



Request for Review of Initial Inpatient Admission

For BCN HMOSM (commercial) and BCN AdvantageSM members

Today's date:

INSTRUCTIONS: Complete this form and attach it to the request in the e-referral system, along with any supporting clinical documentation. All fields on the form must be completed. Please include only relevant information that supports McKesson's InterQual[®] criteria. Additional attachments must be no longer than six pages. Incomplete submissions will not be processed.

HOSPITAL INFORMATION

Hospital name:

Contact name:

Contact phone number:

MEMBER BASIC INFORMATION

Member name:

Admission date (including time in E.R. / observation):

Enrollee ID number:

Member date of birth:

MEMBER'S CLINICAL INFORMATION

1 - Presenting signs and symptoms:

2 - Past medical history:

3 - Vitals – include blood pressure, heart rate, respiratory rate, temperature, weight (if applicable, based on McKesson's InterQual criteria) and oxygen saturation (on room air and with oxygen, if applicable):

4 - Imaging:

5 - Labs:

6 - On exam:



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E.R. INFORMATION

8(a) - E.R. treatment:

8(b) - Admission orders:

8(c) - Discharge plan requested:

8(d) - Has the member been discharged?

Yes No If so, indicate the date and time of discharge: _____

READMISSION INFORMATION

9(a) - Is this a readmission at the same facility?

Yes No

9(b) - What was the previous admission diagnosis?

9(c) - Is the discharge summary included with the documentation attached to this request?

Yes No

If the discharge summary is not available at the time the request is submitted, check here:

INFORMATION ABOUT INTERQUAL CRITERIA / BCN LOCAL RULES

10(a) - Are the InterQual criteria met?

Met Not Met

10(b) - Which InterQual criteria are being used for the request?

10(c) - Is there additional clinical documentation that will be submitted to support the determination for the inpatient stay?

Yes No

10(d) - If InterQual criteria and/or BCN Local Rules are not met, select one of the following to continue the inpatient stay determination process:

- Send to medical director for secondary review (No other clinical documentation is available now.)
- Additional clinical documentation will be submitted that supports InterQual criteria or BCN Local Rules
- Accept observation status, as InterQual criteria or BCN Local Rules are not met