COUPE HEALTH

# HOME HEALTH SERVICES PRECERTIFICATION REQUEST FORM

*Fax this form with all applicable information documented for nursing services to:* ***1-888-295-3005****.*
*A review CANNOT be completed without the necessary information.* ***Print legibly****.*

## I. Patient Information

| Name | Date of Birth |
|---|---|
| Contract Number (include prefix) | Group Number |

## II. Ordering Provider Information

| Name | | National Provider Identifier (NPI) | |
|---|---|---|---|
| Address | | | |
| City | | State | Zip |
| Office Telephone | Fax Number | Email | |

## III. Home Health Agency Information

| Name | | | |
|---|---|---|---|
| Address | | | |
| City | | State | Zip |
| Office Telephone | Fax Number | Email | |

## IV. Admission Information

| Primary Diagnosis Code *(Do not use "V" codes)* | Secondary Diagnosis Code *(Do not use "V" codes)* |
|---|---|

**Patient's Skilled Nursing Needs:** *Check all that apply.*

☐ Assessment ☐ Feeding Tube ☐ Foley Catheter ☐ IV Therapy/VAD ☐ Ostomy ☐ Teaching

☐ Wound Care *(Must include current measurements, drainage and orders)*

☐ Other _____ Description: _____

| Skilled Nursing Care Initial Start Date | | Date last approved visit was used *(if this request is for ongoing care)* | |
|---|---|---|---|
| Number of visits for this request | Start Date for this request | Frequency of visits | End Date |

Does this request include physical/occupational/speech therapy/other home health discipline? ☐ Yes ☐ No

*If yes, check all that apply:*

☐ Home Health Aide (Fax to: 1-888-295-3005) ☐ Occupational Therapy (Fax to: 1-833-719-1607) ☐ Physical Therapy (Fax to: 1-833-719-1608)

☐ Social Worker (Fax to: 1-888-295-3005) ☐ Speech Therapy (Fax to: 1-833-731-1511)

☐ Other _____ Description: _____

***Reminder:*** *Adequate clinical documentation in support of your request MUST be included to avoid delays.*

## V. Certification Section

| | | |
|---|---|---|
| Printed Name | Signature | Date Signed |

*Check eligibility and benefits online prior to submitting precertification request. Not all contracts require precertification.*
*Contact Provider Customer Service at 1-833-749-1967 if you have questions.*