



LTACH/ AIR ADMISSION NOTIFICATION FORM

FYI: Please submit this form to Aspirus upon admission, discharge and whenever there is an update or change within 24 hours. Failure to provide required documentation may result in denial of the request.

For questions call: 715-631-7443 or 1-855-931-5265



Admission: Fax form and relevant clinical documentation to: 715-787-7317



Email: clsintakeMA@aspirushealthplan.com

ADMISSION:

Acute Rehab Inpatient	Long-Term Acute Care Hospitals
Today's Date:	Date of Admission:

PATIENT INFORMATION:

Name:		
Date of Birth:	Member ID:	
Address:		
City:	State:	Zip Code:
Phone:		

ASPIRUS HEALTH PLAN:

Aspirus Essential Rx	Aspirus Elite	Aspirus Elite Rx
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ORDERING PRACTITIONER INFORMATION:

Practitioner Name:	ID/ NPI Number:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	

ORDERING FACILITY INFORMATION:

Hospital Name:			
Hospital Admissions Date:		Hospital Discharge Date:	
Admission Diagnosis (ICD-10) Codes* must be billable code(s)			

ADMITTING FACILITY INFORMATION:

Facility Name:		
Facility NPI Number:		
Facility Address:		
City:	State:	Zip Code:
Phone:	Fax:	

CONTACT PERSON:

Admitting Facility	Ordering Facility		
Name:			
Phone:	Fax:		
Email:			
Preferred method of contact:	Phone	Fax	Email

REASON FOR REQUEST:

Authorization Request
Benefit Exception
Notification
Out of Network Provider Requesting Network Exception
Pre-Admission/ Pre-Determination

INPATIENT ADMISSION GUIDELINES:

Providers are required to notify Aspirus Health Plan of all inpatient admissions. Some admissions require prior authorization to determine coverage and some admissions require notification only. All admissions must be medically necessary.

Please submit request within 24 hours of admission.

Once the member has been discharged, please notify us of the discharge date.

- Discharge information can be faxed to: 715-787-7317 or email to: clsintakeMA@aspirushealthplan.com

Documentation requirements:

In addition to completing the previous sections of this form, kindly attach documentation that supports the medical necessity of this request. Documentation should include:

- **History & Physical Discharge Summary (if available)**
- **Clinical Progress Notes (for concurrent requests)**
- **Medication List**
- **Therapy notes, including level of participation (evaluation and last progress notes)**

Concurrent review:

An ongoing review during the member's stay, to ensure that the continued stay meets established medical necessity criteria. Facility providers are required to submit a concurrent review request when additional days are needed.