

CONCURRENT REVIEW: PATIENT _____

ID# _____ pg _____ Reference # _____

Facility contact: Name/ph# _____ Fax # _____



Kansas City

- ✓ **Recent abnormal lab(s):** _____
- ✓ **Include medication list.**
- ✓ **Most recent typed progress note.**
- ✓ **H&P if not sent with first update.**

Physical Therapy	Date:	Date:	Date:
Bed Mobility			
Sit-Stand Transfers			
Bed/Chair/Wheelchair Transfers			
Weight Bearing Status			
Gait: Distance/Assist/Device			
Stairs			
Wheelchair Mobility			
S/D Sitting Balance			
S/D Standing Balance			

Occupational Therapy	Date:	Date:	Date:
Feeding			
Grooming/Hygiene			
UB Dressing			
LB Dressing			
Bathing			
Tub/Shower Transfers			
Toileting			
Toilet Transfers			
Endurance			

Speech Therapy	Date:	Date:	Date:
Current Diet/Swallow			
Memory/cognition			
Expression			

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Wound	Date:	(initial)	Date:	Date:
Description(location/appearance)				
Measurement				
Dressing care				
Tx plan				
Precautions-DME being used				
Wound vac				
Dressing frequency				
Wound	Date:	(initial)	Date:	Date:
Description(location/appearance)				
Measurement				
Dressing care				
Tx plan				
Precautions-DME being used				
Wound vac				
Dressing frequency				
Wound	Date:	(initial)	Date:	Date:
Description(location/appearance)				
Measurement				
Dressing care				
Tx plan				
Precautions-DME being used				
Wound vac				
Dressing Frequency				

Barriers to Discharge

Pain level/ tx

plan _____

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Depression with tx and or Psych consult yes/no

Available support

Environment/concerns-stairs

Need/plan for home PT eval yes/no

*Forms for DME and Rx requiring Prior Authorization can be found at **Bluekc.com**
need for DME:

Discharge Plan-anticipated discharge date/Comments. Please include f/u appointments:

For additional questions, contact Blue Cross and Blue Shield of Kansas City:

Commercial Provider Hotline (800) 456-3759 Blue Medicare Advantage (866) 508-7140

Affordable Care Act (866) 859-3822 Pharmacy Customer Service Phone (800) 228-1436

RETURN THIS FORM BY FAX TO THE APPROPRIATE PLAN BELOW:

COMMERCIAL/ACA POST ACUTE

Phone: (816) 395-3989

Fax: (816) 395-2363

MEDICARE ADVANTAGE POST ACUTE

Phone: (816) 395-2260

Fax: (877) 549-1745