

Home Health Care Authorization Requests

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Home Health Care Online Authorization Requests 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 referral/authorization (RA) transactions and access two years of RA transaction history online for Harvard Pilgrim HMO and POS members. 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 authorization request for home care services at least one week prior to the date of service, or if home health 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.

When a Referral is Not Required

Referrals are not required for members enrolled in Harvard Pilgrim’s PPO, Medicare Supplement or Medicare Enhance plans, or for POS members who choose to receive out-of-network services. For more information, see the Harvard Pilgrim Provider Manual at www.harvardpilgrim.org/providers.

Requesting Provider

Any Harvard Pilgrim contracted provider can submit the home care transaction.

Servicing Provider

Two servicing providers are required on home care transactions. The provider’s name, Harvard Pilgrim provider number or NPI is required. Enter the providers in the following order:

- **First** – The Visiting Nurse Association (VNA) agency
- **Second** – A clinician, either a primary care or specialist provider

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

Additional Information

When submitting a home care service request that will pend for review, you can attach the information to the transaction at the time of submission by doing either of the following:

- Entering comments in the “Remarks” section
- Using the ‘Clinical Upload (Attachments) section – attaching the Universal Health Plan/Home Health Authorization Form (UHHA)

If the home care transaction is submitted without attaching additional information and it pends for review, you can edit the pended transaction to attach the Universal Health Plan/Home Health Authorization Form (UHHA).

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 authorization & notification 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, determine if additional information will be needed.

If	Then
Clinical information is needed	<ul style="list-style-type: none"> • Prepare the additional information • Enter the home care request • Attach the additional information • Submit for processing
Clinical information is NOT needed	<ul style="list-style-type: none"> • Enter the home care request • Submit for processing

How to Submit the Home Care Transaction

Required Fields

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

Patient

Name (pre-filled when the transaction is entered via Patient Management).

Prognosis Code

Poor, Guarded, Fair, Good, Very Good, Excellent, Less than 6 Months to Live, or Terminal. Select “Good” unless the physician’s orders indicate otherwise.

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

The VNA

Servicing Provider

Two – The VNA and a primary care or specialist provider.

Service

Home health Care (the default).

Service Units

Enter the total number of visits that you expect will be needed to provide all the disciplines (skilled nursing only, or skilled nursing and PT, or skilled nursing and PT/OT, etc.), for the patient for the duration of the time period requested, e.g., 26 visits, 10 visits.

Start Date

Should be no more than one business day after the initiating the services.

End Date

Must be in the same calendar year as the start date and no later than 12/31/yyyy. On requests that auto-approve, the system will auto-assign a date that's 60 days after the requested start date.

Procedure Code and Quantity

At least one procedure code is required. Multiple procedures can be submitted. Enter all that are indicated on the physician's orders and the quantity of visits for each. The sum of the requested "Quantity" for each procedure code must equal the "Requested Units."

Release of Information

Select "Signed Statement/Claims"

Optional fields for submitting additional information –

use either Option A or Option B (Refer to *How to Submit Additional Information via HPHConnect*.)

Remarks (Option A)

Enter clinical information instead of attaching the UHHA form via the "Clinical Upload Attachments" link.

- 225 characters maximum
- Enter letters and/or numbers only
- Do not use punctuation marks or other keyboard characters

Upload (Attachment) (Option B)

Click here to attach the completed Universal Home Health Authorization (UHHA) form. If including an attachment, the Attachment Type and Transmission Method are required to be completed.

Contact Name/Contact Number

This is helpful for the Harvard Pilgrim case manager when additional information is needed.

Note: Per HIPAA guidelines, "Last Admission Period" and "Patient Location Code" are linked data fields. If the requester provides information in either of these fields, then the other one must be filled in as well.

Coding Tips

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.

Servicing Provider Information

For transactions that require more than one servicing provider, such as home care:

- The facility should be entered first and the physician (PCP or specialist) should be entered second.

Not Sure of the Procedure Code(s)?

If you are not sure of the procedure codes to use, refer to your list of contracted procedure codes from your Harvard Pilgrim contract.

When You Know the Procedure Code(s)

If you know the procedure codes to use and do not need to search, enter the codes in the "Procedure Code" box. Codes must be entered individually, unless using the advanced search option.

Procedure Code(s)

The physician order indicates six nursing visits, two occupational therapy sessions and two physical therapy sessions.

- In the "Service Units," enter 10 (the combined total for all requested services).

Service Details

*Service: Home Health Care x Level of Service: Select...

*Service Units: 18 Visits Start Date: 10/31/2019 End Date: 01/29/2020

Requested Procedures

*Procedure Code: [Search]

- Use the "Tab" key to navigate from the "Procedure Code" field.
- Search for and select each Procedure Code.
- The procedure codes entered display in a list with a blank quantity box.

*Service Units: 18 Visits Start Date: 10/31/2019 End Date: 01/29/2020

Requested Procedures

*Procedure Code: [Search]

S9131 HCPCS PHYSICAL THERAPY; IN THE HOME PER DIEM	Quantity: []	Modifiers: []
S9129 HCPCS OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Quantity: []	Modifiers: []
0551 REV SKILLED NURS/VISIT	Quantity: []	No Modifiers Available

- Enter the quantity for each procedure code in the appropriate box.

*Service Units: 18 Visits Start Date: 10/31/2019 End Date: 01/29/2020

Requested Procedures

*Procedure Code: [Search]

S9131 HCPCS PHYSICAL THERAPY; IN THE HOME PER DIEM	Quantity: 6	Modifiers: []
S9129 HCPCS OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Quantity: 6	Modifiers: []
0551 REV SKILLED NURS/VISIT	Quantity: 6	No Modifiers Available

Procedure Codes and Units

If the physician has ordered multiple services, submit the transaction with the appropriate procedure codes for all the services that have been ordered.

