



Neuro-Rehab Referral Process

1. Identify child needing rehab and whether he/she is receiving at least 2-3 therapies and has the potential to tolerate 3 hours of therapy a day.
2. Call Rehab Manager (Kendra Stubbs, DPT) at 682-885-6443; if out of office call Case Manager at 682-885-2982.
3. Fax the following information to: 682-885-4155 Attention: Case Manager
 - Facesheet with ICD-10 Codes
 - History and physical
 - Last 3 days medical progress notes and PT, ST, OT notes
 - Imaging reports
 - List of Consulting services
 - Medication list
 - Procedure list
 - Tracheostomy- yes or no
 - Gastrostomy -yes or no
 - Ongoing monitoring? ie: labs, scans
 - Medical point of contact for Nurse Practitioner to call
4. Once benefits are verified, we can come evaluate the child if indicated.
5. Family will need to decide on our facility (strongly encourage them to visit facilities if choosing), before our Case manager can start the preauthorization process
6. Once we have preauthorization,
 - A doc-to-doc call needs to occur- Our Case Manager will facilitate this
 - A **Transfer Summary** needs to be faxed PRIOR to transfer: 682-885-6433 Attention: Neurology Nurse Practitioner
 - A **Discharge Summary and Disk of all imaging** needs to come with the patient
 - The referring facility needs to get a pre-cert for transport and set up transportation. Call 682-885-4000 and ask for the House Supervisor to set up the MOT.
 - Nurse-to-Nurse Report: 682-885-7422
7. We accept transfers Monday-Thursday.



Rehab-External Admission Checklist for Referring Facility

	ITEMS NEEDED PRIOR TO CONSULT	Date complete	Initials
1.	Facesheet with accurate patient name, DOB, Insurance information (needed to verify benefits) & ICD-10 codes		
2.	H&P		
3.	Last 3 days medical and therapy progress notes, including medical plan of care		
4.	Social Work notes, any infectious disease notes		
5.	Imaging Reports (will need imaging CD if patient transfers)		
6.	List of Consulting services		
7.	Medication list		
8.	Procedure list		
9.	Tracheostomy yes or no (MUST HAVE FIRST TRACHEOSTOMY CHANGE PRIOR TO ANY TRANSFER per our system policy)		
10.	Gastrostomy? Yes or No		
11.	Ongoing monitoring, i.e.: labs, scans?		
12.	MEDICAL point of contact for Nurse Practitioner to call for questions		
	ITEMS NEEDED WITH TRANSFER		
13.	Tracheostomy? MUST HAVE FIRST TRACHEOSTOMY CHANGE PRIOR TO ANY TRANSFER per our system policy)		
14.	Discharge Summary to be faxed ahead of transfer (ideal) or sent with chart on transfer; if unable to fax prior, please send last 3 days of progress notes and any new imaging reports		
15.	Imaging CD to accompany child (ideal to get scans before kid comes)		