

How to Submit a Home Health (HH) / Durable Medical Equipment (DME) Prior Authorization Request Guide

Home Health Providers

Who to Call

Providers can call Ambetter Medical Management at 1-877-617-0390 to update or check on the status of an authorization request.

Step 1

Complete the [Prior Authorization Form \(PDF\)](#) (**Note: All highlighted areas must be filled out.**)

Step 2

Complete a Member/Patient Face Sheet (**Note: Please include with your submission.**)

Step 3

Submit a completed, dated order signed by a physician that specifies member's requested Home Health (HH)/Durable Medical Equipment (DME) services.

- **DME Order Checklist:**

- Must be electronically/physically signed on same page as the order.
- Must include a diagnosis with ICD-10 code(s).
- Must include pertinent CPT and HCPCS codes.



• DME Order Example:

| | | |
|----------------------------------|--|--|
| RUN DATE: 02/10/20 | PATIENT CARE INQUIRY **LIVE** For DNUR.EH4 | PAGE 1 |
| RUN TIME: 1520 | ORDER RECORD | |
| RUN USER: DNUR.EH4 | | |
| PATIENT MIRANDA, EDDY | ACCT NO D61007698418 | UNIT NO D007324374 |
| ORDERED BY Peppard, Terence R MD | ENTERED BY DNUR.E44 | 02/10/20 15:4 |
| OTHER PROV | | |
| ORDER NO. 0210-0139 | PROCEDURE CM - Case Management Consult | STATUS TRA |
| CATEGORY CNS | PRIORITY ROUTINE QUANTITY SOURCE T | FOR DATE 02/10/20 FOR TIME 1514 |
| SIGNED BY | | |
| 1 Peppard, Terence R MD | | |
| AUDIT TRAIL | | |
| 1 | 02/10/20 1514 | Order ENTER in OM |
| 2 | 02/10/20 1514 | Ordering Doctor: Peppard, Terence R MD |
| 3 | 02/10/20 1514 | Order Source: Telephone Read Back |
| 4 | 02/10/20 1520 | Order EDI in OM |
| 5 | 02/10/20 1520 | Ordering Doctor: Peppard, Terence R MD |
| 6 | 02/10/20 1520 | Order Source: Telephone Read Back |
| 7 | 02/10/20 1520 | Query: Reason for Consult |
| 8 | 02/10/20 1520 | old response set: DP |
| 9 | 02/10/20 1520 | DMEC |
| 10 | 02/10/20 1520 | DMEWH |
| 11 | 02/10/20 1520 | WHEELCHAIR WITH REMOVABLE ARMS & LEGS |
| 12 | 02/10/20 1520 | new response set: DP |
| 13 | 02/10/20 1520 | DMEC |

• Home Health (HH) Order Checklist:

- Must be electronically/physically signed on same page as the order.
- Must include a diagnosis with ICD-10 code(s).
- Must include pertinent CPT and HCPCS codes.

• HH Order Example:

| | | |
|--|---|-----------------------------|
| From: Lakeside Care Center 1081 Virginia Street Dunedin, FL 34698-7325 | Order Date: 02/11/2020 09:21 Discharge home on February 14, 2020 with Home Health Services, RN for wound care and Physical Therapy services. Order ID: 14437685 | Communication Method: Phone |
| Physician's Order for: Resident: ELLIOTT, DAVID A (01159) | Location: East Block 21 B Prescribing Physician | |
| To: Palanca, Escamero 2719 STATE RD. 682 Clearwater, FL 33761 | Confirmed By: VON HOLLAND (Unit Manager LPR) Signature: <i>[Signature]</i> Printed Date: Feb 11, 2020 09:24:02 ET | |
| Ordered By Signature: _____ Signed Date: _____ | | |

| | |
|---|---|
| ORDER SHEET | |
| Order Entry D/T: 02/10/20 08:58 | Orders Entered By: Stohler, Cheryl A RN Ordering Dr: Goli, Shilpa MD |
| 0 Home Care 02/10/20 13:58:00 EST, 02/10/20 13:58:00 EST, Physical Therapy Eval and Treatment, PT eval/treat, per eval | |
| CPT Codes: HCPCS Codes: Diagnosis/ICD10 | Electronic Signature: Dr. Shilpa Goli |

Step 4

Submit clinical documentation that supports the needs for requested HH/DME services.

- **HH Clinical Documentation Checklist:**
 - Physical, occupational, and/or speech therapy services should include evaluations detailing the need for these services in the home.
 - Most recent physicians note(s).
 - Most recent information about member’s diagnosis, medication and treatment.
 - Admission report required for discharge request.
- **DME Clinical Documentation Checklist:**
 - DME request for assistive devices should contain evaluations from the appropriate servicing provider/services detailing the need for this equipment.
 - Most recent physician note(s).
 - Most recent information about member’s diagnosis, medication and treatment.
 - Admission report required for discharge request.

Important Contact Information

| Service Name | Product | Phone Number | Hours of operation |
|---------------------------|----------|----------------|---|
| Medical Management | Ambetter | 1-877-617-0390 | Monday-Friday from 8 a.m. to 8 p.m. Eastern |
| Provider Services | Ambetter | 1-877-687-1169 | Monday-Friday from 8 a.m. to 8 p.m. Eastern |

Important Links

- Ambetter [Provider Resources | Ambetter from Sunshine Health](#)
- Sunshine Health [Resources for Home Health Providers](#)