For example: the physician has ordered nursing visits, PT, and OT. Enter the appropriate procedure code for each of the three disciplines that are to be provided: skilled nursing, PT in the home and OT in the home.

The "Requested Units" should reflect the total number of visits for all services that are being requested. On the line with each procedure code, indicate the "quantity" of visits requested. The total quantity per procedure should calculate to equal the requested units.

Example 1: A request for BID dressing change for one week:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits	$2 \times 7 = 14$	14	14

Example 2: The physician order nursing visit $2 \times 7 = 14$, PT and OT for two weeks.

The home care provider evaluates the patient and determines that the patient needs:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits: Week 1—twice a day Week 2—once a day	$2 \times 7 = 14$ $1 \times 7 = 7$	$14 + 7 = 21$	26 ($21 + 3 + 2 = 26$)
PT: Week 2—three visits		3	
OT: Week 2—two visits		2	

Example 3: Three nursing visits and home health aide twice a day for one week:

Procedure	Calculate	Quantity	Requested Units
Nursing Visits		3	17 ($3 + 14 = 17$)
Home Health Aide*	$2 \times 7 = 14$	14	

*Note: On the authorization request, the "Quantity" for home health aide services should equate to the number of times per day that the home health aide will be providing service, e.g., morning and evening = 2 visits. This differs from how home health aide services are billed on the claim where the units are based on the actual time spent with the patient: one unit = 15 minutes.

Units Error Message

The total visit count, requested units, must equal the sum of the individual visits, procedure code quantity. When you submit the transaction, if there is a mismatch between the total requested units and the sum of the quantity entered per procedure, you will receive the following form error.



To correct the error, click on the link to return to the form to recalculate the units and submit again.

Submitting Additional Information with the Initial Transaction

Home Care transactions will pend for review and require additional information if:

- The member's PCP belongs to HVMA
- The initial request is for more than a total of 40 visits
- Extensions of approved home care transactions exceed 40 total visits
- The transaction contains one or more procedures other than those for nursing (0551, 0552, 0559, 99601, 99602, S9445, S9098), PT (S9131) and OT (S9129)
- There is another home care transaction in the system containing dates of service in the same year as the transaction being entered

You can submit the required additional information online at the time of submission using either:

- **Option A** – entering the clinical information in the "Remarks" field,
(See below – Entering Additional Information in the Remarks at the Time of Submission)
- **Option B** – attaching the completed UHHA form via the "Clinical Upload" (Attachment) section
(See page 8 – "Attaching the UHHA Form via the Additional Information" link at the time of submission)

Entering Additional Information in the Remarks at the Time of Submission

Overview

Using the "Remarks" field does not replace or negate the need to complete and attach the UHHA form. Should you wish to add comments you may do so, up to 225 characters. (Do not use punctuation marks or other keyboard characters.) When completed, submit the home health care authorization request for processing.

Additional Information

*Release of Information

Signed statement/claims

Remarks

Characters remaining: 225 / 225

Remarks Scenarios

Notes in the "Remarks" field should be accurate and brief with industry recognized symbols and abbreviations. The following are examples of comments that would be sufficient for processing the request without the need for any additional clinical information.

If the Member	Sample Comments
Is post-surgical	S/P THR. 6 HHA for assist w/ADL
Has a fractured arm	Mem with fx arm. Please approve 10 HHA for bathing assist.
Needs services of a social worker	Request 1 SW visit for Medicaid app
Has had a stroke	Request aide for 2 weeks for patient with stroke to help with bathing and dressing
Has had a C-section	Can Harvard approve an aide for 6-8 visits for 1 month while member recovers from C-section? Had post-op complications.

Transaction Response

It is important to note that if you enter additional information in the “Remarks” field at the time of submission:

- It will not display on the Detail screen of the pending transaction in HPHConnect.
- Harvard Pilgrim case managers can access the information to review the request and update the record.
- You can disregard the “Additional Information” section message to “fax requested information.” If more information is needed, the nurse case manager will contact you.

Additional Information		
Release of Information Signed statement/Claims (Y)		Additional Remarks Pend for Continued Payor Review
<hr/>		
Clinical Upload (Attachment)		
Description		
Identification Code 234575085	Transmission By Fax (FX)	Attachment Type 06
Description		
Identification Code 234575084	Transmission By Fax (FX)	Attachment Type 08
Description		
Identification Code 234575082	Transmission By Fax (FX)	Attachment Type 0D
Description		
Identification Code 234575083	Transmission By Fax (FX)	Attachment Type 07

Attaching the UHHA Form Via the Additional Information Link

Part I – Prepare the Universal Home Health Authorization Form Overview

When you use the “Additional Information” link, you need to:

- Download the UHHA form
- Create a folder on your system for the attachment forms
- Prepare the attachment form for submission
- Attach the form during entry of the home care authorization request

A detailed explanation of the process for preparing and attaching the additional information form follows.

Download the UHHA Form

Access the Massachusetts Association of Health Plans website and navigate to the “Health Plans/Home Health Partnership” page under “Programs and Events” to download the Universal Health Plan/Home Health Authorization Form – Template Version and the Guidelines for Completing the Universal Authorization Form and save the files to your desktop.

Create a Folder for the Attachment Forms

1. On the Windows taskbar, click the "Start" button.
2. Point to Programs > Accessories > Windows Explorer.
3. Locate "My Computer" and click on the plus sign (+) to display your list of drives
4. Click on the appropriate drive where the forms are to be filed, e.g., "Local Disk (C:)" to select your "C" drive; or "Network Drives" to select a shared drive.
5. In the tool bar, go to File > New > Folder.
(The "New Folder" displays at the bottom of the list of files & folders on your selected drive.)
6. Right click on the "New Folder" and select "Rename."
7. Name the folder "Harvard Pilgrim."
8. Create subfolders by year and then by month.

