



Outpatient

Home health authorizations guide

How to successfully request
authorizations for your patients
in GuidingCare

In this guide

- One authorization for all home health needs.....3
- Number of visits by service 4
- Initiate your authorization request..... 4
- Complete member search6
- Complete authorization basics7
- Complete additional details.....9
- Submit an extension request10
- HCPCS codes by discipline 12

One authorization for all home health needs

Simplifying home health authorizations

To simplify home health authorizations, we’re using extension requests rather than new authorization requests to continue home health services for our members. This change reduces pending and inappropriately denied claims by reducing overlapping authorizations.

The process:

1. Provider submits an initial home health authorization.
2. Provider submits an extension request to the current, active authorization for any changes needed.

The guidelines for requesting authorization and the criteria used to review for medical necessity haven’t changed. All requests should include supporting clinical documentation.

What this looks like in practice

Situation	Example
When requesting a new authorization The existing auto approval quantities should be requested for a timeframe of 60 days	“New Medicare authorization request for 10 SN, 10 PT, 10 OT visits 1/1/2023-3/1/2023”
Date extension only Enter a note showing date extension request	“No additional visits needed. Please extend date from 3/1/2023-4/15/2023”
Adding a new discipline Enter in the note specifically what’s being asked for. The end date should match the current end date if possible. We’ll need the number of visits, discipline and date range to process.	“Requesting 2 MSW visit 1/15/2023-3/1/2023”
Requesting additional visits for an existing discipline Previously approved visits should be used before requesting additional visits and clarified in the note. We’ll need the number of visits, discipline and date range to process.	“Requesting 4 additional SN visits 2/4/23-3/1/23”

Additional requested visits should follow the MD approved plan of care and will be reviewed for medical necessity per [Priority Health Home Care \(#91023\)](#) medical policy.

FAQ

When do I enter a new authorization request?

1. There’s no current authorization on file.
2. The member has been discharged from services.

What do I do if the member is inpatient during the authorization period?

1. Continue to use the previously approved visits on the current authorization.
2. If / when additional visits are needed, include documentation showing the member was inpatient and the dates of the inpatient stay.

What do I do if the current authorization is for 30 days?

1. Request a date extension if you haven't exhausted all approved visits.
2. If additional visits are needed, refer to the above re: additional visits.

Number of visits by service

If the member has had no previous Home Health authorizations in the last 90 days, in most cases the following services/number of visits will be auto approved by GuidingCare. However, always check the member's specific Home Health benefits through [prism](#) (login required).

All plans

Service	HCPCS code	Visits
Occupational Therapy	G0152	10
Physical Therapy	G0151	10
Skilled Nurse	G0299	10
Speech Therapy	G0153	10

