Harvard Pilgrim Health Care

a **Point32Health** company

Habilitative & Rehabilitative Therapies Notifications

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> For more information, visit **hphcproviders.healthtrioconnect.com**

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Habilitative & Rehabilitative Therapies Overview

Introduction

To submit transactions online, the provider must be contracted with Harvard Pilgrim and have a status of "participating" for the member's product. The user's access list determines which referral/authorization (RA) transactions can be viewed. Access to RA transactions is limited to those for providers on the user's access list who are the requesting provider, servicing provider or the patient's PCP.

When to Use HPHConnect

HPHConnect for Providers users can submit RA transactions and access two years of RA transaction history for Harvard Pilgrim HMO, POS, and PPO members online. You can also submit RA transactions and view RA transaction history for Harvard Pilgrim Choice Plus and Harvard Pilgrim Options members.

When Not to Use HPHConnect

HPHConnect for Providers is not used for transactions for members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare's related policies/procedures, please go to www.harvardpilgrim.org or call 800-708-4414, option 2.

Notification/Authorization Requirements

Submit the notification to Harvard Pilgrim up to the first date of treatment or no later than the next business day, when physical therapy, occupational therapy, or speech therapy treatment is scheduled (following initial evaluation).

Reminder: Failure to comply with Harvard Pilgrim Health Care authorization requirements will result in an administrative denial of the claim payment. Members cannot be held liable for claims denied for failure to meet these requirements.

Submission Process

Go to www.harvardpilgrim.org/providers. Click on "log into HPHConnect" and sign in.

1. Check Referrals & Authorizations and Search by Request Number or used the Advanced Search to see if a transaction is already in the system. If yes, click View to review the Request Detail.

2. Verify if referral/authorization is required. The "Ref/Auth Required" column indicates "Y" for authorization required and "N" for authorization not required. *Note*: If "Rehabilitative Per Condition Benefit" is displayed in the Additional Information column, benefit limits will not be displayed.

⊖ In Network as of Oct 15, 2019

Benefit Description	Copay	Coinsurance	Ref/Auth Required	Benefit limit	Additional Information
Occupational Therapy		0%	N	Not Available	Habilitative Per Condition Benefit
Occupational Therapy	$0		N	Not Available	Habilitative Per Condition Benefit

3. Check "Referrals/Auth" status to see if a transaction is already in the system. If yes, click View to review the Request Detail.

4. If the patient is eligible and no transaction exists, enter the "Outpatient Submission" request.

Outpatient Submission

Patient

*Search Current Patients

| Select a patient | 🔍 |

Diagnosis

*Search and select a diagnosis

| | 🔍 |

Requesting Provider

*Requesting Provider | *Contact Name | *Contact Info

| | 🔍 | | | | Phone ▾ |

Servicing Providers

*Servicing Providers | Contact Name | Contact Info

| | 🔍 | | | | Phone ▾ |

Service Details

*Service | Location

| Select... ▾ | | Select... ▾ |

*Service Units | *Start Date | *End Date

| | Days ▾ | | 03/14/2023 | 📅 | | 06/12/2023 | 📅 |

Requested Procedures

Procedure Code

| | 🔍 |

Additional Information

Release of Information | Remarks

| Signed statement/claims ✕ ▾ | | |

Characters remaining: 225 / 225

Clinical Documentation

[**+ ADD ATTACHMENT**]

[**SUBMIT**] [LOAD] [SAVE]

Requesting Provider

Only providers with the specialties listed can submit occupational therapy, physical therapy and speech therapy transactions:

- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Acute Care Facility
- Skilled Nursing Facility
- Rehabilitation Facility

Contact Name and Contact Info

Please enter contact name and contact phone, fax or email.

Servicing Provider

One servicing provider is required on transactions for occupational therapy, physical therapy and speech therapy treatment and can be any of the following specialties:

- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Acute Care Facility
- Skilled Nursing Facility
- Rehabilitation Facility

The provider's name or NPI is required. If the servicing provider is not contracted with Harvard Pilgrim, the transaction pends for review.

How to Submit the Habilitative & Rehabilitative Therapies Transactions

Outpatient Submission

Required Fields

All required fields display a **red asterisk** * and must be completed in order to process the request. In addition to the standard required fields, the requesting provider may supply contact information when applicable. All other fields are optional.

Patient*
Enter the patient name or ID Number. (This is pre-filled when the transaction is entered via Patient Management).

Diagnosis*
At least one diagnosis code is required. Up to 12 can be submitted. Enter all that are indicated on the physician's orders.

Requesting Provider*
Select from the drop-down list, if not pre-filled. When a search is needed, enter the provider's name, provider ID or NPI.

Contact Name/Contact Info*
Enter the contact name and contact phone, fax or email in the two corresponding fields. (These fields have a character limit of 60 and restricted characters <>, and #)

Servicing Provider*
Only one. Can also be the requesting provider.

Service*
Occupational Therapy, Physical Therapy, or Speech Therapy.

Service Units*
Enter the total number of visits needed. Select "Visits" from the drop-down list.

Start Date and End Date*
Start date should be no more than one business day after the first date of treatment.

Release of Information*
Signed statement/claims

Clinical Documentation
The following fields are required only when documentation is added: Attachment Type and Transmission Method. Documentation is not required for this submission. File size cannot exceed 45 MB.

Note: Procedure codes are not required on PT, OT, or ST requests. When entering text in the "Remarks" field, enter letters and/or numbers only; do not use punctuation marks or other keyboard characters.

Outpatient Submission

Patient

*Search Current Patients

Select a patient

Diagnosis

*Search and select a diagnosis

Requesting Provider

*Requesting Provider   *Contact Name   *Contact Info

                                                              Phone

Servicing Providers

*Servicing Providers   Contact Name   Contact Info

                                                              Phone

Service Details

*Service   Location

Select...   Select...

*Service Units   *Start Date   *End Date

Days   03/14/2023   06/12/2023

Requested Procedures

Procedure Code

Additional Information

Release of Information   Remarks

Signed statement/claims ×

Characters remaining: 225 / 225

Clinical Documentation

+ ADD ATTACHMENT

SUBMIT   LOAD   SAVE

Submission Tips

Diagnosis Codes

You can enter up to 12 diagnoses. If the patient is receiving care for multiple conditions, be sure to enter all diagnoses that apply. This information is important for the Harvard Pilgrim reviewer to know, when the authorization request requires review.

Provider Information

Users can enter referrals and authorizations using the requesting and servicing providers' National Provider Identifier (NPI) or the provider's name.

Remarks

As the diagnosis may not fully describe what the therapist is treating, more specific information can be submitted in the "Remarks" field. The more information that you can provide electronically at the time of submission, the less additional information you may be asked to supply manually before receiving your determination.

The type of information and level of detail to submit includes the following:

- Identify which side of the body is to be worked on, right or left
- If the treatment will be bilateral, note this
  - If the request is directly linked to post-operative care:
  - Indicate the date of the most recent surgery
  - Specify what the surgery was

For example, if the service to be performed is "status post" for arthroscopic surgery on the left shoulder on August 1, 2014, you need only enter:

- "s p shoulder scope 030106 L"
  - If submitting a revision request
  - When an additional condition is being added, indicate the first date of treatment for the second diagnosis

Reminder: When entering text in the "Remarks" field, enter letters and/or numbers only; do not use punctuation marks or other keyboard characters.

The Transaction Response

Key Information

In the request detail, you will find the:

- Status of the transaction: approved, modified, pended, denied, or No Action Required
- Patient's name and member's ID#
- Request Number, e.g., HPA123456789
- Submitted on Date

The requesting provider's and servicing provider's National Provider Identifier (NPI) display on the Request Detail Screen (you may have to select "See More").

On approved and modified rehabilitative therapy transactions, the end date and number of units approved, that is, the number of visits approved, display.

The "Remarks" field displays a summary explanation of the status of the transaction. The "Edit" button only displays on approved transactions.

The "Cancel" button displays on pended and approved transactions.

Electronic Transaction Processing

Initial requests for Physical Therapy and Occupational Therapy for commercial members is as follows:

Transaction	Response
All commercial initial requests for PT, OT, and ST	• Will return a "NO ACTION REQUIRED" response when the member has a visit-limit benefit. *Reminder*: Confirm member visit limit and current remaining visits in the member's eligibility and benefits response. Payment is subject to available benefit. • Will approve and assign the entirety of the benefit when the member has a condition-based benefit. • A pended status may be returned when the member has a combined benefit. • Payment is subject to available benefit.
Revised electronic requests for additional visits	Revisions to PT, OT, or ST transactions are not allowed via the portal. Providers should submit a new request if they want to render additional services.

Approved Rehabilitative Therapy Transaction (For Condition-Based Benefits)

When the initial rehabilitative therapy authorization request approves automatically, it is not necessary to supply supporting documentation. "Modified" status displays on a transaction that has been approved but not as requested, that is, the approved units, the end date, etc. may have changed from what the requestor submitted.

Note: Payment is based on member eligibility, availability of benefits, and Harvard Pilgrim Health Care provider contractual agreement. Authorization does not guarantee payment.

To print a copy of the response for your records, use the browser print option or the print button on the top of the Request Detail Page, remove screenshot.

No Action Required — Habilitative or Rehabilitative Therapy Transaction (for Visit–Limit Benefits)

When the initial habilitative or rehabilitative therapy request results in a "NO ACTION REQUIRED" status, it means that prior authorization is not required within the member's benefit.

