

Hospice Authorization Requests

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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 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. It’s also not used to submit Stride member’s auths.

Notification/Authorization Requirements

Submit the authorization request for hospice/respite services at least one week prior to the date of service, or if services are ordered outside normal business hours, submit the authorization request no later than the next business day after initiating the services.

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 the HPHConnect "Login" button and sign in.

1. Verify patient eligibility. Is the patient "active" with Harvard Pilgrim? If not, contact the patient for current information.
2. Check Referrals/Auth status to see if a transaction is already in the system. If yes, review the service request record detail.
3. If the patient is eligible and no transaction exists, enter the hospice/respice care request.

Requesting Provider

Any Harvard Pilgrim contracted provider can submit the hospice transaction.

Servicing Provider

One servicing provider is required on transactions for hospice/respice care services and can be any of the following specialties.

- Visiting nurse agency
- Acute care facility

The provider's name or NPI is required.

Note: If the servicing provider is not contracted with Harvard Pilgrim, the transaction pends for review.

Submit the Initial Transaction

Outpatient Service Form

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 must supply contact information, location of service, and procedure code, when applicable. All other fields are optional.

Patient* – Name (pre-filled when the transaction is entered via patient management), or search by name/member ID if needed.

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 the requesting provider by entering the provider's name, NPI, or HPHC ID. An additional search option is available by clicking on the magnifying glass and entering the provider's name, NPI, or HPHC ID within the menu.

Contact Name/Contact Info – This is helpful for the Harvard Pilgrim case manager when additional information is needed.

Servicing Provider* – Only one: can be the same as the requesting provider. Use the provider's name or NPI.

Service* – Hospice

Service Units* – The number of days of service, e.g., 10 days, 20 days, etc.

Start Date* & End Date – Start date should be no more than one business day after initiating the service.

Referral & Authorizations / Search Requests

Outpatient Submission

Patient
*Search Current Patients
Select a patient [magnifying glass]

Diagnosis
*Search and select a diagnosis [magnifying glass]

Requesting Provider
*Requesting Provider Contact Name Contact Info
[magnifying glass] [Phone]

Servicing Providers
*Servicing Providers Contact Name Contact Info
[magnifying glass] [Phone]

Service Details
*Service Location
Select... Select...
*Service Units *Start Date *End Date
Days 11/12/2019 02/10/2020

Requested Procedures
Procedure Code [magnifying glass]

Additional Information
*Release of Information Remarks
Signed statement/claims [x] [Characters remaining: 225 / 225]

Clinical Documentation
Description
*Attachment Type *Transmission Method
Select... Select...
File
[CHOOSE FILE TO ADD]
[ADD ATTACHMENT]
No attachment added.

[SUBMIT] [LOAD] [SAVE]

Procedure Code* – The 4-digit revenue code, e.g., 0652.

Quantity – When Procedure code is required, the Procedure code quantity must be filled in.

Location – Office, home, inpatient hospital, outpatient hospital, skilled nursing facility, or hospice.

Release of Information* – Defaults to Signed Statement/claims

Submit* – Select Submit to finalize transaction or advance to InterQual® review screens

Outpatient Request–InterQual® Review – Transactions with procedure codes requiring clinical review will be directed to the Outpatient Request– InterQual® Review screen. To complete the review, click on Begin InterQual® Review Button.

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

Codes Submission Hints

Diagnosis Codes

You can enter up to 12 diagnoses. If the patient has multiple conditions for which he/she is receiving care, be sure to enter all diagnoses that apply.

This information is important for the Harvard Pilgrim case manager to know, when the authorization request requires medical necessity review. The diagnosis may facilitate the determination of the appropriateness of the services requested for the patient's care.

Procedure Codes and Units

If you are unsure of which procedure code to use for the hospice authorization request, refer to your Harvard Pilgrim contract.

- In the "Service Units" field, enter the number of days of hospice/respice care services requested.
- In the "Procedure Code", enter the procedure code for the level of service that is to be provided.
- The procedure code entered displays in a quantity box.
- Enter the quantity for this procedure code in the appropriate box. The quantity should match the total requested units.

Key Information

In the upper part of the Request Detail you will find the:

- Status of the transaction: approved, modified, pending or denied
- Patient's name
- Member's HPHC ID #
- Request/Transaction number (e.g., HPA000123456)
- Submitted Date

The requesting provider's and servicing providers' National Provider Identifier (NPI) display on both the transaction "Request Detail" screen and the "Print" screen.

On approved hospice/respice care transactions, the end date and # of units approved display.

The "Additional Remarks" field displays a summary explanation of the status of the transaction.

The "Edit" button displays on approved and modified transactions.

The "Cancel" button displays on pending, approved and modified transactions.

PDF and XML attachments of the InterQual® Review appear in the Attachments section. To save a copy of the attachments, select the file and click the "Save" button.

Clinical Documentation

Clinical attachments are optional and may be attached to the initial request.

To attach clinical documentation:

1. Complete the data elements below prior to submitting the transaction for InterQual review or finalization.

Description – Enter description of attachment

Attachment Type – Select from pull down list

Transmission Method – Select from pull down list

The screenshot shows a form titled "Clinical Documentation". It contains a "Description" text input field. Below it are two dropdown menus: "*Attachment Type" and "*Transmission Method", both with "Select..." options. A "File" section includes a "CHOOSE FILE TO ADD" button with a file icon and a "DELETE" button. At the bottom of the form are three buttons: "+ ADD ATTACHMENT", "SUBMIT", "LOAD", and "SAVE".

2. Click File / "Choose File to add" button and locate your file. File size cannot exceed 45 MB.
3. Click Select Add Attachment Button, to upload attachment.

Note: Attachments can be added to Pended or Approved transactions by clicking Edit Button, completing the step above and clicking Submit Button.

Completing InterQual® Review

For certain procedure codes or services, you will be required to complete an InterQual Clinical Criteria review in the portal prior to being able to submit your transaction. If your requested service invokes the InterQual Review, you will see a message indicating: "InterQual criteria review may be required" underneath where the procedure code was entered.

The screenshot shows a form titled "Requested Procedures". It has a "Procedure Code" input field with a search icon. Below the input field, the procedure code "0652 | REV | HOSPICE/CTNS HOME" is displayed with a close button (x). Underneath, it says "Quantity No Modifiers Available" with an empty input field. A red warning message at the bottom reads: "* InterQual® criteria review may be required".

Click the button below to begin your review. Your login credentials will automatically log you into InterQual.

The screenshot shows a notification box with the text: "The following elements of this referral require InterQual® review:". Below this, it lists "Requested Procedures" with a box containing "0655: HOSPICE/IP RESPITE" and the status "Not yet reviewed". At the bottom of the box is a red button labeled "BEGIN INTERQUAL® REVIEW".

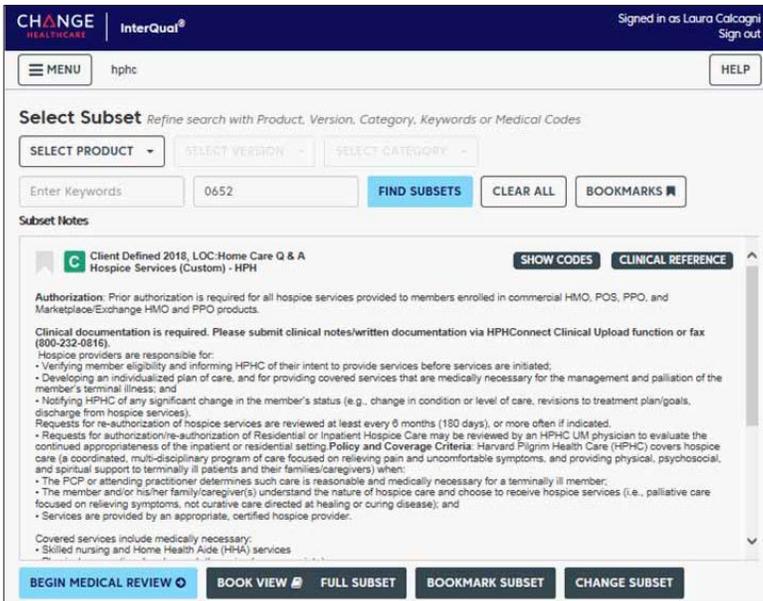
Once you begin the InterQual review, you will be taken through a series of screens prompting you with clinical questions which you must be completed to finish the review.

Select the subset.

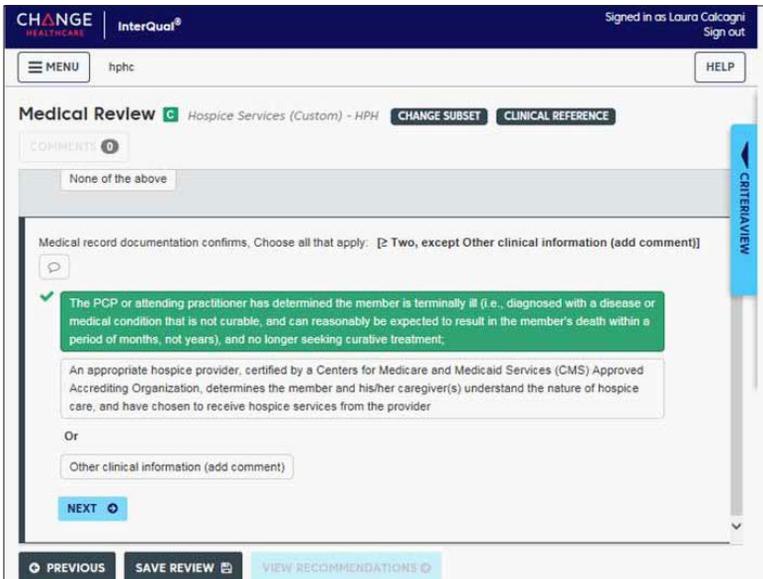
The subset to be selected is the subset that ends with "HPH" and is followed by the Client Defined indicator.



Select the Begin Medical Review Button

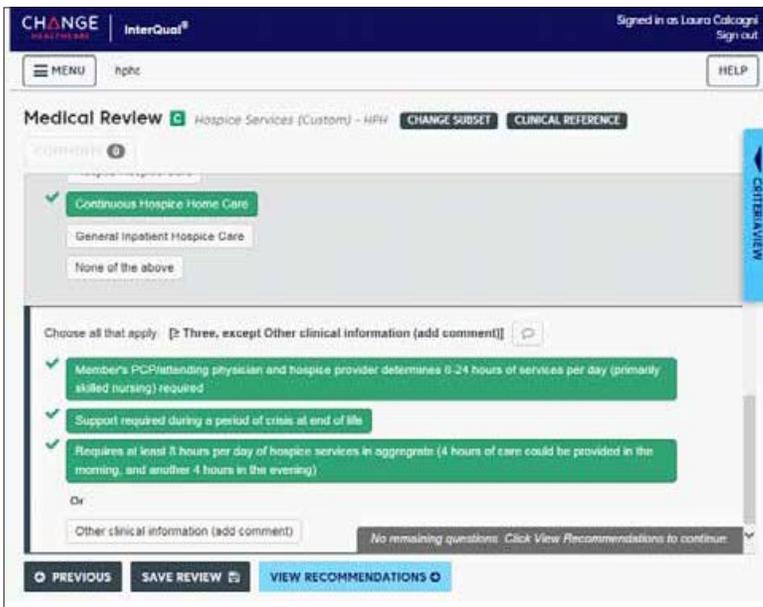


Answer the medical review questions and select the Next button when prompted.

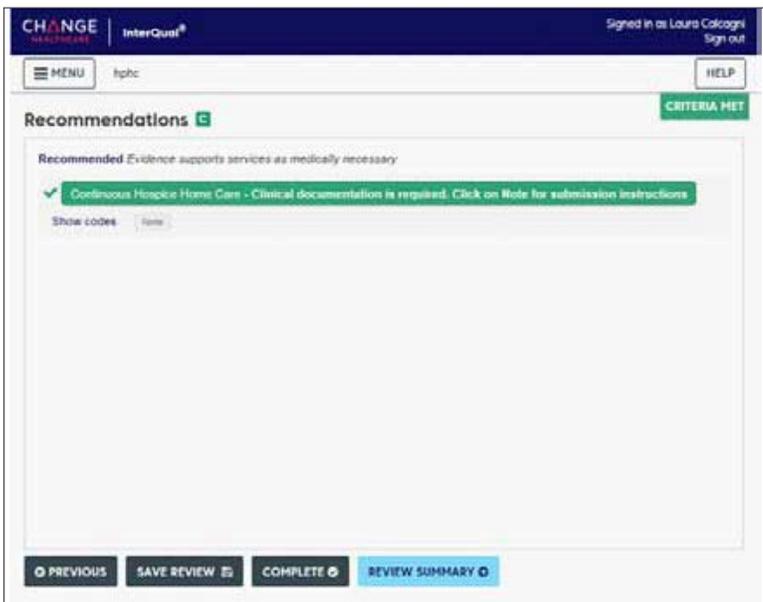


When there are no questions remaining, you will see a message “No remaining questions. Click View Recommendations to continue.”

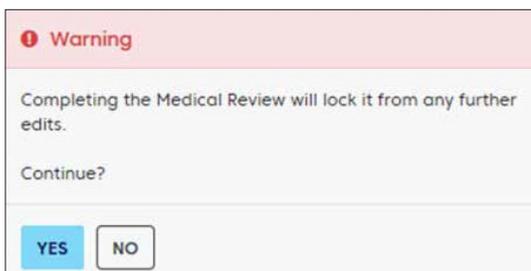
Select the View Recommendations button to see view the recommendation.



Select the Complete button to complete the review.



You will receive a warning box stating that completing the review will lock it from further edits. When you are certain the review is complete, select the Yes button.



Once you have finished the review portion of your request, your transaction will need to be submitted. Select Submit.

The following elements of this referral require InterQual® review:

Requested Procedures

0652: HOSPICE/CTNS HOME Criteria Met

Submit Save

A response will be returned with an approval or instructions specifying further clinical documentation that would need to be sent to HPHC for final review and determination on your request.

The Initial Transaction Response

Key Information

In the upper part of the Request Detail you will find the:

- Status of the transaction: approved, modified, pending or denied
- Patient's name
- Member's HPHC ID #
- Request/Transaction number (e.g., HPA000123456)
- Submitted Date

The requesting provider's and servicing providers' National Provider Identifier (NPI) display on both the transaction "Request Detail" screen and the "Print" screen.

On approved hospice/respite care transactions, the end date and # of units approved display. The "Additional Remarks" field displays a summary explanation of the status of the transaction. The "Edit" button displays on approved and modified transactions.

The "Cancel" button displays on pending, approved and modified transactions.

PDF and XML attachments of the InterQual® Review appear in the Attachments section. To save a copy of the attachments, select the file and click the "Save" button.

Approved Hospice Transaction

When the initial hospice authorization request approves automatically, it is not necessary to supply supporting documentation. To print a copy of the response for your records, use the browser print option or the "Print" link.

Approved Outpatient Request Number HPA123123456

Patient
MARGARET M SMITH VIEW >

Effective Dates
10/29/2019-11/28/2019

Requesting Provider
VNA Hospice Care Inc

Servicing Providers
VNA Hospice Care Inc

Print Referral Form: Approved Transaction

When you access this screen, your printer dialogue window displays automatically. Click on "Print" to print the form.

11/12/2019 HealthTrio connect - Referrals/Authorizations



Request Detail

Outpatient Request

Approved

Patient	Member ID	Request Number	Submitted On
SMITH, MARGARET M	HP123456700	HPA123123456	10/31/2019

Diagnosis

Diagnosis Codes
C92.00 ACUTE MYELOBLASTIC LEUK NOT REMISS

Requesting Provider

Provider	Provider NPI
VNA Hospice Care Inc	1821092180

Contact Name	Contact Medium	Contact Info
J TAYLOR	Phone	7745028051

Servicing Providers

[VNA Hospice Care Inc](#)

Contact Name	Contact Medium	Contact Info
J TAYLOR		7745028051

https://www.healthtrioconnect.com/app/refauth-administration/page/detail/outpatient/2345519407?session=ff5be9805b68940b997a97ec997c48b6_71... 1/3

Pended for Review

The most common reasons why initial hospice transactions pend are:

- A recent hospice transaction already exists for the patient that could have been submitted by:
 - The same hospice provider
 - A different hospice provider
 - A home infusion therapy provider
- The procedure submitted requires medical necessity review.
- The servicing provider is not contracted with Harvard Pilgrim.

Pended Hospice Transactions

- The "Approved Units" and "End Date" are blank pending completion of the medical necessity review.
- The additional information section on the transaction detail screen indicates what information is needed and the fax number of the case manager. The fax number varies by patient.

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.

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#) [Print](#) [Edit](#)

Outpatient Request

Pended **Canceled**

Patient	Member ID	Request Number	Submitted On
SMITH, MARGARET M	HP765432100	HPA123456789	12/4/2019

Diagnosis

Diagnosis Codes

I26.90 SEPTIC PULM EMBO W/O ACUTE CP

Requesting Provider

Provider	Provider NPI	
VNA Hospice Care Inc	1821092180	
Contact Name	Contact Medium	Contact Info
JEANA	Phone	7745028051

Servicing Providers

VNA Hospice Care Inc

[See More](#)

Contact Name	Contact Medium	Contact Info
JEANA		7745028051

Requested Service

Service	Location of Service	Level of Service
Hospice	Skilled Nursing Facility (31)	Elective (E)
Requested Units	Approved Units	
30 (Day(s))	0 (Day(s))	
Start Date	End Date	
12/3/2019	1/1/2020	

Action Required for a Pended Initial Transaction

When a transaction pends for review, the provider needs to do the following:

- Print the transaction detail screen displaying the pended status. Use this as the cover page when faxing the needed clinical information instead of page 1 of the Universal Home Health Approval Form.
- Complete page 2 of the Universal Home Health Approval Form with the clinical documentation needed for the medical necessity review and enter the transaction number in the field at the top of the page.
- Fax the detail screen and page 2 of the Universal Home Health Approval Form to the Harvard Pilgrim nurse case manager at the number indicated in the additional information section of the transaction detail.

If more information is needed, the Harvard Pilgrim nurse case manager will contact the provider to request it. Within two business days of receiving all information needed to complete the review, the case manager updates the hospice record to reflect the final status, approved or denied.

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

Submit the Hospice Transaction Edit Request

Guidelines

All hospice transaction edit submissions to revise or renew the service(s) pend for review. The hospice provider will need to fax or attach supporting documentation for the request to the Harvard Pilgrim case manager.

- Only the requestor or the servicing provider can edit or cancel a transaction.
- Only approved and pended transactions can be edited. Note: Pended transactions can only be edited to attach documentation.
- Only approved or pended transactions can be canceled.
- No changes can be made to: the type of request (outpatient, admission, specialist, home care, or transportation), the patient, or the service requested (hospice/respice care).

Edit Submission Tips

1. All edit requests must be submitted prior to the end date of the approved transaction. (Refer to “Prior to the end date?”)
2. When the patient needs an extension of services for the same level of care (same procedure code), only one transaction is needed.
 - Prior to the end date, the existing approved transaction should be edited to change the end date to reflect additional days being requested. (Refer to example #1.)
3. When the patient needs a change of level of care (different procedure code), multiple transactions are needed to accurately reflect the services authorized by date range. This is a two-step process:
 - **The hospice providers**
 - Edits the existing approved transaction to change the end date to indicate when the current level of care will stop
 - Faxes the clinical documentation to the Harvard Pilgrim case manager. The documentation should indicate the reason for the change of level of care and the date of the change.
 - **The Harvard Pilgrim case manager**
 - Reviews the documentation
 - Updates the newly pended transaction with the end date requested
 - Creates a new hospice transaction for the new level of care (new procedure code) with the start date sequential to the end date of the prior transaction. These dates should not overlap. (Refer to example #2.)
4. Before you begin, print the approved transaction to have a record of the services and date range already authorized. When you submit the edit request, it pends for medical necessity review and the number of approved units and the end date will be blank until the record is updated at the completion of the review.
5. If the authorization contains a Procedure Code that requires IQ review, you will be prompted to complete the IQ review when editing.

Before the Start Date

Edits can be made to the following fields:

- Servicing provider
- Start date (not prior to today’s date)
- Units (add or reduce)
- Diagnosis code (add or change)
- End date
- Location

After the Start Date but Prior to the End Date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- End date
- Units

Prior to the End Date

Submitting the extension request prior to the end date of the approved transaction allows the 2 business days needed for the case manager to receive the faxed additional information, review the request and update the system. Patient care can continue without disruption.

If approved for . . .	Submit the request no later than . . .						
14 days	Day 13						
Less than 14 days	The day before the end date of the record <i>Examples:</i>						
	<table border="1"><thead><tr><th>Days approved</th><th>Deadline</th></tr></thead><tbody><tr><td>5</td><td>Day 4</td></tr><tr><td>10</td><td>Day 9</td></tr></tbody></table>	Days approved	Deadline	5	Day 4	10	Day 9
	Days approved	Deadline					
5	Day 4						
10	Day 9						

Note: if the Procedure Code requires IQ review, you will be prompted to complete the IQ review after completing any edit to the transaction.

On or After the End Date

Requests for edits submitted on the end date or after the end date of the record will return a status of denied for failure to notify*. To request an extension of the hospice authorization on or after the end date of the approved transaction, submit a new transaction.

The new transaction will return a status of Pended for medical necessity review. Although this is a new initial transaction, it pends because there is another home care transaction in the system for the patient within the calendar year.

Again, if the Procedure Code requires IQ review, you will be prompted to complete the IQ review after completing any edit to the transaction.

**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.*

Edit Submission Example #1 – Extension of the Same Level

Scenario

The patient needs an extension of services for thirty additional days, at the same level of care/same procedure code. The provider must submit the extension request prior to the end date on the transaction.

In the following example, the end date of the approved hospice transaction is 09/06/19, therefore, the last date to edit it is 09/05/19.

To submit the online revision/extension request, click on the "Edit" button.

Step 1

Access the hospice transaction and click on the "Edit" button.

Referral & Authorizations / Search Requests

Request Detail

View Audit
Print
Edit
Cancel

Outpatient Request

Approved

Patient SMITH, JANE A	Member ID HP33344455500	Request Number HPA101134508	Submitted On 11/7/2019
---------------------------------	-----------------------------------	---------------------------------------	----------------------------------

Diagnosis

Diagnosis Codes
C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM

Requesting Provider

Provider Norwell VNA and Hospice	Provider NPI 1063681278	
Contact Name DEB	Contact Medium Phone	Contact Info 781-610-1405

Servicing Providers

Norwell VNA and Hospice

See More ▾

Contact Name	Contact Medium	Contact Info
--------------	----------------	--------------

Requested Service

Service Hospice	Location of Service Hospice (34)	Level of Service Elective (E)
Requested Units 180 (Day(s))	Approved Units 180 (Day(s))	
Start Date 11/5/2019	End Date 2/2/2020	

Step 2

Revise the requested units and end date.

When the hospice transaction form redisplay, fields that can be changed are enabled for editing.

Update the following fields to request the extension:

Field	Value
Requested Day(s)	36 (6 existing + 30 new)
End Date	10/5/2014 (9/6/2014 + 30 days)
Remarks (Optional)	<i>Example:</i> Extend for thirty additional days (Do not use punctuation or other keyboard characters.)

Click on "Submit."

Note: if the Procedure Code requires IQ review, you will be prompted to complete the IQ review after completing any edit to the transaction.

Step 3

Resolve the pending transaction response.

The response status indicates "Pending" and the Clinical Upload (Attachment) section displays the list of clinical documentation needed for the medical necessity review. The requestor needs to:

- Attach the clinical documentation needed for the medical necessity review to the pending transaction in Health Trio. To do so, follow steps identified in Clinical Upload (Attachment) section,

Or

- Print the request detail screen pages displaying the pending status. Use these as the cover page when faxing the needed clinical information instead of Page 1 of the Universal Home Health Approval Form.
- Complete page 2 of the Universal Home Health Approval Form with the clinical documentation needed for the medical necessity review and enter the transaction number in the field at the top of the page.
- Fax the request detail screen pages and page 2 of the Universal Home Health Approval Form to the Harvard Pilgrim nurse case manager at the number indicated in the additional information section of the transaction detail.

Request Detail			
Outpatient Request			
Approved			
Patient SMITH, JANE A	Member ID HP33344455500	Request Number HPA101134508	Submitted On 11/7/2019
Diagnosis			
Diagnosis Codes C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM			
Requesting Provider			
Provider Norwell VNA and Hospice	Provider NPI 1063681278		
Contact Name DEB	Contact Medium Phone	Contact Info 781-610-1405	
Servicing Providers			
Norwell VNA and Hospice			
Provider NPI 1063681278			
Contact Name	Contact Medium	Contact Info	

Within two business days of receiving all information needed to complete the review, the case manager updates the "Hospice" record to reflect the final status, approved or denied.

Edit Submission Example #2 - Change of Level of Care

Scenario

The authorization request for routine hospice homecare (0651) from September 1, 2014 to September 6, 2014 has been approved for the patient. On September 3rd, it is determined that **the patient's needs have changed** and he/she needs to be transferred to the hospital for Inpatient general care (non-respite) (0656) the next day, September 4th.

This situation indicates a change in level of care. Therefore, two separate transactions are needed and the dates on them should not overlap.

The approved transaction can be edited because the change is occurring prior to the end date of the transaction. A new transaction will need to be entered for the new level of care where the start date is the day following the end date of the prior transaction.

Step 1

Access the hospice transaction and click on "Edit."

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#) [Print](#) [Edit](#) [Cancel](#)

Outpatient Request
Approved

Patient	Member ID	Request Number	Submitted On
SMITH, JANE A	HP33344455500	HPA123456123	11/7/2019

Diagnosis
Diagnosis Codes
C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM

Requesting Provider

Provider Norwell VNA and Hospice	Provider NPI 1063681278	
Contact Name DEB	Contact Medium Phone	Contact Info 781-610-1405

Servicing Providers

Norwell VNA and Hospice

[See More](#) ▾

Contact Name	Contact Medium	Contact Info
Requested Service Service Hospice	Location of Service Hospice (34)	Level of Service Elective (E)

Step 2

Revise the end date on the Outpatient Services form:

- In the end date field, enter the date of the edit submission, September 3, 2014
- Enter a brief explanation of the request in the "Remarks" field. (Optional)
- Submit the edit request.

Reminders:

- The end date cannot be changed to "prior to today."
- Do not change the number of requested units, as the approved units cannot be reduced on an edit request after the start date of a transaction.

Referral & Authorizations / Search Requests / Request Detail

Edit Outpatient Request

Patient

* Search Current Patients

SMITH, JANE A

Diagnosis

* Search and select a diagnosis

C54.1 | ICD10CM | MALIGNANT NEOPLASM OF ENDOMETRIUM

Requesting Provider

* Requesting Provider: Norwell VNA and Hospice

Contact Name: DEB

Contact Info: 781-610-1405

Phone: [Dropdown]

Servicing Providers

* Servicing Providers: Norwell VNA and Hospice

Contact Name: [Dropdown]

Contact Info: [Dropdown]

Phone: [Dropdown]

Service Details

* Service: Hospice

Location: Hospice

* Service Units: 180 Days

* Start Date: 11/05/2019

* End Date: 02/02/2020

Requested Procedures

Procedure Code

0658 | REV | HOSPICE/R&B/NURS FAC

Quantity: 90

* InterQual® criteria review may be required

0651 | REV | HOSPICE/RTN HOME

Quantity: 90

Additional Information

* Release of Information: Signed statement/claims

Remarks: Transaction approved

Characters remaining: 225 / 225

Clinical Documentation

Description: [Text Area]

* Attachment Type: [Dropdown]

* Transmission Method: [Dropdown]

File: [Choose file to add]

Add Attachment

No records available.

Submit

Note: if the Procedure Code requires IQ review, you will be prompted to complete the IQ review after completing any edit to the transaction.

Step 3

Resolve the pending transaction.

The edit request response status indicates pending.

- Print the request detail screen pages displaying the pending status. Use these as the cover page when faxing the needed clinical information instead of page 1 of the Universal Home Health Authorization Form.
- Complete page 2 of the Universal Home Health Authorization Form with the clinical documentation needed for the medical necessity review and enter the transaction number in the field at the top of the page.
- Fax the detail screen and page 2 of the Universal Home Health Authorization Form to the Harvard Pilgrim nurse case manager at the number indicated in the Additional Information section of the transaction detail.

The case manager will review the additional information and update the record to display the approval of the revised end date and the appropriate number of approved units for the level of care identified on the transaction.

Request Detail

Outpatient Request
Approved

Patient	Member ID	Request Number	Submitted On
SMITH, JANE A	HP33344455500	HPA123123123	11/7/2019

Diagnosis
Diagnosis Codes
C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM

Requesting Provider

Provider	Provider NPI
Norwell VNA and Hospice	1063681278

Contact Name	Contact Medium	Contact Info
DEB	Phone	781-610-1405

Servicing Providers

Norwell VNA and Hospice

Provider NPI
1063681278

Contact Name	Contact Medium	Contact Info
--------------	----------------	--------------

Step 4

Enter the new transaction.

The Harvard Pilgrim case manager will create a new hospice transaction with the new level of care procedure code and the start date sequential to the end date of the prior transaction.

Canceling the Transaction

When to Cancel a Transaction

The requestor or the servicing provider can cancel a pending 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, i.e., hospice vs. home health care. 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, i.e., specialist or admission rather than home care, etc.

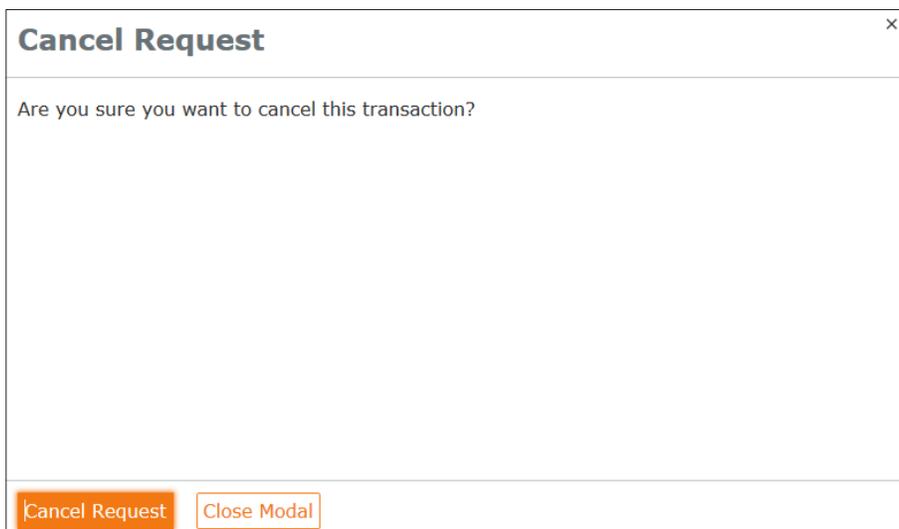
How to Cancel a Transaction

To cancel the 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.

