

Evry Healthcare Inc. URA License #: 2447557 PO Box 571208 Dallas, TX 75357

Inpatient Admission Notification & Concurrent Review Form

The following services require notification for admission within 24 hours and notification of discharge within 24 hours:

- Unplanned Admissions: ALL medical, maternity, and surgical inpatient admissions
- Observation Stays resulting from ER visit over 23 hours
- Observations Stays, unanticipated after surgery or other procedure over 23 hours
- o Maternity admission for vaginal delivery or C-section
- o All Out of Network/Out of Area Stays or Admission

11:00 AM CST on the last previously approved day to proceed with the review.

Step 1: A notification must be submitted within 24 hours of admission. All notifications MUST be faxed to 325-603-0541 to be reviewed.

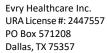
Step 2: If the facility deems an inpatient admission is NOT required following emergency room services, the facility will fax a notification of discharge within 24 hours of discharge.

Step 3: If the facility deems an inpatient admission is required following emergency room services and stabilization, the facility **MUST** request authorization for extension of services for medical necessity review and length of stay request. Complete medical records are required to begin the medical necessity review for length of stay request. *Upon initial approval, if a concurrent review is necessary, the facility must submit all relevant information for review by

Step 4: If supplemental information is required, Evry Health will be in contact with the facility on what is required to conduct the review. Please note, failure to submit the appropriate documentation and lack of timely delivery may result in a denial of coverage.

Note: Evry Health requires inpatient notification of admission and length of stay review for medical necessity within 24 hours of hospital admission. Emergency services and stabilization are not subject to authorization. Out-of-Network facilities are required to request authorization for further care or treatment needed after stabilization of an emergency medical condition within 24 hours. Notification of admission and length of stay review for medical necessity is the responsibility of the facility providing the service. If the facility fails to meet time requirements, the member cannot be billed for these services.

	fication of admission and on the control of the con	does not replace prior authorizati Providers tab	on procedures. To obtain prior
Today's date:			
Please check one: Initial admission		Concurrent Review/Continued Stay	
Requested Revenue Code	:		
Type of Admit			
Planned Emergency Observation NICU	Maternity Psychiatric Direct admit from provider's office	Long Term Acute Care Skilled Nursing Facility Inpatient Rehab	Residential Treatment Center Detox/Substance Abuse PHP/IOP
Admission Date & Time:			





Contact information				
Member name:		DOB:		
Member ID or reference #	:	Group #		
For child/adolescent, nam	e of parent/guardian:	<u> </u>		
Facility Information				
Facility Name:				
Facility Address:				
Facility phone number:				
Facility NPI:				
Name of utilization review	(UR) contact:			
UR phone number:	1	UR fax number:		
Attending physician (first a	and last name):			
Attending physician phone number:				
Attending physician fax nu	ımber:			
Attending physician addre	ess:			
Attending physician NPI:				
Discharge planner name:				
Discharge planners contac	ct info:			
Admission Information				
Admission Date & Time:				
ICD-10 Diagnosis code(s):				
If planned surgery, proced	lure CPT code(s):			
Admission explanation/cla	rification:			
For concurrent/continued stay, explain treatment needed for continuation:				
Number of additional days requested:				
Expected discharge date:				

***Please submit this form along with pertinent clinicals via fax to (325) 603-0541. Attn: Clinical Management Department