



Medicare PPS (MCA) Assessment Schedule for RUG SCORES			
MDS Assessment Type	Assessment Reference Date	Expected Due Date from SNF	*Applicable payment days
5-Day	1-5**	6-8**	1-14
14-Day	11-14	15-19	15-30
30-Day	21-29	30-34	31-60
60-Day	50-59	60-64	61-90
90Day	80-89	90-94	91-100

- * SNF Bed Day authorizations are subject to medical necessity established by the concurrent reviews that are received by the nurse reviewer.
- ** Per Medicare Guidelines, if a beneficiary expires or transfers to another facility before the 5-Day assessment has been completed, the facility will still need to prepare an SB-MDS as completely as possible for the RUG-III classification and Medicare payment purposes. Otherwise the days will be paid at the default rate. The assessment reference date must be modified to reflect the correct discharge date.
- *** SNF's demonstrating timeliness in the delivery of updated reviews with RUG Scores will greatly facilitate expedited return of authorizations to the facility.

Continued Authorizations *(for the best turn around time):*

Facilities using the attached one page utilization review form entitled, "**Continued Authorization Request**", will greatly reduce the time it takes to conduct a concurrent review by the SNF Dept. Please do not fax the entire medical record along with hospital records unless specifically requested by a nurse reviewer. You may fax a copy of the team meeting notes and/or the most recent skilled therapy notes and/or evaluations.

"UNABLE TO CONTINUE AN AUTH": Please be advised, an authorization will be subject to a temporary hold when requested RUG Scores have not been received after a third attempt by the Concurrent Review Nursing Staff.



CONTINUED AUTHORIZATION REQUEST

Fax Back To: Attention SNF Dept, Review RN's at (602) 414-7252

Date _____

From Facility _____
Member Name _____
Member ID _____
Date of Admission _____

Sender Name _____
Phone _____ FAX _____
Diagnosis: _____

Line of Business Acute ALTCS Medicare NOMNC copy attached

	Independ.	SBA/set up? Supervision	Type of assistance needed?	Min x's	Mod x's	Intensive/Max	Dependent/Total
Eating							
Bed Mobility							
Dressing/UB/LB							
Bathing							
Transfers							
Supine-sit							
Sit-Stand							
Ambulation/dist.							

Skilled Treatment GOALS:

Therapies Member Currently Receiving PT OT SP

Statement of Progress Toward Goals:

Other Skilled Nursing Services: (IV's, TPN, CPM, O2, Wound Care, Vent):

Wound Care:

Behavioral Health Issues:

RUGS: ____ 5 day ____ 14 day ____ 30 day ____ 60 day ____ 90 day

Requested length of stay: _____ ALTCS Status : _____

Discharge Plan:

Discharge Date: