



**FOR FASTER AUTHORIZATION, PLEASE VISIT:**  
<https://providers.carelonmedicalbenefitsmanagement.com/postacute/>

# HOME HEALTH CARE AUTHORIZATION REQUEST FORM

PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: 866-996-0077

Questions? Call 833-585-6262

Date of Request:	Standard Request:  Retro Request:	Urgent Request: Note: Expedited organization determinations (urgent requests), can only be requested by the Member, Member Representative, or a Physician and only if applying the standard timeframe could seriously jeopardize the life or health of the member. (See CMS regulation: 40.8)
Member Name: DOB: Member State of Residence:	Referral Source: <i>Required for Authorization Notification</i> Phone: NPI: Fax:	
Health/Benefit Plan ID: Member ID# (Required):	Referral Source: Hospital SNF/Rehab MD Office HH Agency	
Date of D/C from facility or office visit:	Preferred HH Provider: Requestor Email (Required): Branch NPI (Required):	Phone: Fax (Required):
Has home health care already begun? Yes No Start of Care Date:	Ordering MD (Required): Ordering MD NPI (Required): Phone: Fax:	
Diagnosis (include codes):  HIPPS Code:	Able/willing/teachable caregiver? Yes No If no, please explain:	
<b>HOMEBOUND STATUS:</b> Yes No CMS Definition: Homebound status certified by MD; there is a normal inability to leave home and leaving the home is a considerable and taxing effort.		
<b>Clinical Grouping:</b> Carelon uses clinical groupings for initial authorization. Select ONE of the clinical groupings from the left column below and all disciplines with a MD order. If none selected, Carelon will use the general clinical grouping.		
<b>REQUIRED INFORMATION:</b> Clinical Grouping: <i>CHOOSE ONE:</i> General Home Care Total Hip Replacement Total Knee Replacement Wound Wound Vac CHF COPD Diabetes Stroke Behavioral Health Heart Surgery Chemotherapy Foley B-12 Injection Sepsis IV Injection	<b>Which Disciplines are Ordered for the Start of Care?</b> Skilled Nursing Physical Therapy Occupational Therapy Speech Therapy Home Health Aide Medical Social Worker	<b>REQUIRED INFORMATION:</b> MD Home Healthcare signed order or signed verbal order Supporting Clinical Documentation <b>At least ONE of the following is required:</b> H&P Inpatient Discharge Summary Notes from Hospital or SNF MD Office Notes Wound Care Notes and Measurements
	Comments:	

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