Complete the Attachment Form for Submission

1. Access the UHHA - Template Version on your desktop.
2. Following the "Guidelines for Completing the Universal Authorization Form," complete the form with the minimum required information which includes:
 - Member name
 - Clinical information
 - Member identification number
 - Date of birth
 - Member identification number

3. Save the file to the appropriate folder on your computer or network drive. At the "Save As" window:
 - Open the "Save In" drop-down list at the top of the window
 - Select the drive, Local (C:) or Network, and the folder created for Harvard Pilgrim attachment form files.
 - In the "File Name" field, name the file using this format: patient last name_patient first name_date of submission (mmddyyyy).

Example: smith_jane_01092019 (the transaction for patient Jane Smith submitted on January 9, 2019)

Note: an additional indicator can be included in the file name, if needed, to help differentiate between:

- Members with the same name, e.g., smith1_jane_01092008 vs. smith2_jane_01092008
- Multiple attachments for different services for a member, e.g., smith_jane_01092008_aide services vs. smith_jane_01152008_ST (speech therapy)

Click on "Save" to add the file to the folder.

4. Repeat steps 1-3 for each patient for whom the attachment form must be submitted to Harvard Pilgrim.

Part II – Attach the Universal Home Health Authorization Form

Enter the Home Health Care Authorization Request

1. Access the "HPHConnect/Home Care" page and complete all required fields.
2. To attach the UHHA form scroll down to the "Clinical Upload (Attachment)" section of the form

The screenshot shows a web form titled "Clinical Upload (Attachment)". It contains the following fields and controls:

- A "Description" text input field.
- A "*Attachment Type" dropdown menu with "Select..." as the current selection.
- A "*Transmission Method" dropdown menu with "Select..." as the current selection.
- A "File" section with a "CHOOSE FILE TO ADD" button.
- A red "ADD ATTACHMENT" button at the bottom.
- A status message at the bottom right: "No attachment added".

3. Enter the following:


Description	Not Required: Patient last name_patient first name_date of submission (mmddyyyy) (Use the same naming convention as on the saved form.)
Attachment Type	Select the most appropriate option from the dropdown.
Transmission Method	Electronically only (This is the only selection used by Harvard Pilgrim.)

Click "Choose to file to add"

4. The form redisplay with your selections. Click on "Add Attachment" to attach the patient's UHHA form.

5. When the home care form redisplay, you will know that the UHHA file has been successfully attached to the transaction form attached form as you will see a new box below the 'Add Attachments' button. The file name, form name, attachment type, and transmission method will appear in the box.

Click on "Submit" to process the home care authorization request.


6. The transaction detail displays the attachment icon  in the "Clinical Upload (Attachments)" section at the bottom of the screen.

- Please review the "Additional Information" section to determine if the requested documents have been attached to the request.
- If all the requested items have been attached, you may disregard the request to "fax requested information".
- If the requested items have not been attached, please either edit the transaction and attach the requested documents, or follow the instructions provided and fax the documents to the number provided.
- The additional information submitted electronically will remain online and accessible via HPHConnect for Providers for 90 days.

Identification Code	Description Doe_Jane_20191031_TreatmentPan	DELETE
Attachment Type	Plan of Treatment (08)	Transmission Method Electronic Only (EL)
	File Doe_Jane_20191031.docx	

Attachments

Download File

[Doe_Jane_20191031.docx](#) 

The Transaction Response

Key Information

In the blue title bar, you will find the:

- Transaction number, e.g., HPA123456789
- Status of the transaction – approved, modified, pending or denied
- Member's name and member's ID#

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

On approved and modified home care transactions, the "End Date" and "# of Units Approved" display.

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

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

The Clinical Upload (Attachment) displays any attached documents, such as the UHHA form.

Home Care Transaction Processing

Initial requests for skilled nursing, physical therapy, or occupational therapy provided in the home will automatically approve only for the exact number of visits requested.

- Up to an initial total of 40 visits
- To be used over 60 days


The request will auto-approve, provided that:

- It is the member's initial authorization for home care.
- The only services requested are skilled nursing, PT or OT (or any combination of these).
- The total visit count does not exceed 40 visits.

Requests for services that require medical necessity review will pend. The information needed for Harvard Pilgrim to make a decision will be listed at the bottom of the transaction detail. To facilitate processing of pending transactions and eliminate the need for faxing, this information should be submitted with the transaction at the time of submission. Refer to page 7, Submitting Additional Information with the Initial Transaction.

End of Year Transactions

On an initial home care transaction submission, if there are less than 60 days left in the calendar year from the start date of the service request and the end date is after 12/31/yyyy, the following message will be returned.

 The calendar year of the requested end date must be the same as the calendar year for the requested start date

To complete the current transaction:

1. Click on the "Return to previous page" link
2. When the home care form redisplay, enter the End Date as 12/31/yyyy.
3. Submit the transaction again.

To request to continue the home care service after 12/31/yyyy, submit a new transaction with the start date reflecting the new year.

When the Transaction is Approved

Approved Home Care Transaction Detail

When the initial home care authorization request approves automatically, it is not necessary to supply supporting documentation. To print a copy of the response for your records, click 'Print' at the top of the form.

Referral & Authorizations / Search Requests

Request Detail [View Audit](#) [Print](#) [EDIT](#) [CANCEL](#)

Home Care Request

Approved

Patient	Member ID	Request Number	Submitted On
			10/28/2019

Prognosis
Good

Diagnosis

Diagnosis Codes
C71.9 MALIGNANT NEOPLASM OF BRAIN UNSPEC

Requesting Provider

Provider Home Health VNA Incorporated	Provider NPI 1609877117	
Contact Name	Contact Medium	Contact Info

Servicing Providers

Home Health VNA Incorporated	See More
	See More

Contact Name	Contact Medium	Contact Info
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Requested Service

Service Home Health Care	Level of Service Elective (E)
Requested Units 20 (DY)	Approved Units 20 (DY)
Start Date 10/25/2019	End Date 11/24/2019

Requested Procedures

0551: SKILLED NURSING VISIT CHARGE	See More
S9129: OCCUPATIONAL THERAPY, IN THE	See More

Additional Information

Release of Information Signed statement/Claims (Y)	Additional Remarks Transaction approved
--	---

Clinical Upload (Attachment)

No records available.

