

Home Health Services Request Form

Complete and fax this authorization request form, including supporting clinical documentation to **(570) 271-5507**.

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Patient information	First name <i>*required</i>	Last name <i>*required</i>	
	Member ID <i>*required</i>	Date of birth (MM/DD/YYYY) <i>*required</i>	
Submitter information	Submitter first name <i>*required</i>	Submitter last name <i>*required</i>	
	Submitter email <i>*required if phone number not provided</i>		
	Submitter fax number	Submitter phone number <i>*required if email not provided</i>	
Diagnosis	Primary diagnosis code <i>*required</i>	Secondary diagnosis code	Secondary diagnosis code
	Start Date (MM/DD/YYYY) <i>*required</i>	End Date (MM/DD/YYYY) <i>*required</i>	
Service details	Type of care (Choose one) <i>*required</i>		
	<input type="radio"/> Home Health <i>*enter number of visits per requested service below</i>		
	Home Health Aide visits	Physical Therapy visits	Skilled Nursing visits
	Medical Social Services visits	Occupational Therapy visits	Speech/Language Therapy visits
	<input type="radio"/> Hospice		
	CPT/HCPCS <i>*required</i>	CPT/HCPCS	CPT/HCPCS
Place of service (Choose one) <i>*required</i>			
<input type="radio"/> 10 - Telehealth in the Home <input type="radio"/> 12 - Home <input type="radio"/> 13 - Assisted Living Facility <input type="radio"/> 14 - Group Home <input type="radio"/> 32 - Nursing Facility <input type="radio"/> Other _____			

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Ordering provider	Name <i>*required</i>		
	Billing street address		
	City	State	Zip code
	National Provider Identifier (NPI) <i>*required</i>		Provider Tax ID number (TIN) <i>*required</i>
	Fax number	Phone number	
Performing agency	Name <i>*required</i>		
	Performing street address		
	City	State	Zip code
	National Provider Identifier (NPI) <i>*required</i>		Provider Tax ID number (TIN) <i>*required</i>
	Fax number	Phone number	
Expedite request	<input type="checkbox"/> Expedite request In order for a case to be expedited the physician (or other clinician) must indicate that applying the standard timeframe could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. If the date of service is greater than 3 days in the future, please DO NOT submit this request as expedited.		
	Please provide physician (or other clinician) justification		
	Physician (or other clinician) signature		

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Clinical assessment

1. Request type (Choose one) **required*

- Start of Care
 Continuation of Care
 Resumption of Care

2. From where did the member get admitted into Home Health? Note: This only applies to the admission source where the patient was receiving care in the 14 days prior to Home Health admission. (Choose one) **required*

- 04 - Homeless Shelter
 11 - Office
 12 - Home
 13 - Assisted Living Facility (ALF)
 14 - Group Home
 21 - Inpatient Hospital
 21 - Long Term Care Hospital/Long Term Acute Care (LTCH/LTAC)
 31 - Skilled Nursing Facility (SNF)
 51 - Inpatient Psychiatric Facility (IPF)
 61 - Inpatient Rehabilitation Facility (IRF)

3. Which of the following are true of the patient's homebound status? (Choose one) **required*

- Please indicate which of the following are true (Choose all that apply)
 - The patient needs aid of supportive devices (e.g., crutches, canes, wheelchairs, walkers) due to illness or injury
 - The patient needs the use of special transportation due to illness or injury
 - The patient needs assistance of another person in order to leave their place of residence due to illness or injury
 - The patient has a condition such as leaving his/her/their home is medically contraindicated
 - None of the above
- Please indicate which of the following Geisinger homebound exceptions are true (Choose all that apply)
 - Hospital discharge within 48 hours post normal vaginal delivery
 - Discharge within 96 hours post caesarean delivery
 - Discharge within 48 hours post mastectomy surgery
 - Nursing services for care of IV site or tracheostomy
 - Outpatient management of (but not limited to) COPD, dialysis, DM, pneumonia, heart failure, wounds, or cellulitis when determined to be the most effective level of care
 - Post discharge from hospital, SNF, ICF, LTACH when determined to be most effective level of care
 - Home evaluation by nurse or therapist for power mobility device, DME equipment, or possible SNF placement
 - High utilization of emergency department, hospital or other clinic service
 - MSW visit for complex social issues, mental health or cognitive issues which are unmanaged by behavioral health vendor, SNF placement or coordination with community resources
 - PT, OT, ST therapy that cannot be performed in the home setting but for which home health services are still appropriate
 - None of the above
- None of the above

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4. Do you have an OASIS available today? (Choose one) **required*

- Yes No

5. M1033 Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Choose all that apply)

- 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
- 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months
- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8
- 10 - None of the above

6. M1800 Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care). (Choose one)

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities
- 2 - Someone must assist the patient to groom self
- 3 - Patient depends entirely upon someone else for grooming needs

7. M1810 Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps. (Choose one)

- 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance
- 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient
- 2 - Someone must help the patient put on upper body clothing
- 3 - Patient depends entirely upon another person to dress the upper body

8. M1820 Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: (Choose one)

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient
- 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes
- 3 - Patient depends entirely upon another person to dress lower body

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9. M1830 Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair). (Choose one)

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR, (c) for washing difficult to reach areas
- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath
- 6 - Unable to participate effectively in bathing and is bathed totally by another person

10. M1840 Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode. (Choose one)

- 0 - Able to get to and from the toilet and transfer independently with or without a device
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently
- 4 - Is totally dependent in toileting

11. M1850 Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast. (Choose one)

- 0 - Able to independently transfer
- 1 - Able to transfer with minimal human assistance or with use of an assistive device
- 2 - Able to bear weight and pivot during the transfer process but unable to transfer self
- 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person
- 4 - Bedfast, unable to transfer but is able to turn and position self in bed
- 5 - Bedfast, unable to transfer and is unable to turn and position self

12. M1860 Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. (Choose one)

- 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e. needs no human assistance or assistive device)
- 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings
- 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces
- 3 - Able to walk only with the supervision or assistance of another person at all times
- 4 - Chairfast, unable to ambulate but is able to wheel self independently
- 5 - Chairfast, unable to ambulate and is unable to wheel self
- 6 - Bedfast, unable to ambulate or be up in a chair

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