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Home Health Authorization Request

***Indicates a required field**

Requirements: *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics.* ***Notification is required for any date of service change.*** ***Expedited Requests:*** If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call **1-855-538-0454**

Fax completed form for WellCare Value (HMO) to: 1-855-754-8483
Fax completed form for WellCare Patriot (PPO) to: 1-866-246-9832

Requestor Name: _____ **Fax*:** _____ **Phone*:** _____

MEMBER INFO (Please Print)		
WellCare ID*:	**Medicaid/Medicare ID:**	
Last Name*:	**First Name, MI*:**	**Date of Birth*: / /**

REQUESTING PROVIDER (Please Print)		
WellCare ID:	**NPI/Tax ID*:**	
Provider Name*:	**Address:**	
City, State, ZIP:	**Fax*:**	**Phone:**

HOME HEALTH AGENCY (Please Print)			
WellCare ID:	☐ **Plan to Assign**	**NPI/Tax ID*:**	
Provider Name*:		**Address:**	
City, State, ZIP:		**Fax*:**	**Phone:**

REQUESTED SERVICES* (Please Print)
****PT, OT and other Home Health Services may be delegated to Evicore or Coastal Care, please check the QRG****

Are services needed for discharge planning? (circle one) **Y / N**			**Discharge Date: ____/____/_____**
ICD-10 Code*:	**ICD-10** Code:	**ICD-10** Code:	**ICD-10** Code:

Service Requested*	**Procedure Code***	**Start Date***	**End Date**	**Frequency**
Skilled Nursing				**____ days a week for _____ weeks = _____visits**
Home Health Aid				**____ days a week for _____ weeks = _____visits**
MSW (Social Worker)				**____ days a week for _____ weeks = _____visits**
Physical Therapy				**____ days a week for _____ weeks = _____visits**
Occupational Therapy				**____ days a week for _____ weeks = _____visits**
Speech Therapy				**____ days a week for _____ weeks = _____visits**
Episode of Care (Medicare Only) – No codes required				**____ days a week for _____ weeks = _____visits**

Some services may be delegated to EviCore or Coastal Care. Please check the QRG