

Helpful Hints for Home Health Authorization Requests

Important Numbers

Home Health Voice Mail: **(502) 585-7320**
 Home Health Fax Line: **(502) 585-8204**
 Provider Claims Service Unit (PCSU): **(800) 578-0775**

Obtaining an Initial Authorization:

Home health providers may obtain authorization by faxing the home health requests to (502) 585-8204.

- **After Hours/Weekends Policy:** If a request for home health services occurs after hours or on a weekend, the Plan must be notified by the next business day. Please fax your request to (502) 585-8204.
- **The form can be downloaded by [clicking here](#).**
- **Include all pertinent clinical information.** Please include any abnormal findings such as abnormal lab results, unstable vital signs, unsafe home environment or unsanitary living conditions.
- **Send supporting documentation** such as nurses' notes with the request form as additional information only. The request form must clearly state why the visits are needed.
- Passport Health Plan's medical policies are accessible [by clicking here](#). These identify specific clinical information that will be requested.
- PRN visits are not approved in advance. Please notify the Plan of additional visits by calling the home health precertification line within one business day of that visit.

Checking on the Status of Your Request: Requests for services are usually processed within **two business days**.

- Please call the home health voicemail number to check the status of your authorization request. The voicemail will identify the current date of all faxes being processed.
- If a fax was sent prior to the date on the voicemail and an authorization has not been received, please leave the member's name, ID number, the date you sent the fax to us, your name and phone number. Please keep the fax confirmation until the authorization has been processed.

Authorization Requirements

Situation	Authorization is Required	Authorization is Not Required
The member has Original Medicare as primary payor and Passport Health Plan as secondary payor		✓
The member has Tricare insurance, the services are covered by Tricare, and Passport Health Plan is secondary payor		✓
In all other instances where Passport Health Plan is the secondary payor	✓	

Wound Care

- Requests for wound care should include current wound size, current wound care, and the ability of the member or caregiver to learn the wound care.
- Please include next provider's appointment date.
- Authorization can be given for up to a month depending on the frequency of nursing visits.

Mediplanner Prefills

- Authorization for Mediplanner or Insulin prefills can be authorized for up to a six month period of time. The request **must** include a current medication sheet and the reason the member/caregiver is unable to perform.
- Any requests for weekly Mediplanner or Insulin prefills will need to be reviewed by the physician advisor at Passport Health Plan.

Home Health Supplies

- There is a limit of 180 diapers/pull-ups per month that can be supplied to the member without requiring an authorization. If greater than 180 **total** diapers/pull-ups are requested, authorization **is required**.
- The member can also receive 180 chux per month without authorization.
- Panty liners **are not a covered benefit**.
- All supplies are billed by line item and authorization is only required if the individual line item is greater than \$500 billed.
- If a billed item will be greater than \$500, please include the specific HCPCS code.

Venipunctures

- The member should be homebound to have labs drawn in the home.
- The request must include why the member is unable to go to his/her provider's office or an outpatient facility to have labs drawn.
- Please include recent lab results with the request.

Therapy Services

- The evaluation for all therapies in the home requires authorization. Please fax request to (502) 585-8204.
- After the evaluation is completed, the request for additional services should be faxed in. Please submit a copy of the therapy evaluation and plan of care with the goals listed.
- All requests for greater than eight therapy visits in a one month period of time will need to be submitted to the appropriate medical director at Passport Health Plan.

Medical Social Worker

- An initial medical social worker visit will be approved based on medical necessity.
- If any additional requests for social worker services are needed, the social worker's plan of care with goals must accompany the request.
- Social worker visits will be authorized in increments of one with a maximum of three visits.

Home Health Aides

- Requests for home health aide services **must** include the reason the member/caregiver is unable to perform the service.
- Home health aide visits will be authorized based on the member/caregiver's ability to perform personal care.

Registered Dietician

- One dietician visit may be authorized if medically necessary.
- The most recent dietician note must accompany requests for additional dietician visits.
- Requests for more than two total dietician visits must be referred to the appropriate medical director at Passport Health Plan.

Infusion Therapy

- All nursing visits that are infusion-related will be authorized to the home infusion company. This includes all nursing visits to administer IV, IM or SQ medicines.
- Initial nursing visits to teach enteral therapy will be authorized to the home infusion company providing the service.
- Per diem services billed using the S-codes will **always** require authorization.

Enteral Therapy

- When supplying enteral therapy services and enteral nutrition, the S-code must be authorized. The B-code for the enteral nutrition needs to be authorized **only if the billed cost of the enteral nutrition is greater than \$500 per month supply**. The \$500 billed cost **does not include** the charges for the per diem.
- If the B-code needs to be authorized, please supply the correct B-code along with the name of the product and the number of cans dispensed per month.
- If enteral therapy is requested, please include:
 - The member's weight
 - The total amount of weight loss
 - The timeframe for weight loss
 - Documentation stating what, if anything, the member is able to orally consume
 - If enteral therapy is supplied by pump, please list the rate the feeding is to be given