



Prior Authorization Submission Reference for Home Health Services

When submitting a **Prior Authorization and Concurrent Review Request Form** for home health services, please provide the information listed in this reference document. **Important note:** Depending on the circumstance, AmeriHealth Caritas Iowa's Utilization Management team may request additional documentation that is not included on this document to determine medical necessity. Reviews for prior authorization requests for home health services may take up to seven calendar days to complete.

Please call **1-844-411-0604** if you have questions.

Member information needed for all clinical reviews:

- The member's plan of care (POC/CMS 485) with the treating provider's signature and notes about the member's current progress.

Additional information needed for ongoing requests:

- Date of the member's last primary care provider (PCP) appointment, as well as pertinent information from the appointment that is related to home health services.
- If the member was seen by a specialist, please include:
 - Specialist type.
 - Home health-related information and communication with the specialist.
 - Changes in the member's medication and/or glucose monitoring results.
- Level of home health assistance the member needs, as well as equipment and supports that are currently in the member's home.
- Documentation of the member/caregiver's education, abilities, progress, and availability for home health services.
- Blood glucose diary and/or finger stick information for diabetic members, including documentation of reporting this information to their treating provider and changes to their medication(s).
- If the request is for a skilled nursing visit (SNV) to provide medication fills, clearly document:
 - Medication changes, if applicable.
 - Missed medications, if applicable.
 - Why the member needs medication pre-fills.
 - Why the member is non-compliant or non-adherent.
- In the "Notes" section of the **Prior Authorization and Concurrent Review Request Form**, please clearly specify the following scenarios:
 - If a SNV is requested to supervise a home health aide (HHA) for a member without skilled services in the home.

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- If a SNV is requested to supervise in-home health-related care (IHHRC) services.
- If a SNV is requested to supervise consumer-directed attendant care (CDAC) services. Additionally, please include the CDAC agreement when submitting the prior authorization request.

Please fax the completed **Prior Authorization and Concurrent Review Request Form** and requested documentation to AmeriHealth Caritas Iowa's Utilization Management team at **1-844-399-0478**. Please call **1-844-411-0604**, 8:30 a.m. to 5 p.m., Monday through Friday, if you have questions or to check the receipt of submission.

For additional information about the prior authorization process, please refer to the **Provider Manual** or visit the **Providers** section, then **Prior Authorizations** at www.amerihealthcaritasia.com.



www.amerihealthcaritasia.com