carelon

FOR FASTER AUTHORIZATIONS, PLEASE VISIT:
https://providers.carelonmedicalbenefitsmanagement.com/postacute/

HOME HEALTH CARE RE-AUTHORIZATION FORM

PLEASE FAX THIS FORM ALONG WITH THE 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)

All Information Required to Process Request in a Timely Manner

Member Information

Name: _____
DOB: _____
State of Residence: _____
Member ID #: _____
Health/Benefit Plan ID: _____
Able/Willing/Teachable Caregiver: Yes ☐ No ☐
If no, please explain: _____

Agency Information

Agency: _____
Name: _____
Email: _____
NPI: _____
Phone: _____
Fax: _____

Residence Information

Private Residence: _____
Assisted Living: _____
Independent Living: _____
Long Term Care: _____
Other: _____

Diagnosis Information

Primary Diagnosis & Code: _____
Secondary Diagnosis & Code: _____
Tertiary Diagnosis & Code: _____
Quaternary Diagnosis & Code: _____
HIPPS Code: _____

Authorization Information

Auth Number: _____
Start of Care Date: _____

Physician Information

Following/Plan of Care/NP: _____
NPI: _____
Phone: _____
Fax: _____

Agency Request

Certification Period: From _____ To _____ 30-Day Review Period (make selection): A ☐ or B ☐

Discipline	Date of Last Visit	Number of Visits Requested	Plan of Care Frequency
Skilled Nursing			
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Home Health Aide			
Medical Social Work			

Required Checklist: The items below are required for the review process. Please submit this completed form along with the listed requirements.

1. Verbal or signed order (including frequency and duration to cover requested visits) if a new skill is being requested OR if not submitted with initial request.
2. Completed signed SOC OASIS for first reauthorization request.
3. Updated clinical documentation (completed ROC OASIS, signed 485/POC) for all services being requested. Along with all visit notes, ensure the evaluation is being or has been submitted.
4. Provide wound measurements from previous visits - if applicable for wound care.

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.