

Submitting Surgical Day Care Requests

Table of Contents

Overview	1
Introduction	1
When to Use HPHConnect	1
When Not to Use HPHConnect	1
Notification/Authorization Requirements	1
Submission Process	2
Requesting Provider	2
Servicing Provider	2
Submit the Initial Transaction	2
Outpatient Submission Form	2
Required Submission Fields	2
Clinical Upload (Attachment)	3
Attaching Clinical Documentation	3
Completing the InterQual® Review	4
InterQual® Review Criteria	4
The Transaction Response	6
Key Information	6
SDC Transaction Response	7
Pended for Review	7
Revisions to an Outpatient Transaction	8
Guidelines	8
Edit the Transaction	8
- Before the Start Date	
- After the Start Date but Prior to the End Date	
- After the End Date	
Canceling the Transaction	9
When to Cancel a Transaction	9
How to Cancel a Transaction	9

Overview

Introduction

To submit transactions online, one must be contracted with Harvard Pilgrim as a participating provider 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 or for HealthPlans, Inc. For UnitedHealthcare's related policies/procedures, please go to www.harvardpilgrim.org or call 800-708-4414, and press 2. Transactions for behavioral health services should also not be submitted through HPHConnect.

Notification/Authorization Requirements

Notification to Harvard Pilgrim is not required for surgical day care and ambulatory/minor surgery services unless the procedure requires prior authorization. (For a list of surgical procedures that require authorization, refer to Harvard Pilgrim's Authorization Policy.)

For elective surgical day care services that require prior authorization, request authorization at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.

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 Authorization & Notification status to see if a transaction is already in the system. If yes, review the service request record detail to determine if a new request is really needed.
3. If the patient is eligible, and no transaction exists, proceed with entering the outpatient request.

Requesting Provider

For an elective surgical day care service, the facility, the member’s PCP or the specialist can submit the notification or authorization request.

Servicing Provider

One servicing provider is required on surgical day care transactions. It can be a facility or a medical provider.

For outpatient surgery: enter the facility NPI. If the service is being performed in the office, enter the medical provider. The facility/medical provider’s name or NPI is required.

Note: If the servicing provider is not contracted with Harvard Pilgrim, or does not participate in the member’s product, the transaction pends for review.

Submit the Initial Transaction

Submission 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 can supply contact information, if desired. All other fields are optional.

Patient* – Name (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(s)* – Select the requesting provider by entering the provider’s name, NPI, or HPHC ID. An advanced 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* – 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(s)* – Only one is required. This must be the facility or medical provider.

For outpatient surgery: enter the facility NPI. If the service is being performed in the office, enter the medical provider. Use the facility/medical provider’s name or NPI.

Service* – Surgical or oral surgery.

Location – Select “Outpatient Hospital” or “Ambulatory Surgical Center.”

Outpatient Submission

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

Diagnosis
*Search and select a diagnosis [magnifying glass]

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

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

Service Details
*Service [Select...] Location [Select...]
*Service Units [Days] *Start Date [03/14/2023] *End Date [06/12/2023]

Requested Procedures
Procedure Code [magnifying glass]

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

Clinical Documentation
+ ADD ATTACHMENT
SUBMIT LOAD SAVE

Service Units* – Select appropriate day/units.

Start Date* – The scheduled date of the surgery. Usually, at least one week from the date of submission.

End Date* – A date after the start date. This will determine the window of time the surgery will need to be within.

Procedure Code – At least one is required for the services listed below; up to 12 can be submitted.

- Surgical – a CPT surgical procedure code
- Oral surgery – an appropriate CPT or HCPCS procedure code

Release of Information* – This field will default to “Signed statement/claims.”

Remarks – Free text field for entering any remarks the user wants to send to HPHC.

Clinical Upload (Attachment) – Attachment Type and Transmission Method are required fields only when paperwork is added (Paperwork is not necessarily required for submission).

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.

Clinical Upload (Attachment)

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.



Clinical Upload (Attachment)

Description

*Attachment Type *Transmission Method

Select... Select...

File

CHOOSE FILE TO ADD

ADD ATTACHMENT

No attachment added.

Field	Requirement
Description	Enter description of attachment
Attachment Type	Select from pull down list
Transmission Method	Select from pull down list

2. Click File / “Choose File to add” button and locate your file.
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 the 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 search interface for procedure codes. At the top, there is a search bar labeled "Procedure Code" with a magnifying glass icon. Below it, a dropdown menu displays the selected code: "31295 | CPT | NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS". Underneath the dropdown, there are fields for "Quantity" and "Modifiers", each with a search icon. A red asterisk message at the bottom states: "* 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 summary of the referral requiring review. It lists "Requested Procedures" as "31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS" with a status of "Not yet reviewed". A red button labeled "BEGIN INTERQUAL® REVIEW" is highlighted with a red arrow. Below this are "SUBMIT" and "SAVE" buttons.

