

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:	Urgent Request:	
		Retro 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:		Referral Source:	NPI:	
DOB:		<i>Required for Authorization Notification</i>		
Member State of Residence:		Phone:	Fax:	
Health/Benefit Plan ID:		Referral Source: Hospital SNF/Rehab MD Office HH Agency		
Member ID# (Required):				
Date of D/C from facility or office visit:		Preferred HH Provider:	Phone:	
Has home health care already begun? Yes No		Requestor Email (Required):		
Start of Care Date:		Branch NPI (Required):	Fax (Required):	
Diagnosis (include codes):		Ordering MD (Required):		
HIPPS Code:		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:		

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