HOME HEALTH SERVICE AUTHORIZATION (SA) REQUEST

Complete the following form and fax to Alaska Medicaid Fiscal Agent at 888-772-3632.To request an update or change to an approved Home Health Service Authorization (SA), please include the approved SA number. Complete one form per SA. For further updates, please complete a new form.

☐ **Check this box to update an existing SA with additional dates of service and/or to update requested services. The existing SA is _____**

Requesting Provider Information	
1. Provider Alaska Medicaid ID	**2. Provider Contact Name and Phone Number**
3. Provider Organization Name, Address, and Fax Number	

Member Information		
4. Member Name (Last, First, MI)	**5. Date of Birth**	
6. Alaska Medicaid Member ID	**7. Age**	**8. Sex**

Requested Services
9. Date(s) of Service
10. Diagnosis and Medical Justification (Attach any supporting documentation as needed)

Specific Services Requested					**AK Medicaid Fiscal Agent Use Only**	
					Authorized?	
11. Revenue Code	**12. Procedure Code**	**13. Unit/Qty**	**14. Charges**	**15. Dates of Service**	**Yes**	**No**

16. To the best of my knowledge, the above information is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

_____ _____ _____

Authorized Signature Title Date

Authorization does not guarantee payment. Payment is subject to member's eligibility. Be sure the identification card is current before rendering services. **If you have received this in error, please mail to:** Alaska Medicaid Fiscal Agent, PO Box 240808, Anchorage, AK 99524-0808.

HOME HEALTH SA REQUEST INSTRUCTIONS

Submission Requirements: This Home Health SA Request form must be completed to request home health services OR to request a change or update to a previously approved SA. The completed form must bear the signature of the professional who, by signing the form, attests that the content of the form is accurate and meets Alaska Medicaid program requirements. **Submit all Home Health SA requests directly to Alaska Medicaid Fiscal Agent** by fax at 888-772-3632.

Requesting Provider Information

1. **Provider Alaska Medicaid ID:** Enter the requesting provider's Alaska Medicaid ID number.
2. **Provider Contact Name and Phone Number:** Enter the name and phone number of the person Alaska Medicaid Fiscal Agent or DHCS staff should contact regarding the authorization request.
3. **Provider Organization Name, Address, and Fax Number:** Enter the requesting provider's organization name, address, and fax number.

Member Information

4. **Member Name (Last, First, MI):** Enter the member's last name, first name, and middle initial.
5. **Date of Birth:** Enter the member's date of birth.
6. **Alaska Medicaid Member ID:** Enter the member's Alaska Medicaid ID number.
7. **Age:** Enter the member's age.
8. **Sex:** Enter the member's gender.

Requested Services

9. **Date(s) of Service:** Enter the date(s) of service that the services are being requested for. **Note:** Dates being requested should match the dates on the plan of care.
10. **Diagnosis and Medical Justification:** Enter the diagnosis and the medical justification for the services requested. Attach additional documentation as needed.

Specific Services Requested

11. **Revenue Code:** Enter the revenue code for the specific type of home health services being requested.
12. **Procedure Code:** Enter the corresponding procedure code for the home health services being requested. **Note:** Refer to home health billing guidance for acceptable procedure codes.
13. **Unit/Qty:** Enter the unit(s)/quantity of the services being requested.
14. **Charges:** Enter the total charges for the requested services.
15. **Dates of Service:** Enter the date of service that the requested services are scheduled.

Signature

16. **Authorized Signature:** Enter signature and title for the professional submitting the service authorization request. The signature must be that of the professional who, by signing the form, attests that the content of the completed form is accurate and meets Alaska Medicaid program requirements.

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