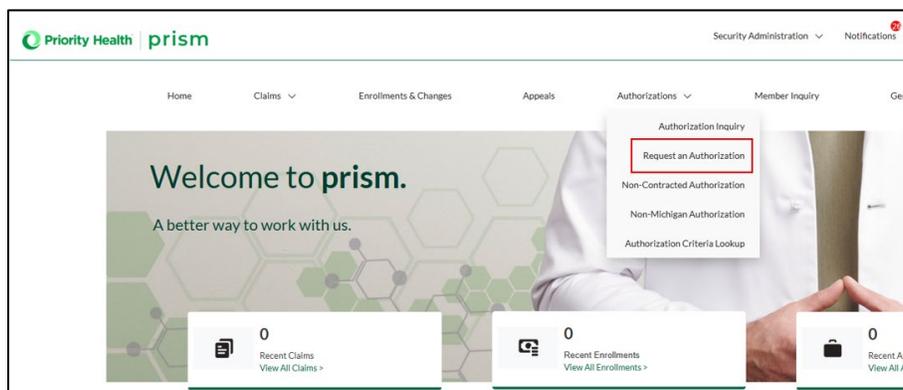
Medicare only

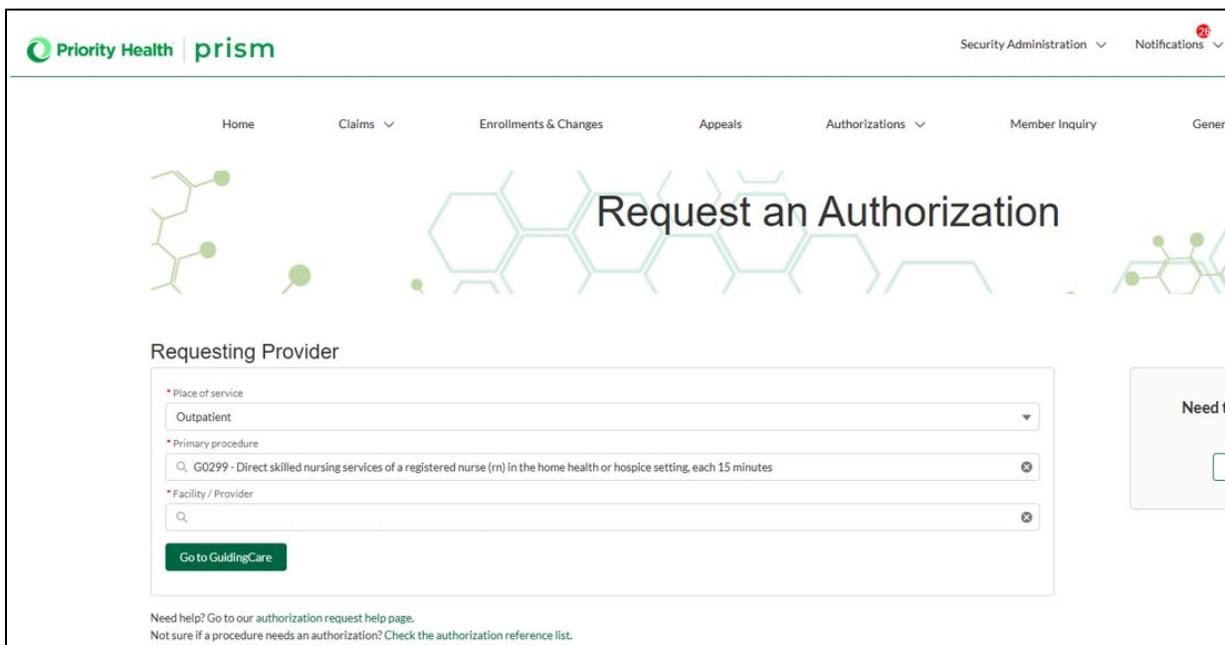
Service	HCPCS code	Visits
Medical Social Worker	G0155	2

Initiate your authorization request

From prism

1. Open the **Authorizations menu** and click **Request an Authorization**.





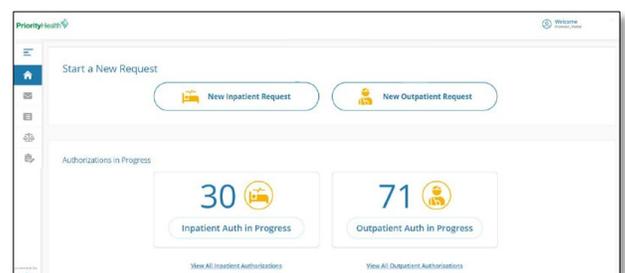
2. Under Place of Service, select **Outpatient** from the dropdown menu.
3. Enter the Primary procedure – type the **appropriate HCPCS code** into the form field. Reference the [HCPCS code tables](#) in this guide for details.

If the selected Primary Procedure code doesn't require an authorization, an *Online authorization is not available for this code* message is displayed on the screen.

4. Under Facility / Provider, **select the facility** you're requesting the authorization form from the field's dropdown menu.
5. Click **Go to GuidingCare**.

From GuidingCare

1. Click the **Home icon** in the navigation menu to open the screen shown to the right.
2. Click **New Outpatient Request**.



Complete member search

The screenshot shows a 'Member Search' form with a progress indicator at the top: 1 Member Search, 2 Authorization Basics, 3 Additional Details, 4 Results. The form has four input fields: First Name, Last Name, Date of Birth (MM/DD/YYYY), and Member ID. Below the fields are 'Find Member' and 'Clear' buttons. A results section at the bottom displays: Member ID 123456789-00, Member Contract External ID 123456789-00, First Name JANE, Last Name DOE, Date of Birth 02/17/1980, Phone Number 269-555-5555, Primary Insurance N/A, Secondary Insurance N/A, and Address 1234 S. 49th AVE, WAYLAND, MI, 49348.

Search for the member

1. Enter your search criteria, either:
 - a. First Name, Last Name & DOB, or
 - b. Member ID with hyphen
2. Click **Find Member**.
3. Click the **correct member record** displayed.

