complete the plan-of-care review in one working day whenever possible.</p>
Continued-stay notification	<p>Length-of-stay or continued-stay medical necessity review will only be performed on specific cases. Our case managers will collaborate with facility's discharge planners/social workers when high-risk patients are identified.</p>
Contacting us	<p>Call 1-866-938-9741 You may fax this form to 1-866- 938-9754</p>

Inpatient stay notification/review requirements may change prior to being reflected on this form.