Plans underwritten by Rocky Mountain HMO (RMHMO)
or Rocky Mountain HealthCare Options, Inc. (RMHCO)

ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

DOC TYPE 5V

Home Health Visit and/or Home Therapy Services

RMHP Statewide Fax: 877-201-7302 or 970-254-5738

Date Request Submitted:_____

☐ New Request ☐ Revised Request — Original Reference # _____

To ensure your pre-service request is completed in a timely manner, please allow:
Medicaid —10 days Medicare — 14 days CHP+ — 10 days Commercial —15 days

Patient Name: _____ DOB: _____

RMHP ID Number: _____

Line of Business: ☐ Medicaid ☐ CHP+ ☐ Commercial ☐ Medicare (Home Infusion only)

Service Provider: _____

Tax ID#: _____ Phone: _____

Contact: _____ Fax: _____

Referring Physician: _____

Diagnosis Code: _____

Diagnosis: _____

Attach physician orders. Explain any details:

Services Requested Per Plan of Care

	# Visits	Frequency	SOC	End Date	Internal use only
RN:					FHHO
Aide:					FHAO
MSW:					FHSO
PT:					FPTO
OT:					FOCO
ST:					FSLO

The preauthorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness or efficacy, and coverage for services being provided and is subject to the terms and conditions in the Member's Evidence of Coverage, including but not limited to, coordination of benefit provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans.

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