



Utilization Management Home Health Care Preauthorization Form

FAX to (716) 887-7913

Phone: 1-800-677-3086

In order to facilitate your request, this form **must** be completed in its entirety.

Patient Information

Patient name	
Patient date of birth	
Patient ID # with prefix	
Patient diagnosis code	
Comorbidities	

Home Care Provider Information

Provider name	
Provider specialty	
Provider address	
Provider ID # /NPI/ Tax ID	
Provider phone number	
Designated contact	
Start of care date	

Requesting Provider

Provider name	
Provider specialty	
Provider address	
Provider ID # /NPI/ Tax ID	
Provider phone number	

Services

Discipline	Number of visits requested	Total number of visits completed during current episode of care
Skilled nursing		
Home health aide hours		
Physical therapy		
Occupation therapy		
Speech Therapy		
Social worker		
Home infusion		

Required Documentation

- Clinical documentation that supports the need for services; including hospital discharge or office notes
- Treatment plan
- Rehab goals and potential