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			

CONCURRENT REVIEW: PATIENT_____
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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_____
_____
_____

CONCURRENT REVIEW: PATIENT_____
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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:

Nicole Collins, RN, BSN - COMMERCIAL POST-ACUTE
Blue Cross and Blue Shield of Kansas City
Post-Acute Clinical Review Nurse
2301 Main Street Kansas City, MO 64108
nicole.collins@BlueKC.com
PHONE (816) 395-3036 **Fax: (816) 995-1502**

Paige Woodring, RN, BSN – MEDICARE ADVANTAGE/ACA POST-ACUTE
Blue Cross and Blue Shield of Kansas City
Post-Acute Clinical Review Nurse
2301 Main Street Kansas City, MO 64108
paige.woodring@BlueKC.com
PHONE (816) 395-2990 **Fax: (877) 549-1745**