tango™

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https://www.tangocare.com
Uploads tab -> Re-Auth Form Upload

HOME HEALTH CARE REQUEST RE-AUTHORIZATION FORM

PLEASE FAX THIS FORM ALONG WITH CLINICAL DOCUMENTATION TO: 877-612-7066

Questions? Call (602)-395-5100

Date of Request:	**Current Cert Period Dates:**	**Agency Name:** _____ **NPI:** _____ **Contact Name:** _____
Patient Name: _____ **DOB:** _____ **Patient State of Residence:** _____		**Following Physician:** _____ **Phone:** _____ **Fax:** _____ **NPI:** _____

Additional Visits:

Add visits for a discipline already in the home:

SN Visits: _____ PT Visits: _____

OT Visits: _____ ST Visits: _____

MSW Visits: _____ HHA Visits: _____

Additional Discipline:

Add check for discipline(s) that are NOT already in the home:

SN: ☐ PT: ☐

OT: ☐ ST: ☐

MSW: ☐ HHA: ☐

PLEASE COMPLETE IF REQUEST IS FOR WOUND CARE: ☐ FOLLOWED BY WC CLINIC START DATE OF WOUND ☐

☐ ABRASION ☐ DIABETIC ULCER ☐ PRESSURE ULCER ☐ STAGE I

☐ SKIN TEAR ☐ VENOUS STASIS ULCER ☐ Ostomy ☐ STAGE II

☐ BURN ☐ ARTERIAL ULCER ☐ STAGE III

☐ SURGICAL ☐ VENOUS/ARTERIAL MIX ☐ STAGE IV

☐ UNSTAGEABLE

☐ DEEP TISSUE INJURY

MUST INCLUDE CURRENT MEASUREMENTS AND COLOR WOUND PHOTOS

Summary:

Visits Provided

tango RESPONSE TO REQUEST FOR ONGOING REVIEW:

Discipline	Number of		Certification Period End Date
SN:			
PT:			
OT:			
ST:			
MSW:			
HHA:			

Comments

RA notification to agency confirms receipt of determination with approved visits. Should you disagree with approval please notify tango UM Department at (602)-395-5100. Should a material change in member status occur, submit an additional request with pertinent clinical documentation.

Reviewed By: _____ Date: _____