

Home Infusion Therapy Authorization

Submitting Additional Information Via HPHConnect

1. Determine if you need additional information:

When a Home Infusion Therapy transaction pends for review, additional information is needed. Home infusion therapy transactions will pend for review if:

- The initial request is for more than a total of 20 visits
- Extension of an approved home infusion therapy transaction exceeds 20 total visits
- There is another home care/home infusion therapy transaction in the system containing dates of service in the same year as the transaction being entered

If	Then
Additional information is NOT needed	Complete the home infusion therapy authorization request as usual and submit it for processing.
Additional information is needed	Proceed to Step 2

Note: Only initial homecare requests where the procedure code is for nursing, PT or OT and the count is <20 will approve. All other homecare request pend for review.

2. Clinical Documentation

When submitting a home infusion therapy authorization request that will pend for review, you can supply the necessary additional information at the time of submission by attaching the completed Universal Home Infusion/Enteral form, or clinical documentation.

The attachments can be attached prior to selecting Submit, via the edit button after submission or by fax.

Please note that files for upload cannot exceed 45 MB.



Pended Transaction Detail

- You can disregard the description section message to fax required information to Case Management, if you have already attached the clinical notes/form to your request. If more information is needed, the nurse case manager will contact you.
- Harvard Pilgrim nurse case managers can access the clinical upload (attachment) information to review the request and update the record.
- If you enter additional information in the remarks field at the time of submission it will not display on the detail of the pended transaction in HPHConnect.

Contact Name	Contact Medium	Contact Info
Requested Service		
Service Home Health Care	Level of Service Elective (E)	
Requested Units 36 (DY)	Approved Units 0 (DY)	
Start Date 10/29/2019	End Date 11/28/2019	
Requested Procedures		
S9501: HIT ANTIBIOTIC Q12H DIEM		See More ▾
99601: HOME INFUSION/VISIT 2 HRS		See More ▾
J7030: NORMAL SALINE SOLUTION INFUS		See More ▾
J7050: NORMAL SALINE SOLUTION INFUS		See More ▾
J7040: NORMAL SALINE SOLUTION INFUS		See More ▾
J0696: CEFTRIAXONE SODIUM INJECTION		See More ▾
Additional Information		
Release of Information Signed statement/Claims (Y)	Additional Remarks Pend for Continued Payor Review	
Clinical Upload (Attachment)		
Description Fax required information to Case Management @ 617-509-1147		
Identification Code 234437683	Transmission By Fax (FX)	Attachment Type 08
Description Fax required information to Case Management @ 617-509-1147		
Identification Code 234437684	Transmission By Fax (FX)	Attachment Type 06
Attachments		
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