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.

This screenshot is similar to the previous one, but the status of the procedure "31295: NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS" is now "Criteria Met". The "BEGIN INTERQUAL® REVIEW" button is no longer present, and the "SUBMIT" and "SAVE" buttons remain.

Select the Begin Medical Review Button.

The screenshot shows the "Select Subset" screen in the InterQual portal. At the top, it says "Signed in as Laura Calcagni" and "Sign out". Below that, there are search filters for "SELECT PRODUCT", "SELECT VERSION", and "SELECT CATEGORY". A search bar contains the keyword "31295" and buttons for "FIND SUBSETS", "CLEAR ALL", and "BOOKMARKS". The "Subset Notes" section displays clinical criteria for "Balloon Ostial Dilatation (Custom) - HPH". At the bottom, there are buttons for "BEGIN MEDICAL REVIEW", "BOOK VIEW", "FULL SUBSET", "SMARTSHEETS", and "BOOKMARK SUBSET".

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

Medical Review **3** Balloon Ostial Dilation (Custom) - HPH CHANGE SUBSET CLINICAL REFERENCE

COMMENT 0

Yes No

Choose all that apply: [2 One, except Other clinical information (add comment)]

Antibiotic treatment > 4 weeks or antibiotic treatment not indicated or contraindicated

Oral corticosteroid therapy > 5 days or intranasal corticosteroid therapy > 3 weeks, or corticosteroid therapy contraindicated or not tolerated

Intranasal saline irrigation

Or

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. Note that this is only a recommendation related to the outcome of answers to the clinical questions. The request must still be processed against the business rules associated with the member’s product and service type.

Medical Review **3** Balloon Ostial Dilation (Custom) - HPH CHANGE SUBSET CLINICAL REFERENCE

COMMENT 0

Continued symptoms or findings after treatment

Yes No

A balloon procedure has been previously performed or attempted for the treatment of current case of rhinosinusitis

No Yes

Balloon ostial dilation is entirety of procedure rather than component of surgical treatment

Yes No

No remaining questions. Click View Recommendations to continue.

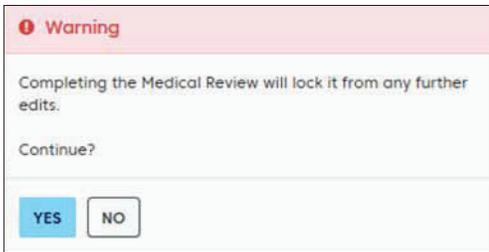
Select the Complete button to complete the review.

Recommendations **3** CRITERIA MET

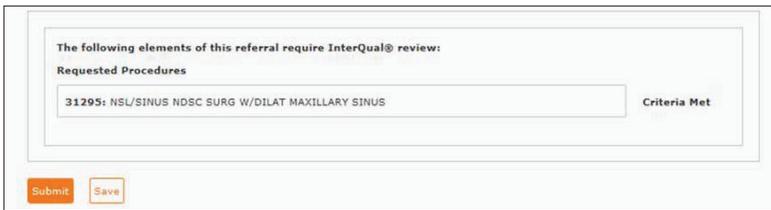
Recommended Evidence supports services as medically necessary:

Balloon Ostial Dilation

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.



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.

Please note, you also have the ability to save your transaction at this point. This will save the answers entered for all clinical questions and allow you to still come back to the request and upload additional documentation or make other changes prior to final submission.

The Transaction Response

Key Information

In the Request Detail, you will find the:

- Status of the transaction – approved, pending or denied, or no action required
- Patient’s name and member ID#
- Request number, e.g., HPA00012346
- Submitted on date
- Diagnosis code(s)

The requesting provider’s and servicing provider’s National Provider Identifier (NPI) display on both the Transaction Detail screen and the Print screen.

The “Edit” button only displays on approved transactions. Pending transactions can be edited to include attachments only.

The “Cancel” button displays on pending and approved transactions.

