

Hospice – Quick Reference Guide

Patient Name – auto-populates from the current patient list.

Diagnosis – You can enter up to 12 diagnoses. Search by code or by name. Be sure to include the decimal point if the diagnosis code requires one. If you know the correct codes, you can submit multiple entries at one time, separated by a semi-colon.*

Requesting Provider – Any Harvard Pilgrim contracted provider may submit the Hospice/Respite Care transaction.

Contact Name and Contact Info – Enter the contact name and contact info in the two corresponding fields. (These fields have a character limit of 60 and restricted characters <>, and #)

Servicing Provider – The VNA or acute care facility. Note: the requesting provider can also be the servicing provider.

Service – Select from the menu: "Hospice" or "Respite Care."

Location – Select the location of services from the menu: hospice, home, or inpatient hospital, etc.

Service Units – # of days

Start Date – Enter the start date of service.

End Date – Enter the end date of service.

Procedure Code – Enter the procedure code.

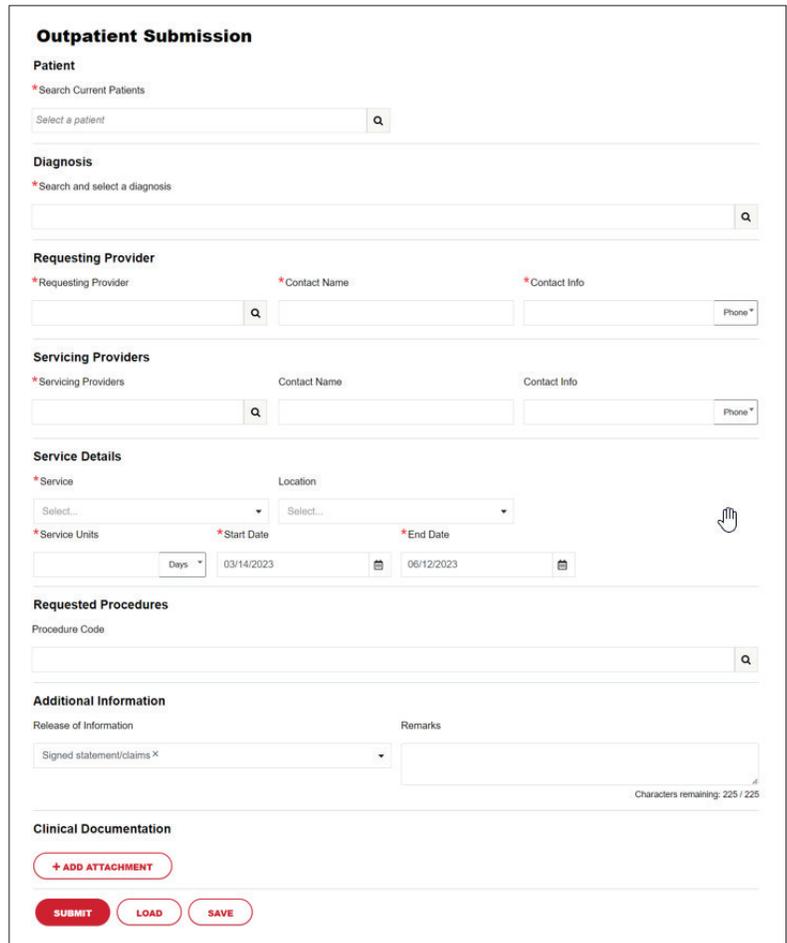
Quantity – When Procedure code is required, the Procedure code quantity must be filled in.

Delay Reason – A delay reason may be selected if the request for admission or SDC is submitted late.

Release of Information – Defaults to "Signed Statement/Claims."

Remarks – This is a message board to communicate information between the PCP, specialist and Harvard Pilgrim.

Click on "Submit" to send the request.



Outpatient Submission

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

Diagnosis
*Search and select a diagnosis
[input] [magnifying glass]

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

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

Service Details
*Service [input] Location [input] [magnifying glass]
*Service Units [input] Days [input] *Start Date [input] [calendar icon] *End Date [input] [calendar icon]

Requested Procedures
Procedure Code [input] [magnifying glass]

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

Clinical Documentation
+ ADD ATTACHMENT [button]
SUBMIT [button] LOAD [button] SAVE [button]

* When entering multiple diagnoses: If you don't know the correct names or terms for a field, you must search for each entry individually.

