blue of california

Prior Authorization Request Form	Home Health Care
BSC Fax: (855) 895-3506	

Notice: BSC has a 5 Business Day turn-around time on all Prior Authorization Requests.
Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Provider Information	Patient Information
Servicing Provider/Vendor/Lab's Name and Address:	Patient's Name:
Tax ID Number: NPI:	Birth Date:
Phone: ( )	Blue Shield ID Number:
Fax: ( )	
Referring/Prescribing Physician's Name: ☐ PCP; ☐ Specialist: PLEASE IDENTIFY SPECIALTY	Place of Service: ☐Patient's Home ☐Home Care Agency

Please enter all codes requested; "by report" codes must have a description of why the code is being used

ICD-10 CODE(S) :	
CPT CODE(S) :	☐ S9123 (Nursing Care in the Home by RN – per hour) ☐ S9124 (Nursing Care in the Home by LPN/LVN – per hour)

PATIENT CLINICAL INFORMATION

Please provide the following documentation:

1. History and physical.
2. Limitations that have rendered the member to be homebound.
3. Notes indicating the current home health treatment plan to include what skilled services will be required.

4. Frequency of requested visits: ______ visit(s) per (day/week/month)
5. Length of each requested visit: _______hour(s) for each visit

6. Anticipated dates of service: ____/____/____- ____/____/____ **OR** duration of request _____ (days/months)
   Total number of visits requested: _______
   Total number of hours requested: ______

7. Is home health requested for medication administration? Y / N
   If **yes**, name of the medication? ____________________

   Does the medication require prior authorization? Y / N
   If **yes**, please provide prior authorization number: ____________
   If **no**, Stop. (Submit Home Health request only after medication auth number obtained.)

How many home health visits has this member had already in this calendar year? _______

*** **Please call the Customer Service number on the back of the member's ID card for benefit, maximum, and eligibility verification.**

An Independent Member of the Blue Shield Association

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652

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