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 (Acentra Health): 1 (800) 316-0021 ☐ Nebraska Total Care Fax: 1 (844) 774-2363
☐ UnitedHealthCare Fax: 1 (866) 622-1428 ☐ Molina Healthcare of Nebraska Fax: 1 (833) 832-1015

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	

Procedure Code	Modifier	
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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