Select the member's policy

1. Review the member's coverage policies under **Eligibility**. All coverage policies – active and inactive – will appear. To filter by active only, click the **Show All** dropdown menu under the Member Contract External ID and select **Show Active**.
2. Click the **circle button** to the left of the correct coverage policy.

If the member has both primary and secondary coverage policies, always choose primary. If the member has Priority Health for secondary only, you'll see this alert message:

Alert Missing Primary Insurance Please verify primary insurance with member prior to submission. [Click to continue](#)

Select the authorization type

1. Once you've selected a coverage policy, use the dropdown menu to set the Authorization Type to **Home Health**.
2. Click **Next**.

The screenshot shows a dropdown menu titled 'Authorization Type' with a search bar. The menu is open, showing options: Select, Behavioral Health, DME, Home Health, and Outpatient. 'Home Health' is highlighted.

Complete authorization basics

Once you've selected the appropriate coverage policy for the member in question, you **must complete all fields** on this screen.

Field	Instructions
Authorization Type	Select Home Health from the dropdown menu
Authorization Priority	Standard: A non-urgent prior authorization.
Referred by Provider Name	Retrospective: Non-Medicare authorization request for services already provided. For Medicare, follow the Appeal process.
Requesting & Servicing Providers are same (check box)	This should be populated. If not, choose from the drop-down menu how you want to identify the provider. Provider Code, NPI and Tax ID are preferred. Enter your search criteria and press the down arrow on your keyboard to initiate the search. Select the correct provider. If using Provider Name for your search, make sure to choose a search result with the correct address. There's also an advanced search option if needed – click the magnifying glass icon to the right of the search field.
Requesting & Servicing Providers are same (check box)	If yes, check the box. If no, skip to Servicing Provider.
Servicing Provider	If yes, check the box. If no, skip to Servicing Provider.
Servicing Provider	If you checked the box above, this will be auto populated.

	If you didn't check the box above, choose from the drop-down menu how you want to identify the provider. Provider Code, NPI and Tax ID are preferred. Enter your search criteria and press the down arrow on your keyboard to initiate the search. Select the correct provider. If using Provider Name for your search, make sure to choose a search result with the correct address. There's also an advanced search option if needed – click the magnifying glass icon to the right of the search field.
Place of Service	Select "12 – Home" from the drop-down menu
Diagnosis Description	<p>Enter at least the first three characters of a diagnosis name or the ICD-10 code. Press the down arrow on your keyboard to initiate the search. Select the correct diagnosis.</p> <p>If additional diagnoses are needed, click the + next to the Diagnosis Code field to add a new line. Repeat these steps as many times as necessary.</p> <p>Note: Medical necessity will be determined based on supporting documentation; not necessarily by the diagnosis entered as the primary diagnosis for purposes of requesting an authorization.</p>
Diagnosis Code	Auto populates based on your Diagnosis Description.
Procedure Description	<p>Enter the appropriate HCPCS code. Home health agencies - Reference the HCPCS codes on page 9 for details.</p> <p>If additional procedures are needed, click the + next to the Req. field to add a new line. Repeat the steps below (From Date, To Date, Unit Type, Req.) as many times as necessary</p>
From Date	Select the date when services are to begin
To Date	Select the date when services are to end
Unit Type	Select "Visits" from the drop-down menu for home health agency, physician and therapy. Select "Units" for home infusion.
Req.	Enter request number of visits / units. For home health agencies, see Number of visits by service on page 9.
Primary Procedure (radio button)	If you added more than one procedure, select the Primary Procedure radio button to indicate which procedure is the primary treatment.

Click **Next**.

Complete additional details

These fields are key. The Priority Health team uses the information provided here to make a determination on your authorization request. We require documentation to support medical necessity and will make an independent decision based solely upon what you submit with your authorization request.



Fill out the Add Note field

Add any relevant information here. **You must include the first name, last name and phone number of the individual at your office who is managing this case.** The Priority Health team uses this information in case of questions about the authorization request.

Add Attachments

Use the **Add Attachments** button to upload any required documentation. It's important that you attach clinical documentation to ensure the Priority Health team can make a determination on the request. Failure to upload clinical documentation will cause processing delays and/or denial.