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

Referral & Authorizations / Search Requests

Request Detail

View Audit Print EDIT CANCEL

Outpatient Request

Approved

Patient	Member ID	Request Number	Submitted On
BROWN, JOHN	HP321123100	HPA101136468	11/7/2019

Diagnosis

Diagnosis Codes
K11.8 OTHER DISEASES OF SALIVARY GLANDS

Requesting Provider

Provider	Provider NPI
Richmon, Jeremy	1871658369

Contact Name	Contact Medium	Contact Info
SMITH, M	Phone	6178044757

Servicing Providers

[Massachusetts Eye and Ear](#) [See More](#)

Contact Name	Contact Medium	Contact Info
SMITH, M		6178044757

Requested Service

Service	Level of Service
Surgical	Elective (E)

Requested Units	Approved Units
1 (Day(s))	1 (Day(s))

Start Date	End Date
11/7/2019	2/12/2020

Requested Procedures

42410: EXCISE PAROTID GLAND/LESION [See More](#)

42420: EXCISE PAROTID GLAND/LESION [See More](#)

42415: EXCISE PAROTID GLAND/LESION [See More](#)

42425: EXCISE PAROTID GLAND/LESION [See More](#)

Additional Information

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

SDC Transaction Response

To print a copy of the response for your records, use the browser print option or the "Print" button. This will bring up the printer options available to you on your computer.



Request Detail

Outpatient Request

Approved

Patient	Member ID	Request Number	Submitted On
BROWN, JOHN	HP321123302	HPA101136468	11/7/2019

Diagnosis

Diagnosis Codes
K11.8 OTHER DISEASES OF SALIVARY GLANDS

Pended for Review

Surgical day care transactions pend for review when:

- The service requires prior authorization and additional clinical review is required.
- The servicing provider is non-contracted, and the patient is a Harvard Pilgrim HMO member, or when the servicing provider is contracted with HPHC but does not participate in the member's product.

When a transaction pends for review, the HPHC reviewer updates the submitted request to reflect the final status, Approved or Denied, within two (2) business days of receiving all information needed to complete the review. Transactions that have been pended will indicate in the Additional Remarks section what information is needed to facilitate this review.

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

Revisions to a Surgical Day Care Transaction

Guidelines

- Only the requestor can edit or cancel a transaction.
- Only approved & pended transactions can be edited. Pended transactions can only be edited to include attachments.
- Only approved or pended transactions can be canceled.
- Clinical documentation can be attached to only approved or pended transactions. See Clinical Documentation Attachment section for details on how to upload documents.
- No changes can be made to: the type of request (outpatient, in this case), the patient, or the service requested.

Before the Start Date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- Servicing provider
- Procedure code (add or change) required only if referring to a non-contracted servicing provider

After the Start Date but Prior to the End Date

Edits can be made to the following fields:

- Diagnosis code (add or change)
- Units (add or reduce)
- End date (not prior to today's date & no more than one year from Start Date)
- Procedure code (add or change) required only if referring to a non-contracted Servicing Provider

After the End Date

HPHConnect will not accept requests for edits after the end date of a request.

When to Cancel a 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.
- The wrong type of request was submitted, i.e., admission rather than outpatient.

To correct any of these errors, it is necessary to cancel the original record and enter a new one for the appropriate service.

Canceling the Transaction

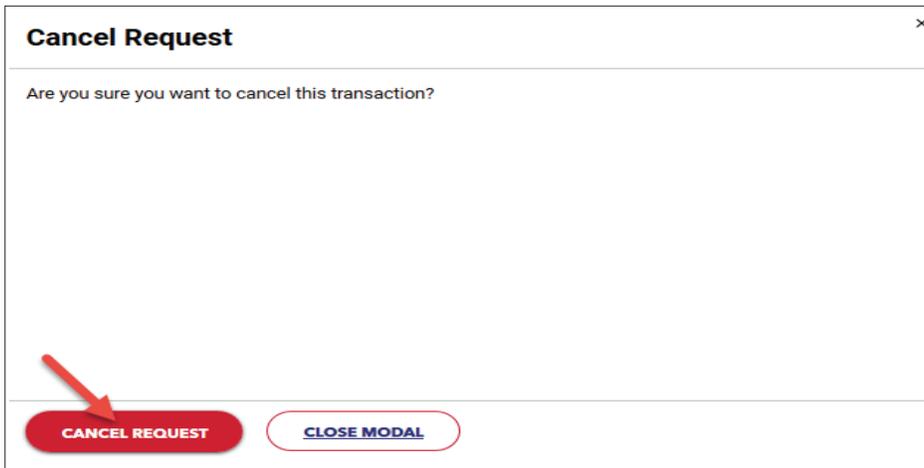
How to Cancel a Transaction

To cancel the transaction:

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



2. When the Cancel Request 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.

