

# PRIOR AUTHORIZATION



## Tennessee Home Health Care (HHC) fax request form

If initial request fax to: 615-263-5478. Extensions and all other requests fax to: 615-401-4667  
For any other Home Health questions please call: 866-913-0947

Please note: In order to assist us in better serving you and our customers, the form must be legible and complete.

Providers: you must get Prior Authorization (PA) for HHC. PA is not guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. Please use appropriate form for DME and Generic PA requests.

Date of request \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Customer information

Name:	Date of birth:	Customer ID:
-------	----------------	--------------

Is customer homebound?

Customer is considered homebound if illness or injury restricts their ability to leave their place of residence without considerable and taxing effort. Please provide supporting documentation with clinical.

No  Yes.

### Contact for clinical information

Name:	Phone:	Fax:	Phone:
-------	--------	------	--------

### Provider information

Ordering Physician:	Home Health Agency:		
NPI:	NPI:		
Tax ID:	Tax ID:		
Phone:	Fax:	Phone:	Fax:

## Request type

**Initial request** - Initial home health evaluation; Total # requested typically should not exceed 6 visits distributed across both disciplines  
Initial start of care date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
RN: \_\_\_\_\_  
PT: \_\_\_\_\_

Was patient discharged from a facility in past 30 days:  
 No  
 Yes, patient was discharged on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Facility name: \_\_\_\_\_  
Attending physician: \_\_\_\_\_  
Attending physician phone #: \_\_\_\_\_

**Extension Request** - Indicate required disciplines requested and pertinent ICD 10 codes below. To avoid any delays in care, please submit all requests for continuation of services at least 7 days before the last authorized visit.

ICD 10 code(s)	Discipline type		
1. <ICD 10 code>	PT <input type="checkbox"/>	OT <input type="checkbox"/>	SN <input type="checkbox"/>
2. <ICD 10 code>			
3. <ICD 10 code>	MSW <input type="checkbox"/>	ST <input type="checkbox"/>	HHA <input type="checkbox"/>
4. <ICD 10 code>			

**Expedited Requests - May take up to 72 hours.**

I certify that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\_\_\_\_\_  
Provider signature required

**Other Information: Specific Treatments requested and Clinical (Attach supporting clinical information to information given below.)**