Home Health Care Pre-Authorization Request Form - Commercial

ConnectiCare, Inc. & Affiliates

Member Name:	Member ID #:
	Member DOB:
Requesting Agency:	Contact Name:
Requesting Provider ID #:	Contact Phone # and Ext:
Tax ID #:	Contact Fax #:
Previous Authorization #, if applicable:	Fax # Where Decision Should Be Faxed To:
ICD-9*/ICD-10* Code(s):	Referring Physician:

* Services or inpatient discharges prior to Oct. 1, 2015 must use ICD-9 codes; services or inpatient discharges after Oct. 1, 2015 must use ICD-10 codes.

Fax Form with Supporting Medical Documentation to Clinical Review at 1-866-934-5313 or 1-860-409-2437

☐ **Traditional home care** ***or*** ☐ **Hospice care** (signed Hospice Election Form is required at the start of care)

☐ Number of visits used to date:_____

☐ Notification of discharge from home health services: Date _____ Discharge reason _____

☐ Date span for requested services _____ to _____

Traditional Home Care		**Completed by CCI**	
☐ Skilled Nursing Visits	# Requested:	# Approved:	Approved by:
☐ PT Visits	# Requested:	# Approved:	Approved by:
☐ OT Visits	# Requested:	# Approved:	Approved by:
☐ ST Visits	# Requested:	# Approved:	Approved by:
☐ MSW Visits	# Requested:	# Approved:	Approved by:
☐ Other_____	# Requested:	# Approved:	Approved by:
Hospice Care		**Completed by CCI**	
☐ Skilled Nursing Visits	# Requested:	# Approved:	Approved by:
☐ PT Visits	# Requested:	# Approved:	Approved by:
☐ OT Visits	# Requested:	# Approved:	Approved by:
☐ ST Visits	# Requested:	# Approved:	Approved by:
☐ MSW Visits	# Requested:	# Approved:	Approved by:
☐ Home Health Aide	# Requested:	# Approved:	Approved by:
☐ Per diem (rev code 0651) *If included in your ConnectiCare contract*	# Requested:	# Approved:	Approved by:

☐ Member receiving wound care and needs authorization for supplies. Vendor:_____

Total # of authorized visits requested to date _____ out of _____ per member's benefit (completed by CCI)

Fax form and medical documentation to Clinical Review at 1-866-934-5313 or 1-860-409-2437

Please Note:

Services are not considered authorized until ConnectiCare issues an authorization.
Lack of information will delay processing of request.

Please contact Clinical Review at 1-800-562-6833 (select option #4) with any questions about pre-authorization.
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.

Last revised 9/15

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