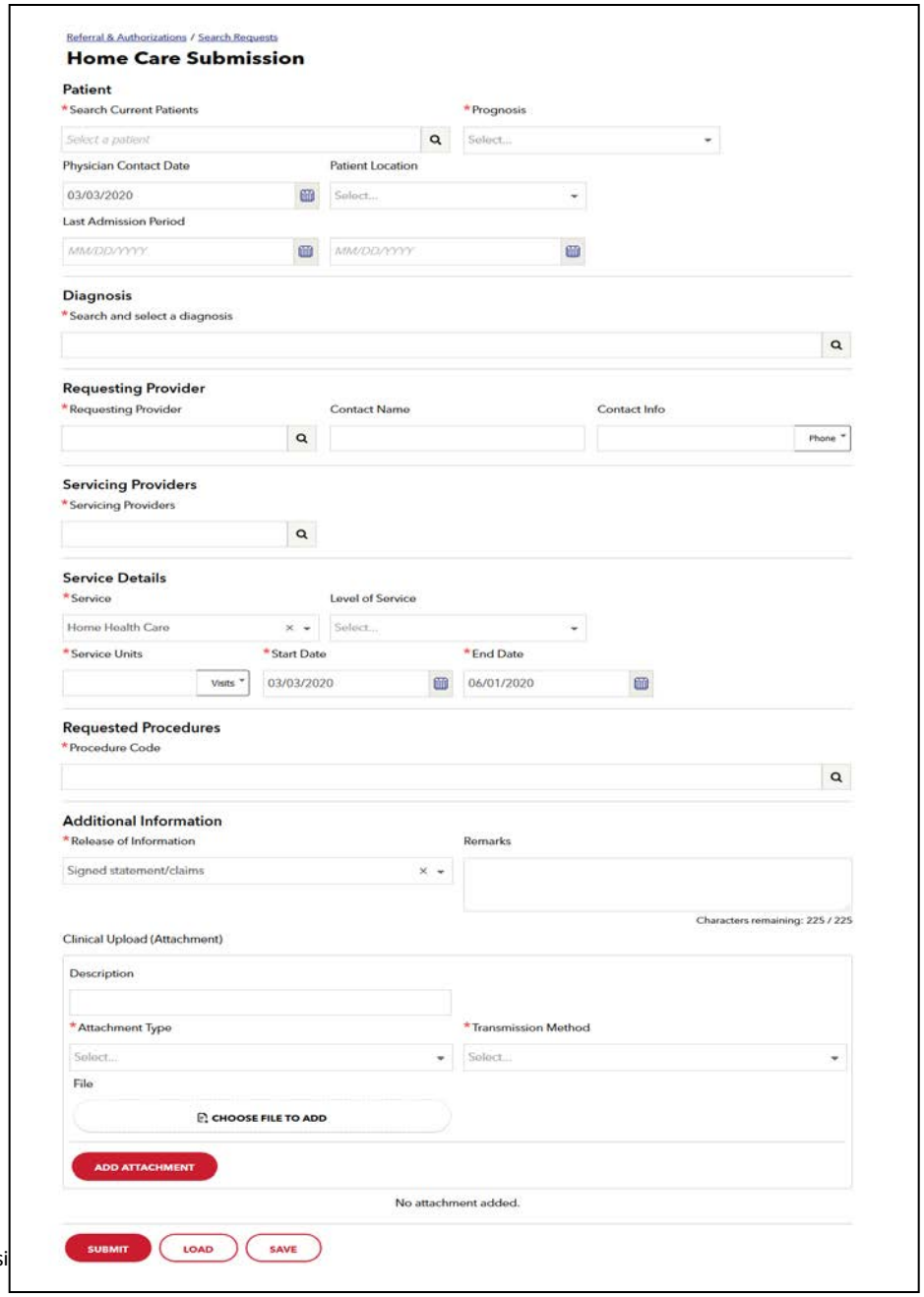
Patient Name — SMART search that Auto-populates from the current patient list. Use the magnifying glass to search for Patients that are not on the Current Patient List.
Prognosis Code — Select from the list.
SNF Indicator — Select "Yes," "No," or "Unknown."
Optional — Enter the "**Physician Contact Date**."
Optional — Enter the "**Last Admission Period****" start and end dates.
Optional — Select the "**Patient Location***" from the list.
Requesting Provider — Any HPHC contracted provider with the following specialties may submit the home care transaction:

- Occupational therapist
- Physical therapist
- Speech therapist
- Acute care facility
- Skilled nursing facility
- Rehabilitation facility

Entering the name or NPI of the provider and select the appropriate result. Click on the magnifying glass for advanced search options.
Enter "Contact Name" and "Contact Number" in the two corresponding fields.
Diagnosis — You can enter up to 12 diagnoses. Search by code or by name. Be sure to include the decimal point if the diagnosis code requires one. If you know the correct codes, you can submit multiple entries at one time, separated by a semi-colon. If you do not know the correct codes, you can search for them.[1] To add notes to explain the diagnosis, refer to "Remarks" on this page.
Servicing Provider — Two servicing providers are required: a VNA (1st) and a physician (2nd). If you do not know the correct name or NPI, see below*
Requested Service — Requested Service defaults to "Home Health Care"
Requested Units — Enter the number of visits requested.
Procedure Code — Is needed for home care services. Enter the code or name of the procedure.
Enter both **start date** and **end date** of service.
Release of Information — Defaults to "Signed Statement/Claims"
Additional Information — Alternate option for submitting additional information to HPHC. Note: Enter text only, that is, letters and/or numbers; do not use punctuation marks or other keyboard characters.
Clinical Upload (Attachments) — Attach clinical documents such as the completed UHHA form.
Click on "Submit" to send the request.

* If either of these fields is completed, the other one then becomes required.



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