

# REFERRAL CHECKLIST

Humana wheelchair/scooter claims

**REFERRAL INFORMATION BELOW:** The following details are required for referral coordination. Please do not hesitate to call HOMELINK if not all details are available, and we will obtain any missing information.



## Member Information

Member Name, Address, Phone, DOB



## Medical Information

Physician Name, Phone, ICD-10 Code



## Insurance Information

Insurance Name, Address, Phone, Member ID



## Equipment Information

Item/Service Requested

### CLINICAL DOCUMENTATION REQUIRED:

- Anytime the payer/plan requires preauthorization or predetermination
- Anytime specific settings or measurements are required for product selection by the providing vendor
- Any Medicare involvement (advantage plans, secondary insurance, etc.)

*\*All clinical services require documentation. Supply items can be ordered without RX/clinical documentation if the patient or nurse has exact product numbers/specifications, and the plan does not require authorization for the items.*

Eligible Wheelchairs/Scooters, Nationwide	NEW CHAIRS	REPAIRS
<b>Group 1:</b> K0800 - K0816, E1230, K0899	✓	✓
<b>Group 2:</b> K0820 - K0843	✓	✓
<b>Group 3:</b> K0848 - K0864	✓	✓
<b>Standard Manual:</b> K0001 - K0004, K0006 - K0007	✓	✓
<b>Complex Manual:</b> K0005, E1161	✓	✓

*\*This table includes base HCPC codes for wheelchairs and scooters. Any medically necessary accessory can also be included in your referral. If you have any questions, please call the number below.*

## MAKE A REFERRAL

for patient-centric, local care.

Phone: **800-482-1993** | Fax: **866-271-1814**

Email: [HOMELINKreferrals@vgm.com](mailto:HOMELINKreferrals@vgm.com)