

## Home Health Pre-Certification Form

Phone: 855-359-9999 Fax: 855-446-9982 ONLY COMPLETED FORMS WILL BE PROCESSED

| HOME HEALTH AGENCY NPI#                               | PCP NPI#                |
|---|-------------------------|
| REQUESTING PROVIDER NPI#                              |                         |
| Eval: Initial Recert: Resumption of Care:             |                         |
| REQUESTOR AND PATIENT INFORMATION                     |                         |
| Agency Name:  | Contact Person:         |
| Phone:  | Fax:                    |
| Patient:  | Patient ID#/DOB:        |
| PCP:  | Ordering Physician:     |
| Diagnosis Related to HH Need:                         |                         |
|   |                         |
|   |                         |
| SKILLED NURSING SERVICES                              |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| PT  |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| TO  |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| SPEECH THERAPY  |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| MSW   |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| ННА   |                         |
| # of visits requested:                                | 485 Dates of Service: - |
| 485 orders are required for all initial SOC requests. |                         |

A **SN summary** documenting current clinical status with skilled need is required for all **SN recert** requests. Please do not send the Oasis.

Examples of acceptable SN summary documentation:

- Change in condition describe what changes in patient's condition have occurred
- Unstable condition describe unstable condition and attach supporting documentation; examples include vital signs log, PT/INR log, blood sugar log, other abnormal labs that require SN intervention
- New and changed meds within 14 days describe what meds have changed or been added
- Wound clinical with photo; new photo required every 30 days to show progression Submit therapy evaluations and notes for all therapy services being requested.

Submit therapy evaluations and notes for all therapy services being requested.

Describe circumstances that require skilled services: