NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services
NEBRASKA HOME HEALTH PRIOR AUTHORIZATION REQUEST FORM

☐ Fee for Service (Telligen) Fax: 1 (855) 638-8017	☑ Nebraska Total Care Fax: 1 (844) 774-2363
☐ UnitedHealthCare Fax: 1 (866) 622-1428	☐ Wellcare Fax: 1 (866) 886-4321; for URGENT request call: 1 (800) 351-8777

REQUEST TYPE

☐ Initial Request	☐ Continuation of Services
☐ Standard Request	☐ Expedited Request

MEMBER INFORMATION

Medicaid ID	MCO Member ID
Member Name	Date of Birth
Member Phone Number	

REQUESTING PROVIDER INFORMATION

Medicaid/MCO Provider Number (OR ➲)	NPI Number
Ordering Provider	Provider Address with Zip +4
Ordering Provider Contact	Date of Face to Face
Phone Number	Fax Number

SERVICING PROVIDER ☐ Same as Requesting Provider

Medicaid/MCO Provider Number (OR ➲)	NPI Number
Servicing Provider	Provider Address with Zip +4
Servicing Provider Contact	
Phone Number	Fax Number

SERVICE REQUESTED

Start Date	End Date	Original Start of Care Date
ICD-10 Code	Diagnosis Description	

Primary Procedure Code	Modifier	☐ Units_____ ☐ Visit_____ ☐ Days_____
Additional Procedure Code	Modifier	☐ Units_____ ☐ Visit_____ ☐ Days_____
Additional Procedure Code	Modifier	☐ Units_____ ☐ Visit_____ ☐ Days_____
Additional Procedure Code	Modifier	☐ Units_____ ☐ Visit_____ ☐ Days_____

PLEASE ATTACH CLINICAL DOCUMENTATION SUCH AS PLAN OF CARE, MEDICAL RECORDS, PROGRESS NOTES, TEST RESULTS, TREATMENT RENDERED AND RADIOLOGY REPORTS FROM LAST 3 MONTHS PERTINENT TO REQUESTED SERVICE

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Medicaid/Plan policy and procedures.
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