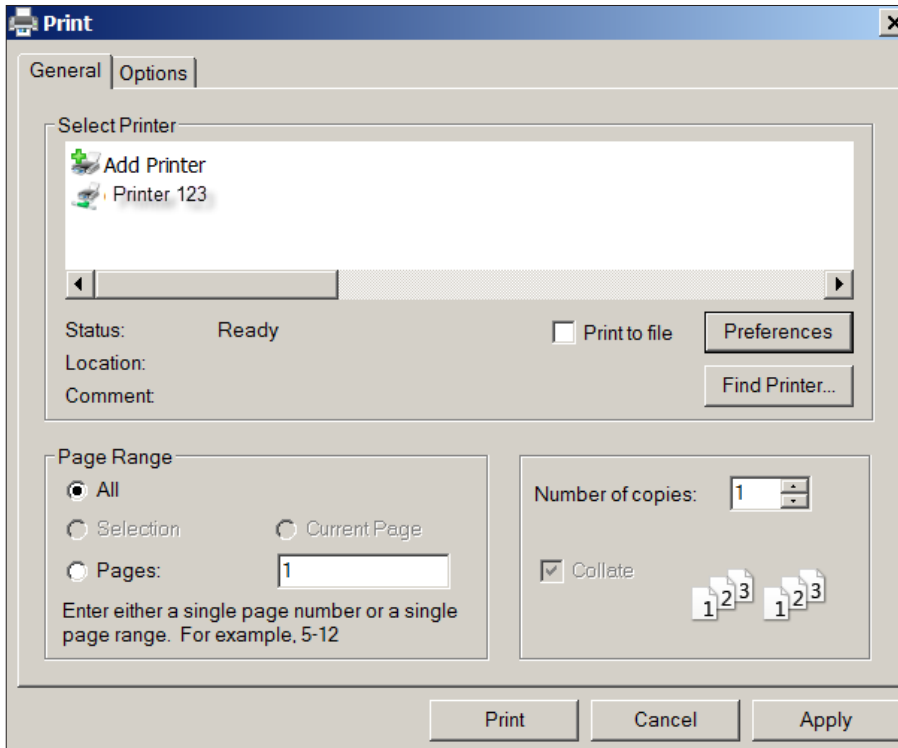
Attachments

Download File HBA12345612_HRP000000_1572303520957.pdf
Download File Doe_jane.pdf

If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

Print Referral Form: Approved Transaction

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



When the Transaction Pends

Pended for Review

Home care transactions pend for review and require additional information if:

- The member's PCP belongs to HVMA
- The initial request is for more than a total of 40 visits
- Extensions of approved home care transactions exceed 40 total visits
- The transaction contains one or more procedures other than those for nursing (0551, 0552, 0559, 99601, 99602, S9445, S9098), PT (S9131) and OT (S9129)
- There is another home care transaction in the system containing dates of service in the same year as the transaction being entered

Pended Home Care Transaction

- The “Approved Units” 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.

Request Detail View Audit Print EDIT CANCEL

Home Care Request
Pended

Patient: [Redacted] Member ID: [Redacted] Request Number: HPAT01026122 Submitted On: 10/31/2019

Prognosis: Excellent

Diagnosis
Diagnosis Codes: G43.411 HEMIPLEGIC MIGRAINE INTRACT W/SE

Requesting Provider
Provider: [Redacted] Provider NPI: [Redacted]
Contact Name: [Redacted] Contact Medium: [Redacted] Contact Info: [Redacted]

Servicing Providers
Provider NPI: [Redacted] [See Less](#)
Provider NPI: [Redacted] [See Less](#)
Contact Name: [Redacted] Contact Medium: [Redacted] Contact Info: [Redacted]

Requested Service
Service: Home Health Care Level of Service: Elective (E)
Requested Units: 18 (DY) Approved Units: 0 (DY)
Start Date: 10/31/2019 End Date: 11/30/2019

Requested Procedures
S9131: PT IN THE HOME PER DIEM [See More](#)
S9129: OCCUPATIONAL THERAPY, IN THE [See More](#)
0551: SKILLED NURSING VISIT CHARGE [See More](#)

Additional Information
Release of Information: Signed statement/Claims (Y) Additional Remarks: Pend for Continued Payer Review

Clinical Upload (Attachment)
Description: Fax required information to Case Management @ 617.509.1147
Identification Code: 231425279 Transmission: By Fax (FX) Attachment Type: Orders and Treatments Document (OD)
Description: Fax required information to Case Management @ 617.509.1147
Identification Code: 231425281 Transmission: By Fax (FX) Attachment Type: Initial Assessment (IG)
Description: Fax required information to Case Management @ 617.509.1147
Identification Code: 231425280 Transmission: By Fax (FX) Attachment Type: Functional Goals (G7)

Attachments
Download File: Doe_Jane_20191031.docx [Download](#)

If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

Action Required for a Pended Initial Transaction

If additional information	Then
Was attached at the time of submission	Disregard the additional information section on the “Detail” screen. If more information is needed, the Harvard Pilgrim nurse case manager will contact you.
Was not attached at the time of submission	<ul style="list-style-type: none"> • Edit the pended transaction to attach the additional information. See page XX verifying page number – Attaching the UHHA Form to a pended transaction, or • Fax the additional information. See page XX verifying the page number – Faxing Additional Information for a Pended Transaction

Submitting Additional Information for a Pended Transaction Attaching the UHHA Form

Part I – Prepare the Universal Home Health Authorization form (See page 10.)

Part II – Edit the pended home care transaction to attach the UHHA form.

1. Access the HPHConnect/Home Care" service request transaction detail
- 2.

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#)
[Print](#)
[EDIT](#)
[CANCEL](#)

Referral & Authorizations / Search Requests

Request Detail

[View Audit](#)
[Print](#)
[EDIT](#)
[CANCEL](#)

Home Care Request

Pended

Patient	Member ID	Request Number	Submitted On
		HPA101026122	10/31/2019

Prognosis
Excellent

Diagnosis

Diagnosis Codes
G43.411 HEMIPLEGIC MIGRAINE INTRACT W/SE

Requesting Provider

Provider	Provider NPI	
Contact Name	Contact Medium	Contact Info

Servicing Providers

Provider NPI	See Less	
Provider NPI	See Less	
Contact Name	Contact Medium	Contact Info

Requested Service

Service	Level of Service
Home Health Care	Elective (E)
Requested Units	Approved Units
18 (DY)	0 (DY)
Start Date	End Date
10/31/2019	11/30/2019

Requested Procedures

S9131: PT IN THE HOME PER DIEM	See More
S9129: OCCUPATIONAL THERAPY, IN THE	See More
0551: SKILLED NURSING VISIT CHARGE	See More

Additional Information

Release of Information	Additional Remarks
Signed statement/Claims (Y)	Pend for Continued Payor Review

Clinical Upload (Attachment)

Description	Identification Code	Transmission	Attachment Type
Fax required information to Case Management @ 617-509-1147	231425279	By Fax (FX)	Orders and Treatments Document (OD)
Description	Identification Code	Transmission	Attachment Type
Fax required information to Case Management @ 617-509-1147	231425281	By Fax (FX)	Initial Assessment (06)
Description	Identification Code	Transmission	Attachment Type
Fax required information to Case Management @ 617-509-1147	231425280	By Fax (FX)	Functional Goals (07)

Attachments

Download File
Doe_Jane_20191031.docx [Download](#)

- When the home health care edit form opens, go to the "Clinical Upload (Attachment)" section at the lower bottom of the form and complete the required fields.

Note: When editing a pending transaction, the "Remarks" section cannot be used to submit additional information.

Edit Home Care Request

Patient

*Search Current Patients *Prognosis: Excellent

Physician Contact Date: 10/31/2019 Patient Location: Select...

Last Admission Period: MM/DD/YYYY

Diagnosis

*Search and select a diagnosis: G43.411 | ICD10CM | HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS

Requesting Provider

*Requesting Provider: Home Health VNA Incorporated Contact Name: Contact Info: Phone:

Servicing Providers

*Servicing Providers: Home Health VNA Incorporated Steger, Elliot Contact Name: Contact Info: Phone:

Service Details

*Service: Home Health Care Level of Service: Elective

*Service Units: 18 Visits *Start Date: 10/31/2019 *End Date: 11/30/2019

Requested Procedures

*Procedure Code

S9131 | HCPCS | PHYSICAL THERAPY; IN THE HOME PER DIEM
Quantity: 6 Modifiers:

S9129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM
Quantity: 6 Modifiers:

0551 | REV | SKILLED NURS/VISIT
Quantity: 6 No Modifiers Available

Additional Information

*Release of Information: Signed statement/claims Remarks: Pending Continued Payer Review
Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description:

*Attachment Type: Select... *Transmission Method: Select...

File: CHOOSE FILE TO ADD

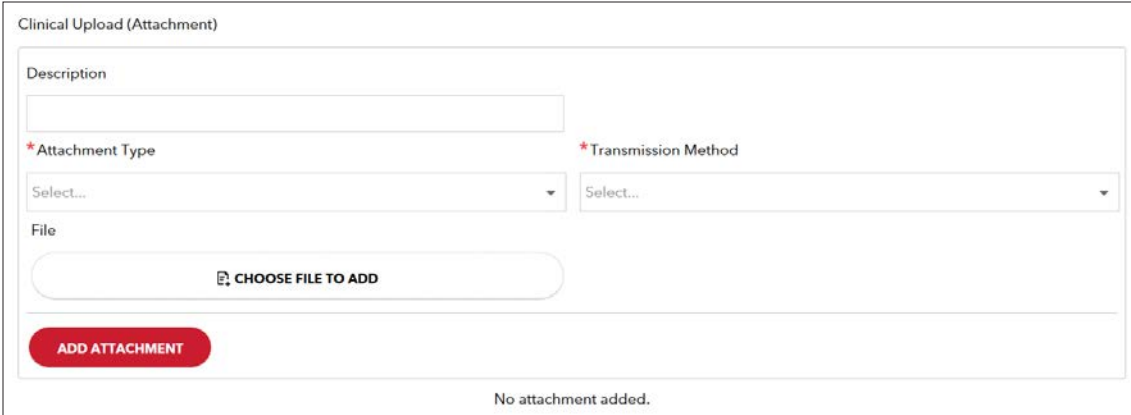
ADD ATTACHMENT

No records available.

SUBMIT

- When the "Additional Information" window opens, enter the following:

Report Type	Progress Report
Transmission Method	Electronically only (This is the only selection used by Harvard Pilgrim.)
Identification Code	Optional
Description	Patient last name_patient first name_date of submission (mmddyyyy) (Use the same naming convention as on the saved form.)

