carelon

HOME HEALTH CARE AUTHORIZATION REQUEST FORM

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

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:** **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 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: