Home Health Visits
Prior Authorization Request Form

Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-451-6667**. **Authorization is based on medical necessity. Incomplete information or illegible forms will delay processing.**

Questions or concerns? Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: _____

Member Information

Member Name	Member ID	Date of Birth

Diagnosis	ICD-10 Code

Provider Information

Provider Name	Provider NPI Number

Practice Name and Address	

Provider Phone	Provider Fax

Home Health Provider Information

Home Health Provider Name	Home Health Provider NPI Number

Home Health Provider Address	

Home Health Provider Phone	Home Health Provider Fax

Contact Name	Contact Phone

Home Health Visits Service Request

New request? ☐ Yes ☐ No	Ongoing request? ☐ Yes ☐ No

Skilled Nursing Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Home Health Visits
Prior Authorization Request Form

Home Health Aide Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Physical Therapy Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Occupational Therapy Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Speech Therapy Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Medical Social Worker Visits

Procedure Code	Code Description	Start Date	End Date	Number of Visits/Units	Frequency

Clinical Documentation

Include or attach any clinical/office notes, prescription, monthly assessment, care plan and goals, therapy evaluation, or wound information as applicable to support medical necessity.