

HOME HEALTH CARE AUTHORIZATION REQUEST FORM

PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: **844-834-2908**

Questions? Call **844-411-9622**

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: _____ NPI: _____ Required for Authorization Notification Phone: _____ 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: CHOOSE ONE: 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 <u>ONE</u> 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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