Note: Payment is based on member eligibility, availability of benefits, and Harvard Pilgrim Health Care provider contractual agreement. Authorization does not guarantee payment.

Pended for Review

The most common reasons why transactions pend are:

- The servicing provider is not contracted with Harvard Pilgrim.
- The servicing provider is contracted with Harvard Pilgrim but is not considered a participating provider for the member's product.
- The member's benefit is per-condition and a subsequent transaction is submitted that has the same diagnosis code as was previously submitted on a similar authorization in the calendar year.

Pended Habilitative or Rehabilitative Therapy Transaction

- The "Approved Units" and "End Date" are blank pending completion of the review.
- The "Additional Information" section on the request detail screen indicates what information is needed and the fax number of the rehabilitative therapies reviewer. Fax all the requested information to the number indicated:
  – Progress Report
  – Functional Goals
  – Plan of Treatment

It is important to note that the Print Referral form **does not** display the "Additional Information" segment. To keep a copy of the needed information and fax number, print the Detail screen.

Action Required for a Pended Transaction

When a transaction pends for review, clinical notes are needed to make a determination. The Additional Information section lists the required documentation.

- The "Remarks" indicate where to send the information.
- The requestor can use the referral printout as the coversheet and indicate which side (right or left) he/she is seeking treatment for in the case of a bilateral body part.

The Harvard Pilgrim Rehabilitative Therapies reviewer updates the outpatient record to reflect the final status, "Approved" or "Denied," within two business days of receiving all information needed to complete the review.

The requesting provider, servicing provider and PCP will receive electronic notification of the changed status of the transaction via the Activity Summary, if enabled.

Note: If more information is needed, the provider will be contacted for more information.

Revisions to an OT, PT, or ST Transaction

Guidelines

- The only edit supported is to cancel a transaction. Edits to days and visits are not supported.
- Only the requestor or the servicing provider can cancel a transaction.
- Only approved or pended transactions can be canceled.

Cancel the Transaction

The requestor or the servicing provider can cancel a pended or approved transaction at any time, if:

- The record was entered for the wrong patient.
- The wrong service type was selected in the original request (e.g., physical therapy instead of occupational therapy, or speech therapy instead of physical therapy, etc.) To correct this error, it is necessary to cancel the original record and enter a new one for the appropriate service.
- The wrong type of request was submitted (e.g., "Specialist" or "Admission" rather than "Outpatient," etc.)

How to Cancel a Transaction

1. Click on the "Cancel" button at the top of the Request Detail screen.

2. When the Verification screen displays, click "Cancel Request" to continue with the cancellation request.
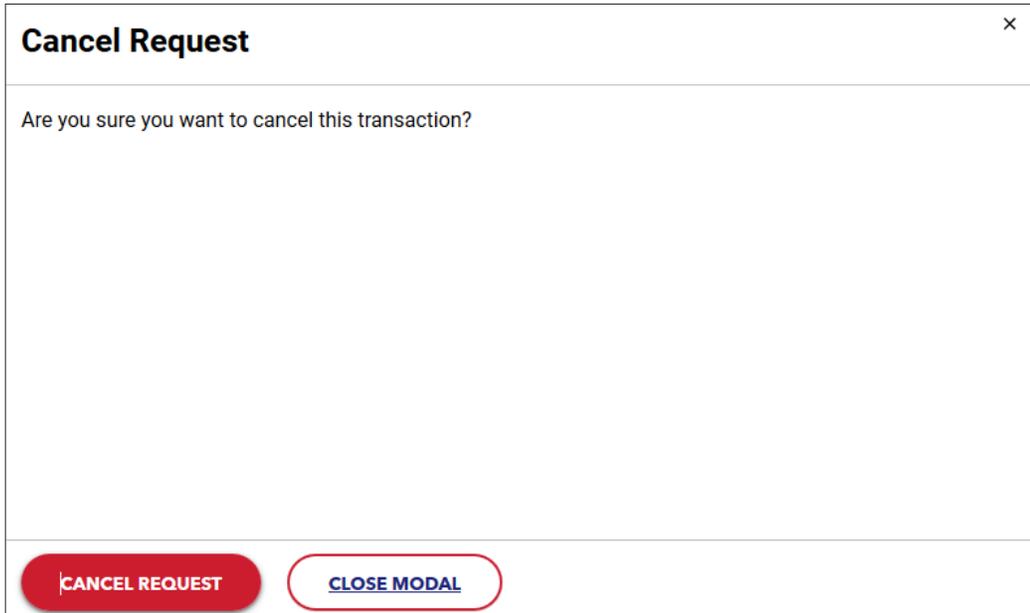
3. The transaction re-displays and the Status indicates **"Approved (Canceled)," that is, the request to cancel the transaction was approved.**