

Authorization Form
Home Health Care Services



Fax Form To: Attn: Home Health Care
 Grand Rapids/Traverse City/Holland 616 975-8885
 Farmington Hills 800 289-6744 or 888 647-6152

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____

Diagnosis/Condition: _____

Duration of Treatment **Start Date** _____ **End Date** _____

Request is for services on a clinical pathway (applies only to discharges from an acute care setting):

- Total Hip - 3 RN, 6 PT, 1 OT in 4 weeks
- Total Knee - 3 RN, 6 PT, 1 OT in 4 weeks
- Colostomy/Ileostomy - 4 RN in 2 months
- Lovenox Self Injection Training - 2 RN in 1 week
- CHF - 6 RN in 3 months Telemonitoring for CHF - 3 months
- Post Thoracic Intervention - 4 RN in 1 month
- Mom and Baby - 2 RN for mom and baby in 2 weeks
- Wound Care - 6 RN in 3 weeks
- Wound Vac Dressing Care - 14 RN in 4 weeks

Request for visits beyond those indicated on the clinical pathway above require prior approval:

- Fax "Additional Visits" form to the appropriate fax number at the top of this form.
- For members whose home health care is part of hospital discharge planning, please contact the inpatient case manager for that facility.

Requesting Physician Information:

Provider Name: _____ Phone: _____ Fax: _____

Address: _____ Contact Name: _____

_____ Date of Request: _____

Requesting Home Health Care Provider Information:

Company Name: _____ Contact Name: _____

Phone: _____ Extension: _____ Fax: _____

MEDICARE NOTE: A Notice of Medicare Non-Coverage (NOMNC) for **Priority** Medicare members must also be completed no later than 2 days before the termination of services. The NOMNC must include: Patient's Name, Priority Health ID number, Service Type, Date Services Will End, Patient's Signature and Date. The NOMNC should be faxed to: 616 942-0024 – Attn: NOMNC Coordinator.

Authorization Process for Home Care Services:

Vendor receives an order for home care therapy.

Vendor will complete this authorization form and fax it to the appropriate fax number listed above. Include a call back number and contact name.

Authorization confirmation will be available within 48 hours via Auth Inquiry in the online Provider Center at *priorityhealth.com*. Once logged in to the Provider Center, select Auth Inquiry from the tools on the right. Need a login for our Provider Center? Contact the Provider Helpline at 800 942-4765.

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