myNEXUS

Please Note: Authorization request must be submitted in the 1st 14 days of the episode.

Attn: myNEXUS Episodic Provider Team

myNEXUS

HOME HEALTH CARE Re-AUTHORIZATION REQUEST FORM

For Reauthorization and Add On-Skills for an Existing Authorization

PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: *844-834-2908*

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 *844-411-9622*

FOR FASTER AUTHORIZATION PLEASE VISIT:
https://portal.mynexuscare.com

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#:**		**Agency: _____ NPI: _____** ***Requestor Name:*** **_____** **Phone: Fax:** **Request Requires Review per the Portal? Y/N. If Y, Reason;**
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:

Diagnosis:	**Code**	**Description**
Primary		
Secondary		
Tertiary		
Quaternary		
HIPPS (Required)		

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

Agency Recommendations/Request:

Discipline	# Visits	From	To	Frequency

REQUIRED CHECKLIST: The 3 requirements listed below are required for the review process. Please submit this completed form along with the listed requirements.

1. Verbal or Signed 485
2. Completed OASIS
3. Clinical documentation for all services being requested. Along with all visits notes, please ensure the evaluation is being or has been submitted

* Wound Care- provide wound measurements from previous visits

Comments/ Notes:

