

Home Healthcare Agency – Prior Authorization

Phone: (505) 923-2059 or 1-877-606-1151 **Fax:** (505) 559-1155 or 1-877-606-1155

<input type="checkbox"/> Routine <input type="checkbox"/> Urgent or Expedited Initial Determination For a Prior Authorization request to be considered “urgent” or “expedited,” check all that apply. Please note: Requests that do not meet this criteria may be processed as routine requests. <input type="checkbox"/> The life or health of a covered person would be jeopardized <input type="checkbox"/> The covered person’s ability to regain maximum function would be jeopardized <input type="checkbox"/> The medical exigencies of the case require an expedited decision Practitioner Signature: _____ (Required for urgent or expedited requests)
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Member Information		
Last name	First name	MI
Date of birth	Member ID #	

Agency Information		
Agency name:		
Street address		
City	State	ZIP code
Phone number	Fax Number	
Contact name:	Ordering physician:	

Cert Period Requested
<input type="checkbox"/> Initial request <input type="checkbox"/> Concurrent request
From: _____ To: _____

Intermittent Skilled Services ONLY	
SN	Visits
PT	Visits
OT	Visits
ST	Visits
HHA	Visits
MSW / Dietician	Visits
Diagnosis(es) (ICD-10) required:	

****Attach current order with all supporting documentation for all requested services.****