Out of Network Authorization Request Form

Please Note: Authorization request must be submitted in the first 14 days of the episode.

Attn: myNEXUS Episodic Provider Team

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OUT OF NETWORK AUTHORIZATION REQUEST FORM

For Reauthorization and Add On-Skills for an Existing Authorization

PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: *866-996-0077*

Please note: If the member was hospitalized while receiving care under an authorization or has signed a NOMNC, a new authorization is required. For a new authorization, please use the "Initial Authorization Request" form.

Questions? Call *833-585-6262*

Date of Request:	Standard Request: ☐ Retro Request: ☐	Urgent Request: ☐ **Note: Urgent request should only be submitted if** waiting for a decision under the standard time frame could place the enrollee's **life, health, or ability to regain maximum function** in serious jeopardy. If member's condition does not meet this description and the authorization is submitted as an Urgent Request, delays in processing may occur.
Member Name: **DOB:** **Member ID# (required):**		**Agency:** ____________________ **NPI (required):** ____________ **Requester Name:** ____________________ **Phone:** **Request Requires Review per the Portal? Yes No If Yes, please list reason below:**
AUTHORIZATION NUMBER: **Start of Care Date:**		**Able/willing/teachable caregiver?** ☐ **Yes** ☐ **No** **If no, please explain:**
Following/Plan of Care Physician/NP (required): ____________________ **Phone:** **Fax:** **NPI:**		

Diagnosis:	Code	Description
Primary		
Secondary		
Tertiary		
Quaternary		
HIPPS (required)		

Residence: ☐ Independent Living ☐ Assisted Living ☐ Long Term care ☐ Private ☐ Other:

Agency Recommendations/Request:

Discipline	# Visits	From	To	Frequency

REQUIRED CHECKLIST: The two requirements listed below are required for the review process. Please submit this completed form along with the listed requirements.

- ☐ **MD Home Healthcare signed order (Including signed verbal MD order)**
- ☐ **Supporting Clinical Documentation: OASIS, Plan of Care, Visit Notes, any Evaluations completed and wound measurements from previous SN visits.**

Comments/ Notes:

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