

Two Chase Corporate Drive, Suite 300  
Hoover, AL 35244  
205-423-1222 or 1-800-937-1699  
FAX: 205-444-4283



**HOME HEALTH CARE REQUEST**

**PROVIDER INFORMATION**

**PROVIDER NAME:**  
**CONTACT:**  
**PHONE:**  
**FAX:**

**MEMBER INFORMATION**

**NAME:**  
**POLICY#:**  
**DOB:**  
**PREVIOUS AUTH #:**

**DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_**  
**DIAGNOSIS: \_\_\_\_\_ ICD-9 \_\_\_\_\_**  
**ORDERING PHYSICIAN: \_\_\_\_\_**  
**TRANSFER FROM: SNF \_\_\_\_\_ HOSP \_\_\_\_\_ OTHER \_\_\_\_\_**  
**DATE OF D/C (M0180) \_\_\_\_\_**

**INITIAL EVALS:**                      **ADD'L VISITS:**  
**SN \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_**                      **SN \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_**  
**MSW \_\_\_\_\_ ST \_\_\_\_\_**                      **ST \_\_\_\_\_ MSW \_\_\_\_\_ HHA \_\_\_\_\_**  
**FREQUENCY: \_\_\_\_\_**  
**HOMEBOUND STATUS: \_\_\_\_\_**  
**PT LIVES WITH: (M0340) \_\_\_\_\_**  
**ASSISTING PERSON (M0350) \_\_\_\_\_**  
**ASSIST REQUIRED WITH ADL'S: (M0640 – M0660) \_\_\_\_\_**  
**FUNCTIONAL LIMITS: \_\_\_\_\_**  
**DISTANCE AMBULATES: \_\_\_\_\_ ASSISTIVE DEVICE USED: \_\_\_\_\_**  
**NEW / CHANGED MEDS: YES \_\_\_\_\_ NO \_\_\_\_\_ INCLUDE MED SHEET**  
**REASON SN IS IN HOME: \_\_\_\_\_**

***FOR HEALTHSPRING PATIENT'S DELIVER THE MEDICARE NON-COVERAGE NOTICE TO MEMBER 2 DAYS or 2 VISITS PRIOR TO ENDING OF HOME CARE SERVICES AND FAX A SIGNED COPY TO HEALTHSPRING.***

**VERBAL ORDER FROM DR: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_**

**SERVICES AUTHORIZED:**

***FOR ADDITIONAL VISITS, PLEASE SUBMIT REQUEST WITH CLINICAL INFORMATION SUPPORTING PLAN OF CARE.***

ON O2(M0500) O2 @ \_\_\_\_\_ LPM \_\_\_\_\_ VIA \_\_\_\_\_ SOB(M0490) \_\_\_\_\_

LABS: \_\_\_\_\_

URINARY (M0520) \_\_\_\_\_

**WOUND ASSESSMENT**

LOCATION #1 \_\_\_\_\_

LOCATION #2 \_\_\_\_\_

TUNNELING: \_\_\_\_\_

TUNNELING: \_\_\_\_\_

L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

DRAINAGE \_\_\_\_\_ STAGE \_\_\_\_\_

DRAINAGE \_\_\_\_\_ STAGE \_\_\_\_\_

ORDERS \_\_\_\_\_

CAREGIVER TO BE  
TAUGHT \_\_\_\_\_

COMMENTS:

*This authorization is for medical necessity only and not a guarantee of payment. Eligibility is determined at the time the claim is received and benefits are subject to the limitations and exclusions of the member's plan.*

G/forms/July2007