

Authorization for Room and Board: Revenue Code 0658

ROOM & BOARD AUTHORIZATION REQUEST for SNF or ICF/ID ONLY.

Skilled Nursing Facility or Intermediate Care Facility Name: _____
 ____/____/____ to ____/____/____ (eight mos. OR until last Room & Board date)

Authorization for Routine Home Care: Revenue Code 0651, Days 1-60

Election: Up to Eight Month Authorization

Day 1 to Day 60 (**Higher Rate**) from: ____/____/____ to: ____/____/____

No AUTH is required to bill for GIP or Respite stays, but Revenue Code 0651 AUTHs will be modified accordingly.

General Inpatient Stay Revenue Code 0656 from: ____/____/____ to: ____/____/____

Respite Stay Revenue Code 0655 from: ____/____/____ to: ____/____/____

Authorization for Service Intensity Add-On: Revenue Code 0651

Day	Dates	Higher or Reduced Rate?	LCSW	RN
Day 1		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Day 2		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Day 3		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Day 4		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Day 5		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Day 6		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Expired		<input type="checkbox"/> Higher <input type="checkbox"/> Reduced		
Total				

End of Care Notification

TERMINATION* date of current episode of hospice care: ____/____/____

Due to: Deceased Revoked Discharged *Applicable AUTH will be end dated.

If participant chose another hospice, please, note the name: _____

For directions regarding this form go to www.MedUnit.dhw.idaho.gov.

For questions call (866) 205-7403 or email HospiceServices@dhw.idaho.gov.