

Questions? Call our Provider Helpline at **800.942.4765**.

Home health prior authorization form

Recent documentation and physician orders are **required** to support visit requests. Complete all fields to ensure timely processing.

This form is for out-of-network providers only. In-network providers must use GuidingCare.

Check if your facility is participating as an in-network provider for Cigna

Expedited / Urgent - By checking this box, I attest that applying the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Member information

Last name		First name	
Priority Health ID#		Date of birth	
ICD 10 Dx		Auth start date	Auth end date
Type of Request:	<input type="checkbox"/> New Request <input type="checkbox"/> Continuation of Auth # _____		<input type="checkbox"/> Retro Request

Requested by

Ordering physician		Provider Tax ID #	
Provider NPI			
Phone		Fax	
Contact name			
Address			

Directed to

HHC agency		HHC Tax ID # - required	
HHC agency NPI			
Phone		Fax	
Contact name			
Address			

Discipline	HCPCS	# Visits	Focus of care – education, wd/cath care, HEP, ADL/IADL, etc
RN	G0299		
PT	G0151		
OT	G0152		
ST	G0153		
HHA	G0156		
MSW	G0155		
RD	G0270		

Additional information

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