HOME HEALTH/ EXTENDED HOME HEALTH REQUEST FOR SERVICE AUTHORIZATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 15 (Rev. 6-2023)

Clear Fields

Send to:
Medical Services
Health and Human Services
600 E Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250
Fax: (701) 328-1544

Part I: RECIPIENT INFORMATION

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Treatment Plan (must be completed) or attach SFN 485 Plan of Care Form			
Frequency of Requested Visits	Total Visits (Units) Onsite		
Total Visits Telemonitoring	ICD Code		
Physical Therapy Visits	Revenue Code	HCPCS Code	Units
Occupational Therapy Visits	Revenue Code	HCPCS Code	Units
Speech Therapy Visits	Revenue Code	HCPCS Code	Units
Home Health Nurse	Revenue Code	HCPCS Code	Units
Home Health Aide	Revenue Code	HCPCS Code	Units
Date Range for Services	Email Address		
Home Health Nurse Signature (Required)		Date (Required)	

Part II: HOME HEALTH AGENCY INFORMATION

Home Health Agency	Agency NPI	Agency Medicaid Provider Number	Telephone Number	Fax Number
Address		City	State	Zip Code
Email Address				

Part III: FOR DEPARTMENT USE ONLY

Reviewed By	Date
Approved - Effective dates of PA From: / / To: / /	Number of Visits (Onsite)
Additional Comments	Service Authorization Number
Denied (Reasons)	

Criteria for completion of this form:

- To request extended nursing hours
- 60 day update review (recommend submitting to Medical Services
  up to 10 working days prior to update review date)

Home Health Prior Authorization
Form SFN 15 is available online in a fillable format.
Go to:https://www.nd.gov/eforms/Doc/sfn00015.pdf

NOTICE:

The prior approval of this service(s) by the North Dakota Department of Health and Human Services does not guarantee eligibility nor ensure payment for the service(s). Eligibility is established by the appropriate County Social Service Board on a monthly basis and payment is contingent upon the eligibility of an individual at the time of services approved are rendered. Eligibility for dates of service may be verified by calling 1-877-328-7098 or 701-328-7098.

Any applicable third parties must be billed prior to billing Medicaid and third party requirements must be followed. The recipient may be responsible for any recipient liability before payment is made by the department.