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## Home Health Authorization Request

\*Indicates a required field

**Requirements:** *Clinical information and supporting documentation should consist of current physician order, notes and recent diagnostics. Notification is required for any date of service change.*

**Expedited Requests:** If the standard time to make a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call 1-855-538-0454.

**Fax completed form to appropriate number at bottom of form.**

Requestor Name: \_\_\_\_\_ Fax\*#: \_\_\_\_\_ Phone\*#: \_\_\_\_\_

MEMBER INFO (Please Print)				
WellCare ID*:		Medicaid/Medicare ID:		
Last Name*:	First Name, MI*:	Date of Birth*:    /    /		
REQUESTING PROVIDER				
WellCare ID:		NPI/Tax ID*:		
Provider Name*:		Address:		
City, State, ZIP:		Fax*:	Phone:	
HOME HEALTH AGENCY (Please Print)				
WellCare ID: or <input type="checkbox"/> Plan to Assign		NPI/Tax ID*:		
Provider Name*:		Address:		
City, State, ZIP:		Fax*:	Phone:	
DIAGNOSIS CODE(S)*				
ICD-10:	ICD-10:	ICD-10:	ICD-10:	
REQUESTED SERVICES* (Please Print)				
**PT, OT and other home health services may be delegated to EviCore or Coastal Care. Please check the QRG**				
Are services needed for discharge planning <input type="checkbox"/> Yes / <input type="checkbox"/> No		Discharge Date:    /    /		
Service Requested*	Procedure Code*	Start Date*	End Date	Frequency
Skilled Nursing				_____ days a week for _____ weeks = _____ visits
Home Health Aid				_____ days a week for _____ weeks = _____ visits
MSW (Social Worker)				_____ days a week for _____ weeks = _____ visits
Physical Therapy				_____ days a week for _____ weeks = _____ visits
Occupational Therapy				_____ days a week for _____ weeks = _____ visits
Speech Therapy				_____ days a week for _____ weeks = _____ visits
Episode of Care (Medicare Only)				_____ days a week for _____ weeks = _____ visits

**Fax completed form to:**

Medicare Fax Lines		
Arizona Value (HMO) 1-855-754-8483	Arizona Patriot (PPO) 1-866-246-9832	Connecticut 1-866-455-6529
Florida Medicare Only 1-877-892-8216	Georgia Medicare Only 1-877-892-8213	Florida/Georgia Dual 1-877-277-1820
Illinois 1-877-899-2044	Kentucky 1-888-361-5684	New Jersey 1-877-892-8221
New York 877-892-8214	Texas 877-894-2034	All others 888-361-5684