

**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: Phone: NPI: <i>Required for Authorization Notification</i> 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: Phone:	
Has home health care already begun? Yes No Start of Care Date:	Requestor Email (Required): Branch NPI (Required): Fax (Required):	
Diagnosis (include codes): HIPPS Code:	Ordering MD (Required): _____ Ordering MD NPI (Required): _____ Phone: Fax:	
HOMEBOUND STATUS: 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.	Able/willing/teachable caregiver? Yes No If no, please explain:	
Clinical Grouping: 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.		
REQUIRED INFORMATION: Clinical Grouping: <u>CHOOSE ONE:</u> 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	Which Disciplines are Ordered for the Start of Care? Skilled Nursing Physical Therapy Occupational Therapy Speech Therapy Home Health Aide Medical Social Worker	REQUIRED INFORMATION: MD Home Healthcare signed order or signed verbal order Supporting Clinical Documentation At least ONE of the following is required: H&P Inpatient Discharge Summary Notes from Hospital or SNF MD Office Notes Wound Care Notes and Measurements
		Comments:

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