



Home Health Services Authorization Request Form

** Note: Requests for Infusion Therapy should be faxed to the healthplan for review **

Fax all requests to eviCore: 855-826-3724
To speak with an eviCore representative, call 800-298-4806

Disclaimer statements and attestation

Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract.

- **Verify eligibility and benefits prior to request. Home Health benefits verified?** Yes No
- **All therapy notes are within 24-48 hours of evaluation or last covered date?** Yes No
- **Member previously in a PAC facility?** Yes No
 If YES, PAC Discharge Date: _____ If NO, Hospital Discharge Date: _____
- **Has this member started receiving services for this request?** Yes No
- **Has this member already been discharged from this service?** Yes No
- **Is the patient homebound?** Yes No • **Has the patient had orthopedic surgery?** Yes No

Person completing form, sign and date here: _____

Documents to attach: Clinical Progress Notes (for Certification requests) Therapy Notes (including level of participation (eval & last progress note) Medication list

Initial Request

Continuation of Services

MEMBER INFORMATION

Member ID #:	Last Name:	First Name:
Phone Number:	Date of Birth	
Street Address:	City, State, Zip Code:	

ORDERING PROVIDER/VENDOR INFORMATION

Last Name/First Name:	NPI Number:
Street Address:	City, State, Zip Code:
Phone Number:	Fax Number:
Provider Type/Specialty:	Name of Requester:

TREATING PROVIDER/VENDOR

Home Health Agency Name:	NPI Number:
Street Address:	City, State, Zip Code:
Phone Number:	Fax Number:
Name of Requester:	



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Requested Dates of Service:					
From:		To:		Previous Authorization # (if continuation):	
Original Start of Care Date:			Number of Visits Rendered to Date for each discipline:		
			RN	PT	OT ST
INSTRUCTIONS: Select the Discipline Requested and Enter the Quantity of Visits Needed					
Skilled Nursing	Times/ week for	weeks	Physical Therapy	Times/ week for	weeks
Occupational Therapy	Times/ week for	weeks	Speech Therapy	Times/ week for	weeks
Social Worker	Times/ week for	weeks	Home Health Aide	Times/ week for	weeks
Primary ICD10 Code(s):					
Secondary ICD10 Code(s):					