Medicare Advantage Prior Authorization
Home health services form

HealthSpring℠

Fax this form and all required documents to **855-761-7326**. Providers must get prior authorization for home health care. Prior authorization isn't a guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use the appropriate form for durable medical equipment and generic prior authorization requests.**

- Verify eligibility and benefits prior to request. Home health benefits verified? [X] Yes [ ] No
- All therapy notes are within 24-48 hours of evaluation or last covered date? [X] Yes [ ] No
- Member previously in a postacute care facility? [ ] Yes [X] No
  If YES, postacute care discharge date_____ If NO, hospital discharge date 01/16/2026
- Has this member started receiving services for this request? [ ] Yes [X] No
- Has this member already been discharged from this service? [ ] Yes [X] No
- Is the member homebound? [X] Yes [ ] No
- Has the member had orthopedic surgery? [ ] Yes [X] No

Date 01/ 15 / 2026. Signature_____

Documents to attach:
- Clinical progress notes for certification requests
- Therapy notes, including level of participation (evaluation and last progress note)
- Medication list
- Outcome and Assessment Information Set summary

[X] **Initial request** [ ] **Continuation of services**

Member information

Member ID 36768369	Member name Lucille Spann
Phone 443803191	Date of birth 06/26/1924
Address 123 Main	City, State, ZIP Catonsville ,Marylan 21228--

Ordering provider information

Provider name Dr. Fernandez rodolfo	National Provider Identifier 164923006
Address 724	City, State, ZIP choice lane , catonsville,
Phone (410)	Fax (239)
Provider type or specialty Physician	Requester name Dr. Fernandez rodolfo

Treating provider or vendor

Home health agency Homecentris	NPI 148711323
Address 10 Crossroads Drive, Suite	City, State, ZIP Owings Mills, MD 21117
Phone 4105409480 Direct no & 410-321-8448 - Ext	Fax 410-494-491
Requester Mark Stiles	

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Requested dates of service From 01/16/2026 To 02/28/2026		Previous authorization number, if continuation -	
Original start of care date 01/16/2026		Number of visits rendered to date for each discipline RN 6 | PT 6 | OT 6 | ST	
Select the discipline requested and enter the quantity of visits needed			
☒ Skilled nursing	2 visits per week for 3 weeks	☒ Physical therapy	2 visits per week for 3 weeks
☒ Occupational therapy	2 visits per week for 3 weeks	☐ Speech therapy	_____visits per week for _____weeks
☐ Social worker	_____visits per week for _____weeks	☐ Home health aide	_____visits per week for _____weeks
Primary ICD-10 code	hypertensive heart disease		
Secondary ICD-10 code			