MMIS Job Aid: Create a Home Health Prior Authorization Request

This job aid describes how to enter a Prior Authorization request via the Provider Online Service Center.

Access Enter a PA Request

From the Provider Online Service Center home page:

1. Click **Manage Service Authorizations**.

2. Click **Prior Authorizations**.

3. Click **Enter a PA Request**. The **Prior Authorization Templates** page is displayed.

Select Assignment Type

The assignment types are grouped into three categories: Basic Medical, Durable Medical Equipment, and Therapy Services.

On the **Prior Authorization Templates** page:

4. Select the desired **Assignment Type.**

   Note: Select Basic Medical for Intermittent Skilled Nurse Visits and Home Health Aide services. Select Therapy Services for Therapy and supportive Home Health Aide services.

5. Select the desired **Assignment Code** from the drop down list (see Glossary for details).

6. Click **Continue**.

Enter Member and Provider Information

On the **Base Information** page:

7. Enter the **Member ID**.

8. Select the **Requesting Provider** from the drop-down list.

9. Do one of the following:

- If the Servicing Provider is the same as the Requesting Provider, select the **Same as Requesting Provider** checkbox.

- If the Servicing Provider is different from the Requesting Provider, select the **Servicing Provider** from the drop-down list.

10. Enter the **Primary Diagnosis Code**.

   Note: If desired, you can click the **Field Search** button to perform a search for the correct diagnosis code.

11. Click the **Line Items** tab.

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Add a Line Item

On the **List of Line Items** tab:

12. Click **New Item**. The **Basic Medical Details or Therapy** page is displayed.

13. Enter the **Procedure Code and modifier, if appropriate**. For nursing: G0299 (RN); G0300 (LPN); Home Health Aide: G0156; Physical Therapy: G0151; Occupational Therapy: G0152; Speech Therapy: G0153

14. Enter the **Requested Effective Date**.

15. Enter the **Requested End Date**.

16. Enter the number of **Requested Units**.

17. Click Add.

18. Click the **Attachments** tab.

Add an Attachment

On the **List of Attachments** tab:

19. Click **New Item**. The **Attachment Details** page is displayed.

20. Select the **Report Type** from the drop-down list.

Note: Choose the one that most closely matches the type of document being attached.

21. Select the **Transmission Code** from the drop-down list.

Note: Select **Electronically Only** for electronic documents.

22. Enter a brief description or comment in the **Description** field.

23. Click **Browse**. The **Open** window is displayed.

24. Navigate to the file you want to attach and click **Open**.

25. Click **Add/Upload**.

26. Click the **Confirmation** page.

Submit Request

On the **PA Confirmation**

27. Verify the information is correct.

28. Click **Submit**. The Confirmation submit message displays.

29. Review any messages and select checkbox to bypass warning messages, if applicable.

30. Click **Submit**. **Prior Authorization Response** page displays indicating you have successfully Submitted the PA request.

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Glossary of Terms

Adjudicate – There are header level PA statuses to tell where the PA request is in the process. Adjudicated means MassHealth has made a decision on the PA and that all lines have been finalized. Finalized is when all line statuses are cancelled, approved, modified, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal for denied or modified lines), and provider.

Assignment Code – Code to indicate to whom PA request is assigned for review.

For Basic Medical, select one of the following:

Home Health – select for Home Health Aide services and/or Intermittent Skilled Nursing Visits.

Skilled Nurse - select for Intermittent Skilled Nursing Visits for CarePlus members only.

For therapy, select one of the following:

Occupational Therapy – select for Occupational Therapy and supportive Home Health Aide Services

Physical Therapy - select for Physical Therapy and supportive Home Health Aide Services

Speech-language Therapy - select for Speech-language therapy and supportive Home Health Aide Services.

Note: Only one therapy type should be submitted per PA request.

Report Type – drop down list of document types. Frequently used types include:

- Justification for Admission (Request and Justification forms – see provider forms)
- Nursing Notes
- Plan of Treatment
- Physical Therapy Notes
- Medical Record Attachment
- Physician Order (Plan of Care/Certification)

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Status – Indicates where the request is in the process of being reviewed and adjudicated. Status options:

Additional Information Received – Indicates information has been received that was missing from the original request.

Adjudicated – Indicates PA review has been completed.

Approved – Request is approved by MassHealth. A PA letter is generated and sent to the member and provider.

Cancelled by Provider – Status used for all lines when Provider Voids the PA Request.

Note: provider can only void a PA while the PA is in Ready for Review status.

Deferred – Request has been deferred due to an incomplete submission or lack of documentation to support medical necessity. A PA letter is generated and sent to the member and provider to afford an opportunity to submit the incomplete or missing documentation.

Denied – Request has been denied by MassHealth. A PA letter is generated and sent to the member (with right to appeal), and to the provider.

In Process – Request has only been saved, and has not been submitted to MassHealth for review.

In Review – Request has been submitted by provider and assigned to a MassHealth reviewer.

Modified – Request has been altered by MassHealth reviewer either in adjudicating or as an adjustment requested by the provider. A PA letter is generated and sent to the member (with right to appeal), and to the provider.

Submitted – Request has been submitted, and **Ready for Review**, but has not been assigned to MassHealth reviewer.

Void – Request has been voided by MassHealth. A PA letter is not generated.

Tracking Number – Number assigned to PA request prior to MassHealth review.

Transmission Code – Method by which provider transmits attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

Email

Voice