

OUTPATIENT

Home health authorizations guide

How to successfully request authorizations
for your patients in GuidingCare

IN THIS GUIDE

1

One auth for all home health needs

2

Initiate your authorization request

3

Complete member search

4

Complete authorization basics

5

Complete additional details

6

Submit an extension request

7

**HCPSC codes by
discipline**

8

**Number of visits by
service**

One auth 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 medical policy \(91023\)](#).

FAQ

When do I enter a new authorization request?

1. There’s no current authorization on file.
2. The current authorization has expired.

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.

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

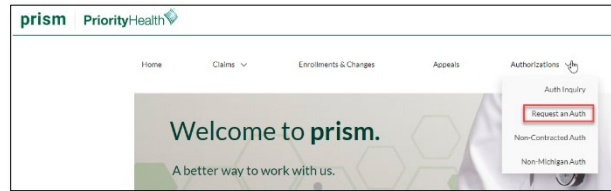
1. Continue to use previously approved visits on the current authorization.
2. If / when additional visits are needed, include documentation showing the member was inpatient and the dates of the inpatient stay.

Initiate your authorization request

From prism

1. Open the **Authorizations** menu and click **Request an Auth.**
2. Select **Practitioner / Outpatient** on the resulting screen.
3. Identify the **Primary procedure**. Enter the appropriate HCPCS code. Reference [HCPCS code tables](#) on page 9 for details. Once you know the correct code, either type it into the **Primary procedure** box and choose the appropriate search result or click the **Primary procedure** box to scroll through a menu of options.

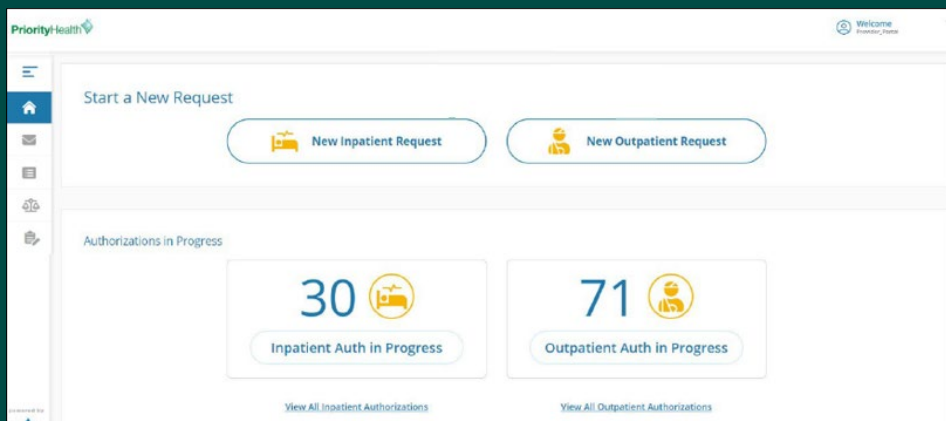
*If the selected Primary Procedure code does not require an authorization, an **Online authorization is not available for this code** message is displayed on the screen.*

The screenshot shows the 'Request an authorization' form. It includes a 'Requesting provider' section with radio buttons for 'Hospital / Inpatient' and 'Practitioner / Outpatient' (selected). Below this is the 'Primary procedure' section with a text input field and a dropdown menu. The 'Facility' section has a dropdown menu. A 'Go to GuidingCare' button is at the bottom. On the right, there are links for 'Back to Provider Center', 'Need help? Go to our Auth Request help page', and 'Not sure if a procedure needs an auth? Check the Auth reference list.'

4. Identify the **Facility**. Either start typing the facility name into the Facility box and choose the appropriate search result or click the Facility box and scroll through a menu of options. If the service will take place in an office, leave the Facility box blank.
5. Click **Go to GuidingCare**.

From GuidingCare

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



Complete member search

Member Search

1 Member Search

2 Authorization Basics

3 Additional Details

4 Results

First Name

Last Name

Date of Birth

Member ID

MM/DD/YYYY

123456789-00

Find Member

Clear

Member ID

Member Contract External ID :

First Name

Last Name

Date of Birth

Phone Number

Primary Insurance

Secondary Insurance

Address

123456789-00

123456789-00

JANE

DOE

02/17/1960

269-555-5555

N/A

N/A

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** drop-down menu under the Member Contract External ID and select **Show Active**.
2. Click the **radio 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**

* Authorization Type

Select

Select

Behavioral Health

DME

Home Health

Outpatient

Complete authorization basics

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

PriorityHealth

External LinksWelcome Email

Authorization Basics

Member Search

Authorization Basics

Additional Details

Results

JANE DOE

Female • 92 Year(s), 10 Month(s), 12 Day(s) • DOB: 09/13/1929

Member Contract External ID: 123456789

View Full Details

Active

Inactive

Eligibility

LOE: MEDICARE

Code: MEDICARE

Status: Active

Start Date: 1/1/2019

End Date: 12/31/2099

Plan: Medicare PPO Merit

Code: MEDICARE PPO MERIT

Authorization Type

Home Health

Auth Priority

Standard

Referred By Provider Name

Provider Name

ABC HOME HLTH

☒ Referred By Provider Name & Servicing Provider are same

Servicing Provider

Provider Name

ABC HOME HLTH

Place Of Service

12 - Home

Diagnosis Description

Hypertensive heart disease with heart failure

Diagnosis Code

I11.0

☒ Primary Diagnosis

Procedure Description

Direct skilled nursing services of a registered nurse (RN) in the home by

Procedure Code

00299

From Date

07/25/2022

To Date

08/25/2022

Unit Type

Visits

Requested Quantity

10

☒ Primary Procedure

Procedure Description

Services of a physical therapist in home health or hospice settings, ex:

Procedure Code

00191

From Date

07/25/2022

To Date

08/25/2022

Unit Type

Visits

Requested Quantity

10

☐ Primary Procedure

Save as Draft

Next

Reset

Cancel

Field	Instructions
Authorization Type	Select Home Health from the dropdown menu
Authorization Priority	Standard: A non-urgent prior authorization. Expedited: Use when a delay in decision could seriously jeopardize the member's life, health or ability to regain maximum function. Retrospective: Non-Medicare authorization request for services already provided. For Medicare, follow the Appeal process.
Referred by Provider Name	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.

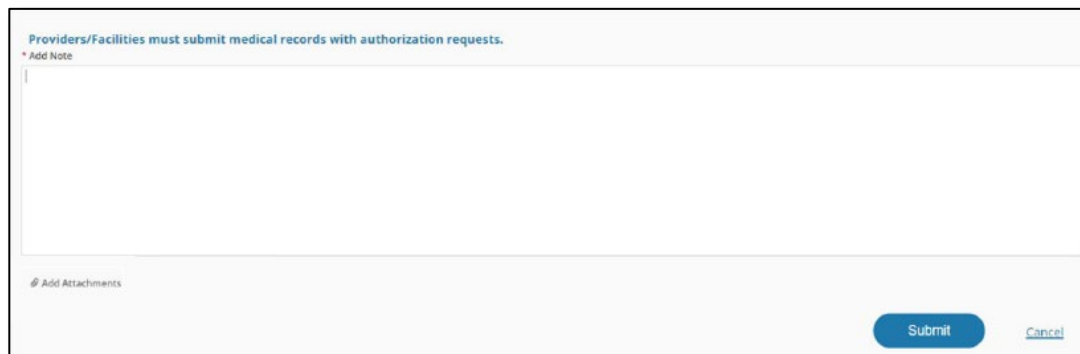
Table continues on the next page.

Field	Instructions
Requesting & Servicing Providers are same (check box)	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	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. 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. 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.
Diagnosis Code	Auto populates based on your Diagnosis Description.
Procedure Description	Enter the appropriate HCPCS code. Home health agencies - Reference the HCPCS codes on page 9 for details. 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
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.

A screenshot of a web form for submitting authorization requests. At the top, a blue header bar contains the text "Providers/Facilities must submit medical records with authorization requests." Below this, there is a large text area labeled "Add Note" with a vertical cursor. At the bottom left of the form is a button labeled "Add Attachments". At the bottom right are two buttons: "Submit" (blue) and "Cancel" (light blue).

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
- **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**.

InterQual® review

If InterQual review is required for the requested procedure, the window below will open on your screen.