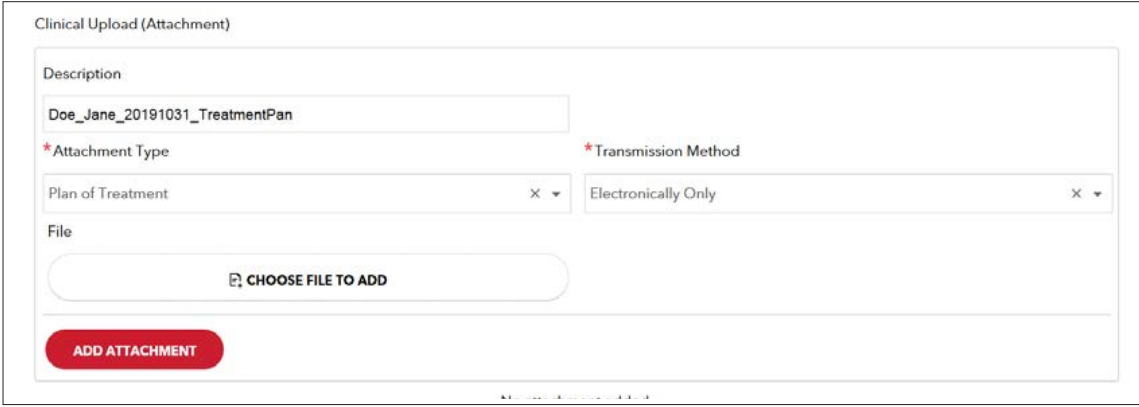
5. 

6.

Description	<i>Not Required:</i> Patient last name_patient first name_date of submission (mmddyyyy) (Use the same naming convention as on the saved form.)
Attachment Type	Select the most appropriate option from the dropdown.
Transmission Method	Electronically only (This is the only selection used by Harvard Pilgrim.)

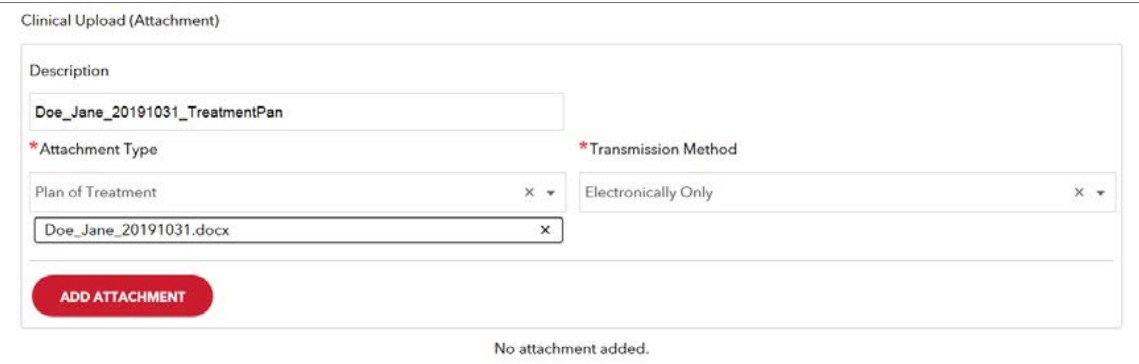
Click "Choose to file to add"

7. The form redisplay with your selections. Click on "Add Attachment" to attach the patient's UHHA form.



8. When the home care form redisplay, you will know that the UHHA file has been successfully attached to the transaction form attached form as you will see a new box below the 'Add Attachments' button. The file name, form name, attachment type, and transmission method will appear in the box.

Click on "Submit" to process the home care authorization request.



9. The transaction detail displays the attachment icon in the “Clinical Upload (Attachments)” section at the bottom of the screen.
- Please review the “Additional Information” section to determine if the requested documents have been attached to the request.
 - If all the requested items have been attached, you may disregard the request to “fax requested information”.
 - If the requested items have not been attached, please either edit the transaction and attach the requested documents, or follow the instructions provided and fax the documents to the number provided.
 - The additional information submitted electronically will remain online and accessible via HPHConnect for Providers for 90 days.

Clinical Upload (Attachment)

Description

*Attachment Type *Transmission Method

Select... Select...

File

CHOOSE FILE TO ADD

ADD ATTACHMENT

Identification Code	Description
	Doe_Jane_20191031_TreatmentPan
Attachment Type	Plan of Treatment (08)
Transmission Method	Electronic Only (EL)
File	Doe_Jane_20191031.docx

DELETE

Faxing Additional Information for a Pended Transaction

Introduction

If you have already submitted additional information online, during entry of the initial transaction or by editing the pended transaction to attach the UHHA, it is not necessary to fax information to Harvard Pilgrim for a home health care service authorization request. Submission of additional information online is preferred to faxing it. You know right away that it has been received and is available to facilitate processing of the pended transaction.

Faxing Process

When a transaction pends for review and you want to fax the needed additional information, follow the process detailed below:

1. 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 Authorization Form.
2. 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.
3. 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.

Next Steps

If more information is needed, the Harvard Pilgrim nurse case manager will contact you. Within two business days of receiving all information needed to complete the review, the case manager updates the home care 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.

How to Submit the Home Care Transaction Edit Request

Home Care Transaction Edit Request Guidelines

- Only the requestor or the servicing provider can edit or cancel a transaction.
- Only approved transactions can be edited to add services or to request and extension of services.
- Only approved or pending transactions can be canceled.
- No changes can be made to: the type of request (outpatient, admission, specialist, home care, transportation), the patient, or the service requested (home health care/home health visits).

Edit Processing

- Edits to existing approved transactions for nursing, PT or OT services will be approved as requested for up to a total of 40 visits.
- Edits to existing approved transactions for services will pend for review and require additional information if:
 - The member's PCP belongs to HVMA
 - The extension of services request exceeds 40 total visits
 - The transaction contains procedures other than those for nursing, PT, or OT
 - There is another home care transaction in the system containing dates of service in the same year

Edit Submission Tips

1. 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," if it pends for medical necessity review, the number of "Approved Units" and the "End Date" will be blank until the record is updated at the completion of the review.
2. The maximum number of units that can be entered is "99." To request an extension of services beyond the approved 99 visits for a patient receiving long-term care, submit a new home care transaction prior to the end date of the approved transaction. The start date on the new request should be one day after the end date of the previous transaction to maintain continuity of patient care.
3. If you know that the edit request will pend for review, you can attach the supporting documentation for the request at the time of submission. Refer to How to Submit Additional Information via HPHConnect.

