



Physician Alliance of the Rockies

UHC Medicare Advantage Only

FAX: 844-287-9417

Phone: 720-445-9404 Option 2

- ❖ Days 1-60 do not require authorization. Day 61 forward requires notification and approval
- ❖ All Home Health Agencies are required to complete a Notice of Medical Non-Coverage 2 days prior to patient discharge!

Member's Name: _____		DOB: _____		Member ID#: _____	
HH Agency: _____			Contact Name: _____		
Phone: _____		FAX: _____			
Requesting Physician: _____					
Diagnoses: _____			ICD-10: _____		

Service	HCPCSCode	Number of Services Used	From: - To:	Additional Services requested	From: - To:
RN					
HHA					
PT					
OT					
ST					
MSW					

❖ ***Please include a copy of the signed orders and plan of care.***

Comments: -

Codes per contract or Medicare PPS:
 RN: S9123; S9124; S9474; G0163; G0164; G0299; G0300; T1000
 HHA (CNA): S9122; G0156
 PT: S9131; G0151
 OT: S9129; G0152
 ST: S9128; G0153
 MSW: S9127; G0156