

Authorization No: \_\_\_\_\_ Date: \_\_\_\_\_ SAP Reviewer: \_\_\_\_\_

**REQUEST FOR HOME HEALTH  
AUTHORIZATION OF SERVICES FORM – SINGLE CASE**

**Email form, order and Clinical screen to [UMInquiryRequest@sunriseadvantageplan.com](mailto:UMInquiryRequest@sunriseadvantageplan.com), or Fax to: 800-504 4752**

Call UM at: (IL) 844-502-4149 opt. 3 or (NY, PA, VA) 844-896 0628 opt. 3  
(Call Center Hours M-F 8am-5pm)

**\*\*\*PLEASE DO NOT SEND REQUESTS FOR MULTIPLE MEMBERS IN ONE EMAIL – MUST SEND SEPERATELY**

**STANDARD AUTHORIZATION**                       **EXPEDITED/REVIEW (72 Hours)**

**\*PRIOR WRITTEN AUTHORIZATION IS REQUIRED BEFORE THE START OF SERVICES FOR OUTPATIENT REHAB AND FOR SERVICES BY ANY NON-PARTICIPATING PROVIDER.** Payment is authorized only for the medical services noted below, and is subject to the limitations and exclusions as outlined in the Member Handbook/Certificate of Coverage. A copy of this Authorization Form must be submitted with the claim.

<b>Member Demographics</b>	Member Name _____ Date of Birth _____ Member's Plan ID _____ Name of Sunrise Community or Other _____ Referring Provider _____	Is referring provider: <input type="checkbox"/> PCP/AP <input type="checkbox"/> Other
	Diagnoses (ICD-10 Codes) Related to Authorization Request: _____ <b>REQUEST DATE:</b> _____ <b>SERVICE ANTICIPATED START DATE:</b> _____ Provider Company Name (REQUIRED): _____ Provider Requesting Name (REQUIRED): _____ Provider Contact Number (REQUIRED): _____ Provider Email (REQUIRED): _____ Provider Fax Number (REQUIRED): _____	

**HOME HEALTH (Check Applicable Service(s))**

Routine Case Rate	Complex Case Rate
Safety Training	Rehab post joint replacement
New Adaptive Equipment	Rehab post hip fracture/major fracture
Speech Therapy: dysphasia	Speech therapy: dysphasia complex
Cases needing 1-2 disciplines (PT, OT, ST)	Case needing 3 disciplines (PT, OT, ST)
Central line placement, assessment and management	Clin complex/new catheter/drain (Pleurex, Tenckhoff, Nephrostomy tube, etc)
Indwelling urinary catheter placement/care	Complex Wound Care Stage 3 or greater pressure injury care; wound vac
Wound care; up to stage 2 pressure injury care	Amputation Therapy
Colostomy, ileostomy, urostomy care, SPT, new problem	CHF exacerbation with hospitalization
CHF exacerbation without hospitalization	Gastronomy tube new or problem
Med Management changes	CVA with new hemiplegia
Chronic Disease teaching, new or worsening symptoms	COPD exacerbation or pneumonia with hospitalization
COPD exacerbation or pneumonia without hospitalization	Lymphedema Program
Post-surgical dressings	IV Antibiotics > 1 week
IV hydration, medications or IV antibiotics < 1 week	IV Pain Management
Cases needing Skilled Nursing and 1 Therapy discipline	Cases needing Skilled Nursing and 2 Therapy discipline

**Notes:**