



Home Health Services Request

When prior authorization/notification is required and services are needed beyond the original services authorized by us, the continuation of services must be requested before the initial authorization of services ends.

Member Information

Member Name: _____ Date of Birth: ____ / ____ / ____

Member ID Number: _____

Primary Diagnosis (ICD-10): _____

Contact Information

Contact Name: _____

Phone: _____ Fax: _____

Contact for Clinical questions: _____

Phone: _____

Provider Information

Ordering Physician: _____

Physician Provider Number: _____

Phone: _____ Fax: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Agency Information

Home Health Agency: _____

Home Health Agency Provider Number: _____

Phone: _____ Fax: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Services Requested

(Indicate all services requested and complete the dates/frequency and number of visits.)

Service	From Date	To Date	# Visits	Frequency
SNV Skilled Nursing				
PT Physical Therapy				
OT Occupational				
ST Speech Therapy				
MSW Social Worker				
HIT Home Infusion				
HHA Home Health Aide				
Private Duty HHA Private duty home health aide: Visit greater than 4 hours				
PDN Private Duty Nursing: Visit greater than 4 hours				

Request Type: Initial Extension

If extension, current case #: _____

Number visits previously approved: _____

Actual visits: _____

Date of last approved visit: _____

Is member homebound? Yes No

If member will require a Wound Vac or other Durable Medical Equipment, please check benefits as these items may require preauthorization. If required, please use DME form for request.

Clinical (Attach fax in addition to clinical information given below):

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call **(423) 535-5717, option 2**, or contact your eBusiness Network Manager.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.