

Home Health Prior Authorization Checklist

Contact RightCare Medical Management at 1-855-691-SWHP (7947)

To facilitate the authorization process, the home health agency nurse should have completed the following tasks before contacting RightCare Medical Mgmt for prior authorization of home health services:

- Completion of this optional form
Evaluation of the client in the home (preferably by the same nurse requesting services)

PLEASE DO NOT SUBMIT THIS FORM TO RIGHTCARE.

Date: Agency Nurse Name:

Client Medicaid Number: Client Name:

Client Medicare Number: Date Last Seen by Physician:

Start of Care Date: Date of Last Hospitalization:

Date of Home Evaluation:

Diagnoses:

(If PT/OT is requested, please provide ICD-9-CM diagnosis codes)

Skilled Nursing functions to be provided:

Pertinent Nursing Observations (prior teaching, size and descriptions of wounds, functional limitations, etc.):

Observations of home setting that may effect care (i.e., cleanliness, availability of running water, electricity and refrigeration, etc.):

Availability and capability of caregiver(s):

Services client receives from other sources (i.e., Primary Home Care):

Services Requested: Skilled Nursing Frequency

Home Health Services Aide Frequency

Physical Therapy Frequency

Occupational Therapy Frequency

DME Repair Rent Purchase

Bid #1

Bid #2

Supplies:

RightCare Nurse: PAN: