VSHP Volunteer State Health Plan

BlueCare®
TennCare*Select*
a state of Tennessee program

Home Health Request Form

Initial Request or Extension of Services

Prior Authorization is required prior to scheduled services being rendered or within 24 hours or the next business day for emergency services. To request services:

Call:
BlueCare: 1-888-423-0131
TennCare*Select*: 1-800-711-4101

Or complete this form and fax to: 1-865-588-4663

When Prior Authorization / Notification is required and services are needed beyond the number of services authorized by Voluntee State Health Plan, Inc., you **must** request the services be extended **prior** to the end date of the initial Prior Authorization date.

Member Information

Member Name: **Member ID Number:**

Member Address:

Date of Birth: **Member Phone Number:**

Diagnosis: (*List all ICD-9/10 codes*)

Physician and Facility Information

Ordering Physician: **Provider Number:**

National Provider Identifier: **Tennessee Medicaid Number:**

Phone Number: **Fax Number:**

Agency Name: **Provider Number:**

Address:

National Provider Identifier: **Tennessee Medicaid Number:**

Phone Number: **Fax Number:**

Contact name:

Start Date: **End Date:**

Is there a trained family member or friend available as care giver in the home? ❑ **Yes** ❑ **No**
What is the functional level of the member?
Date of Order or Certificate of Medical Necessity:

Requested Service: *** please attach any supporting documentation*****

Direct skilled nursing services of a licensed nurse in the home health or hospice setting, each 15 minutes
❑ G0154 **Number of Hours/Units:** (1 unit=15 min) **Frequency:**
Services of home health/hospice aide in home health or hospice settings, each 15 minutes
❑ G0156 **Number of Hours/Units:** (1 unit=15 min) **Frequency:**
Home health aide or certified nurse assistant per hour
❑ S9122 **Number of Hours/Units:** (1 unit=1hr) **Frequency:**
Nursing care, in the home; by registered nurse, per hour
❑ S9123 **Number of Hours/Units:** (1 unit=1hr) **Frequency:**
Nursing care, in the home; by licensed practical nurse, per hour
❑ S9124 **Number of Hours/Units:** (1 unit=1hr) **Frequency:**
Private duty / independent nursing service(s) - licensed, up to 15 minutes
❑ T1000 **Number of Hours/Units:** **(1unit=15min)** **Frequency:**

Home Health Aide (When skilled nursing criteria is met, the nurse will provide Home Aide services)

Skill	Frequency
❑ Bath	
❑ Activities of Daily Living	
❑ Hand Patient Medications	
❑ Patient Transfers	
❑ Vital Signs	
❑ Other – Please Specify	

Skilled Intermittent or Hourly Nurse Visits

Skill	Frequency
❑ Suction	
❑ Bolus Tube Feedings	
❑ Intravenous and Intramuscular Medications	
❑ Venipunctures	
❑ Intravenous Feedings	
❑ Insertion and sterile irrigation of catheters/Catheter Care	
❑ Application of dressings (wound care) involving prescription medications and aseptic techniques	
❑ Treatment of extensive decubitus ulcers or other widespread skin disorders	
❑ Other – Please Specify:	

Private Duty Nursing (PDN) – 8 hours or more

Skill	Frequency
❑ Continuous Intravenous Therapy or Total Parenteral Nutrition	
❑ Continuous Gastrostomy Feedings (include the time needed to begin, disconnect, and flush – not the entire time the feeding is dispensing	
❑ Nasopharyngeal and Tracheostomy Care – Stoma care, suctioning, humidification, changing a tracheostomy tube, and emergency procedures for tracheostomy care	
❑ Monitor of ventilators – Positive pressure or negative pressure ventilation	
❑ Other respiratory therapies – Nebulizer, Chest physical therapy	
❑ Other – Please Specify:	

- This form is for use in requesting all home health services, and is **not** to be used as an order.
- **Please attach the specific order for the request to include the type of service, the amount of services, the frequency of services and the duration of the request.**
- The request on the order must match the request on this form.

Reviews are subject to verification of all medical information and are valid only if such information is accurate and complete. Payment of benefits remains subject to all contract terms, conditions, and exclusions and to the member's eligibility for benefits at the time expenses are incurred.

Keep in mind housekeeping, laundry services, caregiver, monitoring or preparation of meals are not covered per TennCare Guidelines.