Upload criteria:

- File type is jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xlsx, xls or pdf
- Document size is 25MB max per file
- Image size limit is 5MB per image file
- Total uploads cannot exceed 100MB

Examples of recommended documentation to include:

- History and physical
- Physician documentation
- Imaging results in ACR format
- Lab values
- Therapy notes
- Medication record
- Consultation notes

For additional home health agency requests, attach clinical documentation for each discipline requested:

- **Wound care:** Include wound measurements, wound description, drainage, dressing change procedure, frequency, how often SN and member or caregiver is doing dressing. Per [Home Care \(#91023\)](#) medical policy, authorizations for wound care after the first 60 days are reviewed monthly and should also include current pictures of the wound.
- **Catheter changes:** Include ordered frequency of changes
- **Therapy:** Include current status, progression and goal
- **Home Health Aide:** Demonstrate the reason the HHA is seeing the member is directly tied to the reason the skilled discipline is seeing the member – custodial care is not a covered benefit.

Click **Submit**.

Confirmation

Once your authorization request is complete, you'll see one of the following messages:

Automatic approval



Pending review

The following message confirms your authorization request has been submitted to the Priority Health team for consideration. A Priority Health clinician will review your request and will contact you via phone or GuidingCare message should we need additional information.

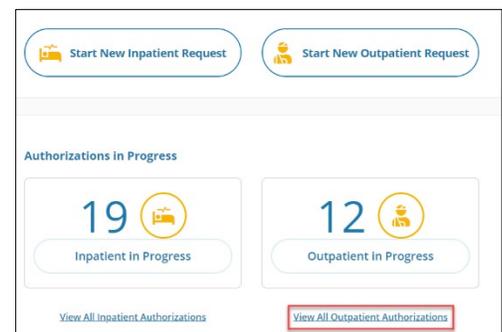


Your submitted authorization request will be immediately available in your GuidingCare Authorization List. **Need help finding it? [Download our GuidingCare Quick Start Guide.](#)**

Submit an extension request

In GuidingCare:

1. Click the **home icon** in the navigation menu to open the screen shown to the right.
2. Click **View All Outpatient Authorizations**.



3. **Complete member search:** Enter the member ID and select the current authorization on file.

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
[REDACTED]	Jan 22, 2024	[REDACTED]	MEDICARE	Jan 22, 2024	Behavioral Health	Approved	N/A	[REDACTED]
[REDACTED]	Jan 22, 2024	[REDACTED]	MEDICARE	Jan 22, 2024	Home Health	Partially Approved	N/A	[REDACTED]

4. **Add an extension:** Click on the carrot next to the authorization and click the **+Extension button**.

Auth Details

Primary Diagnosis Orthostatic hypotension
 Notification Date 01/22/2024
 Decision Date 01/23/2024
 Member Contract External ID [REDACTED]

Referred By Provider Name [REDACTED]
 Referred By Provider Fax [REDACTED]
 Referred By Provider Phone [REDACTED]

[View & Print Auth](#) [View Letter](#) [View Guidelines](#) [View Discharge Plan](#) [View Extension Guidelines](#)

+ Extension

5. **Submit the extension:**
 - a. **Extend Start Date / Extend End Date / Total Extended Units:** Fill out the last line for your extension. GuidingCare will allow dates after the end date of the original line. Enter any dates and any number of visits.
 - b. *** Add Note:** This is where you'll indicate what disciplines, the number of visits and the time range requested for each discipline.
 - c. **Add Attachments:** If requesting additional visits, add attachments. (Attachments aren't required for extension of dates only.) Updated, current visit notes are required for each discipline for medical necessity review.
 - d. **Click Submit.**

Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Extend Start Date	Extend End Date	Total Extended Units
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Visits	01/22/2024	03/22/2024	2	0	03/23/2024	03/23/2024	1
G0151	Services of a physical therapist in home health or hospice settings, each 15 minutes	Visits	01/22/2024	03/22/2024	0	0			

*Add Note ⓘ
 Requesting 6 additional SN from 1/28/24-3/22/24. I also need to add 10 OT from 1/31/24-3/22/24

ⓘ Add Attachments ⓘ

Confirmation / Pending review

The following message confirms your authorization request has been submitted to the Priority Health team for consideration. A Priority Health clinician will review your request and will contact you via phone or GuidingCare message should we need additional information.

Request Extension

Your extension request for # [REDACTED] has been pended.

HCPCS codes by discipline

Discipline	HCPCS code
Skilled Nurse	G0299
Physical Therapy	G0151
Occupational Therapy	G0152
Speech-Language Pathology	G0153
Clinical Social Worker	G0155
Home Health Aide	G0156
Registered Dietician	G0270