



Home Health Request Form

After completing this form, please submit by faxing it to 1-559-243-7012 or emailing it to UMFax@healthcomp.com. **Please include this page in front of all your medical documentation.**

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as: Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. Mountain Health Co-Op reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of Request_____ Scheduled Start Date_____ End Date_____

☐ Routine ☐ Urgent If urgent, give reason_____

Number of Pages_____ Referral Number_____

Urgent requests will be completed in 72 hours and standard requests will be completed in 14 calendar days when all required documentation is received.

To provide better patient care and to avoid delays, submit a fully completed form and complete clinical documentation. Failure to submit required documentation may result in processing delays, the inability to establish medical necessity, and possibly a denial.

Patient Name_____ DOB_____ ID Number_____

ICD-10	Home Health Service Code	Number of Units	Frequency	Start Date	End Date

Referring Physician/Agency_____ Phone Number_____

Contact Name_____ Fax Number_____



Address_____

Service Rendering Hospital/Facility_____

Service Rendering Physician_____

Information

Initial Request

- ☐ Hospital discharge summary and orders OR physician notes within 30 days prior to request documenting Medical necessity
- ☐ Complete 485/487 with plan of care *
- ☐ RN evaluation summary statement describing patient's current condition and limitations (OASIS is not required) *
- ☐ Homebound status *
- ☐ Living Arrangements*
- ☐ Care givers available *
- ☐ Waiver status if known
- ☐ Other community resources being used if known

Ongoing Request Starred Items Above Plus Request

- ☐ Last two weeks of Home Health Aide records if applicable
- ☐ Most current PCP/Provider clinical notes if available.
- ☐ Therapy: progress note showing original goals and progress made