Johns Hopkins Health Plans
Utilization Management Department 7231
Parkway Dr., Suite 100
Hanover, MD 21076

JOHNS HOPKINS HEALTH PLANS

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
Diagnosis:	

SERVICING PROVIDER INFORMATION:

Provider:	Address:
NPI#	
TIN#	Phone:
Comments:	☐ Pre-service ☐ Post-service

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: