

PHONE: 844-806-8217 Opt 3 FAX: 844-873-3163

Home Health Prior Authorization Request Form

Form must be filled out completely and clinical information attached

- ☐ Evaluation ☐ Initial ☐ Recertification
☐ Resumption of Care to Auth# _____ ☐ Additional Visits to Auth# _____

☐ Select this box if the member is new to HTA and these services were previously authorized by another health plan.

Person to Contact for this request:	Phone:
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Patient's Name:	DOB: / /	Member ID:
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Requesting Provider Information:	Home Health Agency Information:
Provider Name:	Home Health Agency Name:
NPI:	NPI:
Tax ID:	Tax ID:
Address:	Address:
Fax:	Fax:
Phone:	Phone:

Initial Start of Care Date:		
Certification Period	Start:	End:

Diagnosis(es):				
Service	CPT/HCPC Code	Number of Visits	From Date of Service for this request	To Date of Service for this request
Skilled Nursing Services				
Physical Therapy				
Occupational Therapy				
Speech Therapy				
MSW				
HHA				
<p>***A new request for home health services no longer needs to be submitted after every inpatient stay. Visits authorized prior to the hospitalization can now continue under a resumption of care (ROC).</p>				

This request will be processed per the standard organization determination timeframes. If this request needs to be treated as "expedited", please note clinical justification why applying the standard timeframe for a determination could seriously **jeopardize the member's life, health or ability to regain maximum function**:

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions. Please refer to www.htanc.com for specific codes requiring a prior authorization.

