

HOME HEALTH WORKSHEET

AETNA HEALTH PLANS PHONE: 888-622-7329

WWW.EVICORE.COM



Member Information:	
Name:	DOB:
Health Plan:	Member ID:
Address:	
Phone:	Alt Contact:

Ordering Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:

Home Health Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:
Contact Person:	Phone/Ext.

Initial Home Health Checklist:	
Is patient homebound and does documentation supports homebound status?	
Is there a caregiver in home?	
Has the patient seen the ordering provider in last 90 days for the same reason as HH need?	
Will ordering provider be the following provider?	
Clinical documentation Needed	H&P, Progress Note, Therapy notes, most recent MD office note, F2F documentation, OASIS, Evaluations
Home Health Orders	Signed orders; 485, Supplemental orders. Orders should include disciplines needed, how often and what is needed
Disciplines Reviewed: (We use substitute logic and review for specific codes that will cover other G codes for that discipline)	Nurse (G0299), PT (G0151), OT (G0152), ST (G0153), SW (G0155), HHAide (G0156)