Medicare Advantage Prior Authorization
Home health services form

HealthSpring℠

Fax this form and all required documents to **855-761-7326**. Providers must get prior authorization for home health care. Prior authorization isn't a guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use the appropriate form for durable medical equipment and generic prior authorization requests.**

- 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 postacute care facility? ☐ Yes ☐ No
  If YES, postacute care 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 member homebound? ☐ Yes ☐ No
- Has the member had orthopedic surgery? ☐ Yes ☐ No

Date / / Signature_____

Documents to attach:
- Clinical progress notes for certification requests
- Therapy notes, including level of participation (evaluation and last progress note)
- Medication list
- Outcome and Assessment Information Set summary

☐ **Initial request** ☐ **Continuation of services**

Member information	
Member ID	Member name
Phone	Date of birth
Address	City, State, ZIP

Ordering provider information	
Provider name	National Provider Identifier
Address	City, State, ZIP
Phone	Fax
Provider type or specialty	Requester name

Treating provider or vendor	
Home health agency	NPI
Address	City, State, ZIP
Phone	Fax
Requester	

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Requested dates of service From To		Previous authorization number, if continuation	
Original start of care date		Number of visits rendered to date for each discipline RN / PT / OT / ST	
Select the discipline requested and enter the quantity of visits needed			
☐ Skilled nursing	_____visits per week for _____weeks	☐ Physical therapy	_____visits per week for _____weeks
☐ Occupational therapy	_____visits per week for _____weeks	☐ Speech therapy	_____visits per week for _____weeks
☐ Social worker	_____visits per week for _____weeks	☐ Home health aide	_____visits per week for _____weeks
Primary ICD-10 code			
Secondary ICD-10 code			