



Authorization for Home Health is not required until the 7th visit.  
Members are allowed 6 home health visits per calendar year without an authorization.

## Passport by Molina Healthcare Home Health Request Form

Member Name \_\_\_\_\_ Member ID \_\_\_\_\_ Member DOB \_\_\_\_\_

Rendering Provider Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Ordering Provider Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### A. Services Requested

Service Type	Service Code(s)	Start Date	End Date	Frequency	Goal of Care	% of Goal For continued visits
Skilled Nursing				<#> time a week for <#> of weeks		
Physical Therapy				<#> time a week for <#> of weeks		
Occupational Therapy				<#> time a week for <#> of weeks		
Speech Therapy				<#> time a week for <#> of weeks		
Home Health Aide				<#> time a week for <#> of weeks		
Other <specify>				<#> time a week for <#> of weeks		

### Prior Visits:

Service Type	To	From	Total Number of Visits

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.

B. Diagnoses

a. Primary: \_\_\_\_\_

b. Secondary: \_\_\_\_\_

C. Requesting physician/Provider

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

D. Next Physician/Provider re-evaluation appointment

E. Special Services

Wound Care:

Original Size of wound	
Current Size of Wound	

Therapy Services:

Original Status	
Current Status	
Current % of meeting goal	

Equipment or monitoring requests:

Equipment / Monitoring request	To be utilized for:

Other:

List other special service request(s)	To be utilized for:

*Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics. To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.*