JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

PROVIDER NOTICE

Provider Relations Department 1-888-895-4998

New Home Care Authorization Form Available

Effective Date: Jan. 1, 2023

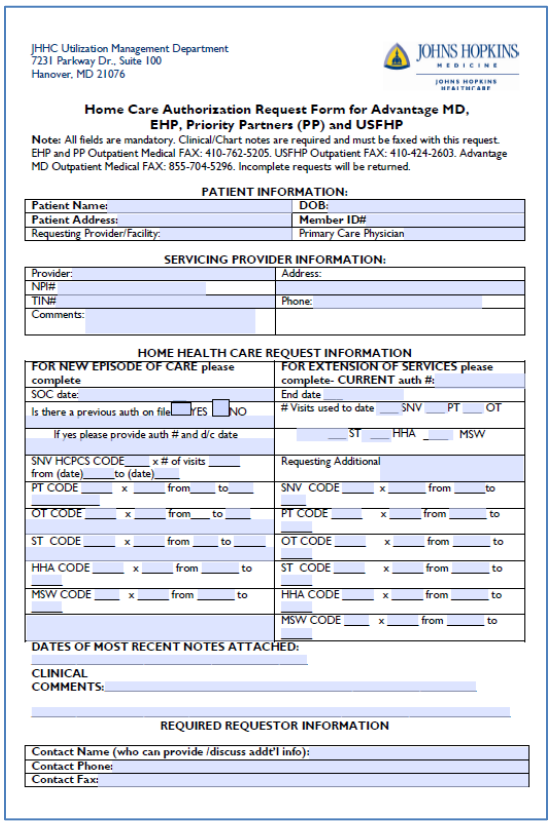
Health Plans Affected: Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP)

Type of Change: Process

Explanation of Change:
As part of our continued effort to streamline processes and improve efficiency and convenience for our providers, Johns Hopkins HealthCare (JHHC) now offers a new Home Care Authorization Form* from the Utilization Management department.

The Home Care Authorization Request Form can be found on the Forms page of the provider website. Providers in the Advantage MD, EHP, Priority Partners and USFHP networks need to use this form to request home care services for both new episodes of care and an extension of services for care.

If the link to this PDF breaks, please visit our* **Communication Repository.



JHHC Utilization Management Department
7231 Parkway Dr., Suite 100
Hanover, MD 21076

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Home Care Authorization Request Form for Advantage MD, EHP, Priority Partners (PP) and USFHP

Note: All fields are mandatory. Clinical/Chart notes are required and must be faxed with this request. EHP and PP Outpatient Medical FAX: 410-762-5205. USFHP Outpatient FAX: 410-424-2603. Advantage MD Outpatient Medical FAX: 855-704-5296. Incomplete requests will be returned.

PATIENT INFORMATION:

Patient Name:	**DOB:**
Patient Address:	**Member ID#**
Requesting Provider/Facility:	Primary Care Physician

SERVICING PROVIDER INFORMATION:

Provider:	Address:
NPI#	
TIN#	Phone:
Comments:	

HOME HEALTH CARE REQUEST INFORMATION

FOR NEW EPISODE OF CARE please complete	**FOR EXTENSION OF SERVICES please complete- CURRENT auth #:**
SOC date:	End date
Is there a previous auth on file YES NO	# Visits used to date SNV PT OT
If yes please provide auth # and d/c date	ST HHA MSW
SNV HCPCS CODE x # of visits from (date) to (date)	Requesting Additional
PT CODE x from to	SNV CODE x from to
OT CODE x from to	PT CODE x from to
ST CODE x from to	OT CODE x from to
HHA CODE x from to	ST CODE x from to
MSW CODE x from to	HHA CODE x from to
	MSW CODE x from to

DATES OF MOST RECENT NOTES ATTACHED:

CLINICAL COMMENTS:

REQUIRED REQUESTOR INFORMATION

Contact Name (who can provide /discuss addt'l info):
Contact Phone:
Contact Fax:

Please contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns.