

HSCSN Order for HOME HEALTH SERVICES

This form must be completed by a treating practitioner. Fax this form and supporting documents to HSCSN Utilization Management at Fax: 202-721-7190 or email: <u>UM@hschealth.org</u>. Medical records documenting the most recent face-to-face visit should be submitted with each request.

IMPORTANT TO NOTE: This request will not be processed unless all of the items below are completed.

DATE OF ORDER: Click here to enter a date.				
PROVIDER			ENROLLEE	
Ordering Provider (MD or NP): Click to enter text.			Enrollee Name: Click to enter text.	
Provider NPI #: Click to enter text.			Enrollee ID: Click to enter text. DOB: Click to enter text.	
Provider Phone #: Click to enter text. Fax #: Click to enter text.		Primary Diagnosis: (Include ICD-10 code) Click to enter text.		
Provider Email: Click to enter text.		Other Diagnoses: Click to enter text.		
OUTPATIENT vs HOME-BASED THERAPIES Routine therapies are provided in an outpatient. Home-based therapies may be appropriate if the enrollee has difficulty getting in and out of the home or if the therapy addresses activities that are done in the home. Outpatient therapy can be authorized for up to 1 year. Home-based therapies are authorized for up to 60 days. Home-based therapies have limited availability.				
SERVICE REQUESTED: Physical Therapy Occupational Therapy Outpatient Home-Based Outpatient Home-Based				
REASONS FOR REFERRAL:				
GOALS OF THERAPY:				
ACTIVITIES OF DAILY LIVING (Check the level of assistance needed)				
Bathing: Toileting: Grooming: Dressing: Eating: Mobility-Ambulation Bowel Incontinence: Bladder Incontinence:	Yes 🗆 No 🗆	S=Requires super minimal assista M=moderate depe physical assist	ndence (needs moderate ance) uires maximal to total	Safety Awareness/Judgment Normal for Age Mildly Impaired Moderately Impaired Severely Impaired Overall Need for Supervision Independent (no supervision needed) Direct (in home) Direct (line of sight) 1:1 Supervision

Signature of Ordering Provider:

Date:

Printed Name: Click to enter text.