

Nebraska Home Health Prior Authorization Request Form

Fee For Service (Telligen) Fax:
1-855-638-8017

Nebraska Total Care Fax: 1-844-774-2363

UnitedHealthCare Fax: 1-844-611-8098

Wellcare Fax: 1-866-886-4321; for
urgent request call 1-800-351-8777

REQUEST TYPE

- Initial Request Continuation of Services
 Standard Request Expedited Request

MEMBER INFORMATION

Medicaid ID _____ MCO Member ID _____
Member Name _____ Date of Birth _____
Member Phone Number _____

REQUESTING PROVIDER INFORMATION

Medicaid/MCO Provider # _____ OR NPI # _____
Ordering Provider _____ Provider address with zip +4 _____
Ordering Provider Contact _____ Date of Face to Face _____
Phone # _____ Fax # _____

SERVICING PROVIDER Same as Requesting Provider

Medicaid/MCO Provider # _____ OR NPI # _____
Servicing Provider _____ Provider address with zip +4 _____
Servicing Provider Contact _____
Phone # _____ Fax # _____

SERVICE REQUESTED

Start Date _____ End Date _____ Original Start of Care Date _____

ICD-10 Code _____ Diagnosis Description _____

Primary Procedure Code _____ Modifier _____ Units _____ Visit _____ Days _____

Additional Procedure Code _____ Modifier _____ Units _____ Visit _____ Days _____

Additional Procedure Code _____ Modifier _____ Units _____ Visit _____ Days _____

Additional Procedure Code _____ Modifier _____ Units _____ Visit _____ Days _____

PLEASE ATTACH CLINICAL DOCUMENTATION SUCH AS PLAN OF CARE, MEDICAL RECORDS, PROGRESS NOTES, TEST RESULTS, TREATMENT RENDERED AND RADIOLOGY REPORTS FROM LAST 3 MONTHS PERTINENT TO REQUESTED SERVICE

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Medicaid/Plan policy and procedures.

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