Before the Start Date

Edits can be made to the following fields:

- | | | | |
|----------------------------------|--|---|--|
| • Servicing provider | • Start date (not prior to "today's" date) | • SNF indicator | • Last admission period - optional field |
| • Diagnosis code (add or change) | • End date | • Medicare indicator | • Patient location code - optional field |
| • Procedure code (add or change) | • Units* (add or reduce) | • Physician contact date - optional field | |
| | • Prognosis code | | |

After the Start Date but Prior to the End Date

Edits can be made to the following fields:

- | | | | |
|----------------------------------|----------------------------------|--|---------------------|
| • Diagnosis code (add or change) | • Procedure code (add or change) | • End date (not prior to today's date/no more than one year from start date) | • Units (add, only) |
|----------------------------------|----------------------------------|--|---------------------|

Prior to the End Date

If approved for . . . **60 days**

Submit the request no later than . . . Day 59

If approved for . . . **Less than 60 days**

Submit the request no later than . . . The day before the end date of the record

Examples: Days approved—5 . . . Deadline—Day 4
Days approved—10 . . . Deadline—Day 9

When the extension request requires review, submitting the request prior to the end date of the approved transaction allows the business days needed for the case manager to receive the additional information, review it and update the system.

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.”¹ To request an extension of the home care 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.

¹Failure 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 Examples

Example 1:

Add Visits and Extend the End Date

The patient needs six more weeks of services — Six additional skilled nursing visits and nine additional occupational therapy (OT) in the home sessions.

Reminder: As the end date of this approved home care transaction is June 10, 2019, the last date to edit this transaction is June 9, 2019.

To submit the online revision/extension request, click on the “Edit” button at the top of the screen

When the home care form displays, fields that can be changed are enabled with a search button, drop-down list, text box, or calendar icon. To request the extension, update the fields listed below and click on “Submit.”

Example 1: Add Visits and Extend the End Date, (continued)

When the home care form displays, fields that can be changed are enabled with a search button, drop-down list, text box, or calendar icon. To request the extension, update the fields listed below and click on "Submit."

Field	New Value	Notes
Requested visit(s)	20	4 + 12 (nursing) + 4 (OT)
Procedure code quantity	0551 = 4 S9131 = 4 S0129 = 12	2 + 2 2 + 2 6 + 6
End date	06/10/2019	06/10/2019 + 6 weeks
Remarks (optional)	<i>Example:</i> Extend 6 week and add 6 skilled nursing and 9 OT visits	(Do not use punctuation or other keyboard characters)

Referral & Authorizations / Search Requests / Request Detail

Edit Home Care Request

Patient

*Search Current Patients *Prognosis: Excellent

Physician Contact Date: 05/31/19 Patient Location: Select...

Last Admission Period: MM/DD/YYYY

Diagnosis

*Search and select a diagnosis: G43.411 | ICD10CM | HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS

Requesting Provider

*Requesting Provider: Home Health VNA Incorporated Contact Name: Contact Info: Phone

Servicing Providers

*Servicing Providers: Home Health VNA Incorporated Steger, Elliot Contact Name: Contact Info: Phone

Service Details

*Service: Home Health Care Level of Service: Elective

*Service Units: 20 Visits *Start Date: 06/10/2019 *End Date: 07/22/2019

Requested Procedures

*Procedure Code: S9131 | HCPCS | PHYSICAL THERAPY; IN THE HOME PER DIEM Quantity: Modifiers:

S9129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM Quantity: Modifiers: 4

Example 1: Add Visits and Extend the End Date, (continued)

The response status indicates "Approved." Home care edit requests will auto-approve when the services are for nursing, PT, or OT (or any combination of these) and the total visit count does not exceed 40 visits.

Referral & Authorizations / Search Requests / Request Detail

Edit Home Care Request

Patient

* Search Current Patients * Prognosis: **Excellent** X

Physician Contact Date: **05/31/19** Patient Location: **Select...**

Last Admission Period: **MM/DD/YYYY** **MM/DD/YYYY**

Diagnosis

* Search and select a diagnosis: **G43.411 | ICD10CM | HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS**

Requesting Provider

* Requesting Provider: **Home Health VNA Incorporated** Contact Name: Contact Info: Phone:

Servicing Providers

* Servicing Providers: **Home Health VNA Incorporated** **Steger, Elliot** Contact Name: Contact Info: Phone:

Service Details

* Service: **Home Health Care** X Level of Service: **Elective** X

* Service Units: **20** * Start Date: **05/10/2019** * End Date: **07/22/2019**

Requested Procedures

* Procedure Code

S9131 | HCPCS | PHYSICAL THERAPY, IN THE HOME PER DIEM
Quantity: Modifiers:

S9129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM
Quantity: **4** Modifiers:

0551 | REV | SKILLED NURS/VISIT
Quantity: **15** No Modifiers Available

Additional Information

* Release of Information: **Signed statement/claims** X Remarks: **Send The Cost-based Payer Review** Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description:

* Attachment Type: **Select...** * Transmission Method: **Select...**

File: **CHOOSE FILE TO ADD**

ADD ATTACHMENT

No records available.

SUBMIT

Example 2: Add Visits, Add a New Procedure Code and Extend the End Date

The patient needs three more weeks of services: ten additional skilled nursing visits and add home health aide service, once a day for the three weeks (21 visits).

Reminder: As the end date of this approved home care transaction is June 10, 2019, the last date to edit this transaction is June 9, 2019.