InterQual

CHANGE HEALTHCARE | InterQual®

Signed in as Missy Stewart
Sign out

GREAT LAKES HOME HLTH SRV (MEDICARE)

HELP

Subset Overview

Subset Notes

InterQual® 2022, Apr. 2022 Release, LOC:Home Care Q & A
Home Care Services, Adult

SHOW CODES CLINICAL REFERENCE

REVIEW PROCESS

These criteria are appropriate for adults requiring intermittent home care services. The High-risk OB and Postpartum Newborn criteria may also be used for adolescents. Delivery of skilled services in the home requires the following:

- Patient is clinically stable without anticipation of their condition worsening or are enrolled in hospice or palliative care
- Medical practitioner orders or approved plan of care at least every 60 days
- Reasonable expectation for clinical or functional improvement or prevention of further decline
- PO fluid tolerated or nutritional route established (e.g., IV, enteral feeding tube)
- Home care agency can safely deliver the required care at home
- Home environment is safe, accessible, and can be modified to accommodate the home care plan

In addition to the above, the following conditions should also be met if the patient is receiving high technology services:

- Emergency medical services available
- Lab and pharmacy services available
- Supplies of fluid, medications, and home medical equipment
- Nursing specialization in chemotherapy and/or infusion therapy for home infusion therapy

MEDICAL REVIEW BOOK VIEW FULL SUBSET

Click **Medical Review** to begin the InterQual review process. Follow the prompts to complete the review. We recommend you don't choose "Other" or use free text during this process as either will end the InterQual review.

Unable to leave residence due to, Choose all that apply. **[≥ One, except Other clinical information (add comment)]** Required

✓ Need for supportive devices, special transportation, or assistance of another person

✓ Medical contraindication

Or (Selecting an answer that follows will clear other selections)

Other clinical information (add comment)

NEXT Choose one or more answers, and then click Next to continue

Note the number of items that are needed to move to the next question.

Recommendations

Recommended Evidence supports services as medically necessary

✓ Home Skilled Nursing - Up to 6 visits within 30 days - 7 points (Range 7-29 points) Hide codes

SELECTED HCPCS

Results Count: 14

Code	Description
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE, EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE...
G0299	✓ DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN AN AREA WITH A SHORTAGE OF HOME HEALTH AGENCIES; (SERVICES LIMITED TO RN O...
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PE...
G0494	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NU...
G0496	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES


Why didn't a requested intervention meet criteria?

Click on the discipline and then the code in the dropdown box before saving the review.

Confirmation


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

Automatic approval

 Your request #0722F7A4A has been approved. [Click to print](#)

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 request #0608M5015 is pending review. [Click to print](#)


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


From GuidingCare:

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


 **Start New Inpatient Request**

 **Start New Outpatient Request**

Authorizations in Progress

19

Inpatient in Progress

12

Outpatient in Progress

[View All Inpatient Authorizations](#)

[View All Outpatient Authorizations](#)

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

Inpatient

Outpatient

Member ID

Filters

Download Results


Choose Columns

Authorization Created Date

Clear All

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
 <input type="text"/>	Jan 22, 2024	<input type="text"/>	MEDICARE	Jan 22, 2024	Behavioral Health	Approved	N/A	<input type="text"/>
 <input type="text"/>	Jan 22, 2024	<input type="text"/>	MEDICARE	Jan 22, 2024	Home Health	Partially Approved	N/A	<input type="text"/>

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



Jan 22, 2024

MEDICARE

Jan 22, 2024

Hor

Auth Details

Primary Diagnosis

Orthostatic hypotension

Notification Date

01/22/2024

Decision Date


01/23/2024


Member Contract External ID


Referred By Provider Name


Referred By Provider Fax


Referred By Provider Phone

 View & Print Auth

 View Letter

 View Guidelines

 View Discharge Plan

 View Extension Guidelines

+ Extension

5. **Submit the extension:**

- 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.
- * Add Note:** This is where you'll indicate what disciplines, the number of visits and the time range requested for each discipline.
- 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.
- 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 (r/n) 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

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 if InterQual is completed. However, always check the member's specific Home Health benefits through [prism](#).

Commercial

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

Medicare and Medicaid

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