Regence BlueCross BlueShield of Utah
An Independent Licensee of the Blue Cross and Blue Shield Association

REQUIRED INFORMATION REVIEW

Home Health, Ancillary Therapies, IV Therapies,

Benefits and eligibility: Contact our Customer Service Department:

Toll-free ***(800)*** **624-6519** Medical Services Preauth Phone ***(801)*** **333-2850**
Medical Services Fax ***(801)*** **333-6511**

Fax Date:

Attention:

PATIENT INSURANCE ID (INCLUDE ALPHA PREFIX AND #):			
Patient name:			**PCP/Prescribing MD:**
DOB: / /	AGE:		DIAGNOSIS:
DATE OF REQUEST:			ICD-9 CODE (REQUIRED):
START DATE:			CPT-4 CODE:
END DATE:			**HOME HEALTH COMPANY:**
# OF VISITS/DURATION	**Requested:**	**Approved:**	
PHYSICAL THERAPY:			**CONTACT PERSON IN OFFICE:**
OCCUPATIONAL THERAPY:			OFFICE #: FAX:
SPEECH THERAPY:			**VISITING NURSE/THERAPIST:**
IV THERAPY:			COMPANY:
☐ **TPN/** ☐ **ENTERAL THERAPY:**			FAX #:
SKILLED NURSING:			CONTACT PHONE #:
OTHER:			**PROVIDER VERIFIED BENEFITS:** YES ☐ NO ☐

Initial information <u>REQUIRED</u>, in addition to form:

1. MD order
2. Notes from last 3 visits from each of the therapies/nursing
3. Current functional status/homebound status
4. Documentation of Teaching done by therapist/nurse
5. Learning Barriers
6. Any unusual circumstances
7. **If patient is starting on TPN/Enteral feeding, send recent dietary assessment/recent labs.**

VISITS/LIMITS VERIFIED BY CUSTOMER SERVICE:

ADDITIONAL COMMENTS:

BOTTOM PORTION TO BE FILLED OUT BY REGENCE BCBSU MEDICAL SERVICES STAFF

TOTAL # OF VISITS AUTHORIZED ON THIS REQUEST:	
TOTAL # OF VISITS AUTHORIZED TO DATE:	
AUTHORIZED BY:	BEGIN DATE:
AUTHORIZATION NUMBER	END DATE:

COMMENTS:

If you have any questions regarding pre-authorizations, contact our Medical Services Department: Toll-free 1 *(800)* 228-8263 or for local calls: *(801)* 333-2850.

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