



HEALTH PLANS

UNIVERSITY OF UTAH

2019

Home Health Request Form

For a better experience, complete your request here: <https://app.secure.uuhsc.utah.edu/umHealthPlans/main>

Or you may fax your request: 801-213-1358. Please include this document at the front of your submission.

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. University of Utah Health Plans 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 #: _____

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# _____

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

Referring Physician/Agency: _____ Phone #: _____

Contact Name: _____ Fax #: _____

Address: _____

Service Rendering Hospital/ Facility: _____

Service Rendering Physician: _____

Please also submit completed information below for applicable specific service requested:



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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
	Therapy: Initial evaluation, plan of care, frequency and duration, measurable goals
Ongoing Request Starred Items Above Plus	
	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
Private Duty Nursing T1000 Request	
	Last two weeks of skilled nursing notes
	Flow sheets of skills, medication administration records
	Private Duty Nursing Acuity Grid

Please access the links below for Medicaid forms, Manuals, and Criteria.
<http://health.utah.gov/Medicaid/provhtml/forms.htm>
<http://health.utah.gov/Medicaid/manuals/directory.php>
<http://health.utah.gov/Medicaid/pa/index.html>