1. Enter a partial name or number in the appropriate field and select the correct entry from the list provided or click on the "magnifying glass" at right and search additional criteria.
2. Select the correct item from the list provided.
3. Repeat this process for each entry.



Outpatient Tab – Hospice – Quick Reference Guide

Before the Start Date – Edits can be made to the following fields:

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

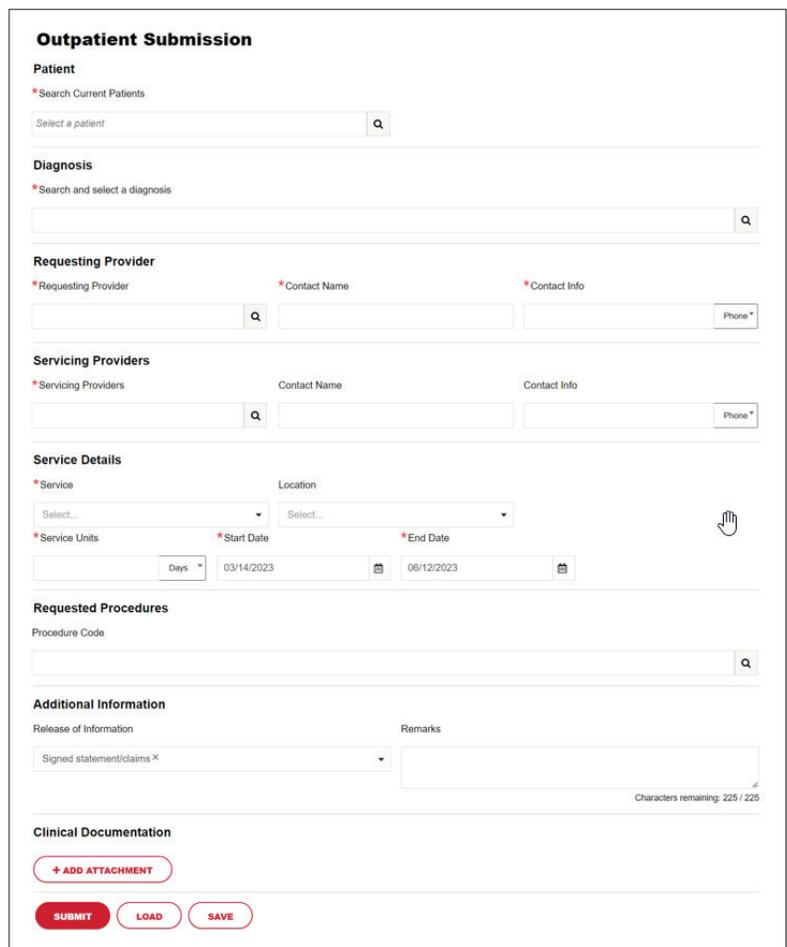
After the end date: No edits can be made to the current record.

Diagnosis Code Search – If you don't know the correct names or terms for a field, you must search for each entry individually.

1. Enter a partial name or number in the appropriate field and select the correct entry from the list provided or click on the "magnifying glass" at right and search additional criteria.
2. Select the correct item from the list provided.
3. Repeat this process for each entry.

Extension Request – Same Procedure Code –

1. Enter or search for and select the additional diagnosis code(s), if applicable
2. Update the requested units
3. Update the procedure code, quantity
4. Update the end date
5. Enter "Remarks" (Optional)
6. If the Procedure Code requires IQ review, you will be prompted to complete the IQ review after completing any edit to the transaction.
7. Click on "Submit"
8. Fax the clinical information to the number indicated in the "Additional Information" section



Outpatient Submission

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

Diagnosis
*Search and select a diagnosis
[input] [magnifying glass]

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

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

Service Details
*Service [input] Location [input] [magnifying glass]
*Service Units [input] Days [input] *Start Date [input] [calendar] *End Date [input] [calendar]

Requested Procedures
Procedure Code [input] [magnifying glass]

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

Clinical Documentation
+ ADD ATTACHMENT [button]
SUBMIT [button] LOAD [button] SAVE [button]