This screenshot shows the 'Requested Procedures' section of a form. At the top, there are fields for 'Service Units' (31), 'Start Date' (10/31/2019), and 'End Date' (01/29/2020). Below this, there are three rows for procedure codes:

- 59131 | HCPCS | PHYSICAL THERAPY; IN THE HOME PER DIEM. Quantity: [input], Modifiers: [input].
- 59129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM. Quantity: [input], Modifiers: [input].
- 0551 | REV | SKILLED NURS/VISIT. Quantity: [input], No Modifiers Available.

This screenshot shows the 'Edit Home Care Request' form. The form is divided into several sections:

- Patient:** Search Current Patients, Progression (Excellent), Physician Contact Date (05/23/19), Patient Location (Select...), Last Admission Period (MM/DD/YYYY).
- Diagnosis:** Search and select a diagnosis (G43.411 | ICD10CM | HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRAINOSUS).
- Requesting Provider:** Home Health VNA Incorporated, Contact Name, Contact Info.
- Servicing Providers:** Home Health VNA Incorporated, Steger, Elliot, Contact Name, Contact Info.
- Service Details:** Service (Home Health Care), Level of Service (Elective), Service Units (.20), Start Date (06/10/2019), End Date (07/22/2019).
- Requested Procedures:** Same as the first screenshot, but with quantities filled in (4 and 26).
- Additional Information:** Release of Information (Signed statement/claims), Remarks (Print the Continued Payer Review).
- Clinical Upload (Attachment):** Description, Attachment Type, Transmission Method, File, CHOOSE FILE TO ADD, ADD ATTACHMENT button.

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

When the home care form displays, fields that can be changed are enabled with a search button, drop-down list, text box, or calendar icon. To request the extension, update the fields listed below and click on "Submit."

Example 2: Add Visits, Add a New Procedure Code and Extend the End Date, (continued)

Field	New Value	Notes
Requested visit(s)	36	1 + 9 (nursing) + 21 (home health aide) + 2 (PT) + 2 (OT)
Procedure code quantity	0551 = 10 G0156 = 21 59129 59131	2 + 9 21 (new) 4 4
End date	12/01/2007	11/10/2007 + 21 days
Remarks ¹ (Option 1)	<i>Example:</i> Extend 3 weeks for 9 skilled nursing and 21 HHA visits	(Do not use punctuation or other keyboard character "Additional!")
Information ¹ (Option 2)	N/A	Click here to attach the completed UHHA form for this patient

¹As this extension of services request includes services other than nursing, PT or OT, the transaction will pend for review. The needed additional information can be attached using either the "Remarks" field or the "Additional Information" link. Refer to How to Submit Additional Information via HPHConnect.

*Service Units: Visits
 *Start Date:
 *End Date:

Requested Procedures

*Procedure Code

S9131 | HCPCS | PHYSICAL THERAPY; IN THE HOME PER DIEM

Quantity: Modifiers:

S9129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM

Quantity: Modifiers:

0551 | REV | SKILLED NURS/VISIT

Quantity: No Modifiers Available

Example 2: Add Visits, Add a New Procedure Code and Extend the End Date, (continued)

*Service Units: 18 Visits | *Start Date: 10/31/2019 | *End Date: 01/29/2020

Requested Procedures

*Procedure Code

S9131 | HCPCS | PHYSICAL THERAPY; IN THE HOME PER DIEM
 Quantity: 6 | Modifiers: []

S9129 | HCPCS | OCCUPATIONAL THERAPY IN THE HOME PER DIEM
 Quantity: 6 | Modifiers: []

0551 | REV | SKILLED NURS/VISIT
 Quantity: 6 | No Modifiers Available

Clinical Upload (Attachment)

Description: []

*Attachment Type: [Select...] | *Transmission Method: [Select...]

File: [CHOOSE FILE TO ADD]

[ADD ATTACHMENT]

Identification Code	Description	File
	Doe_Jane_20191031_TreatmentPan	
Attachment Type	Plan of Treatment (08)	Transmission Method Electronic Only (EL) File Doe_Jane_20191031.docx

[DELETE]

The response status indicates "Pended" and the "Additional Information" section displays the list of clinical documentation needed for the review.

If	Then
You attached the necessary additional information at the time of submission	Disregard the "Additional Information" section on the detail screen
You did not attach the needed additional information at the time of submission	Refer to page 13 – "When the Transaction Pends"

Cancel 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, (e.g., private duty nursing 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).

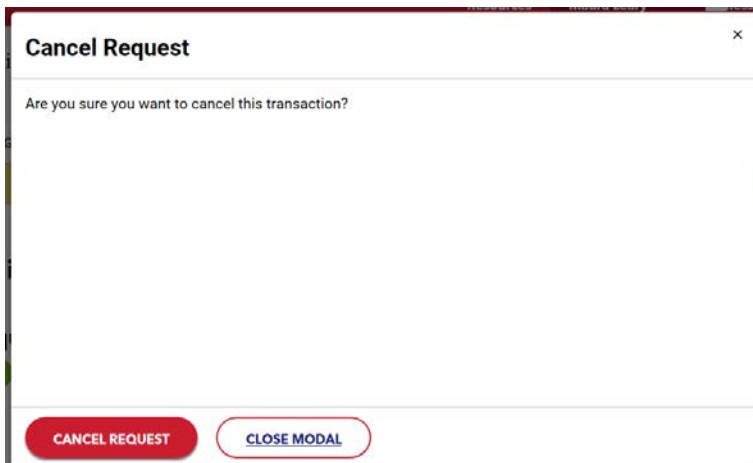
How to Cancel a Transaction

To cancel the transaction:

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



2. When the verification screen displays, click "Cancel/Request" to submit the cancellation request.



3. The transaction re-displays and the "Status" indicates "Approved (Canceled)," that is, the request to cancel the transaction was approved.

