




# Supplemental Guide Enhanced Home Care Service Preauthorization Requests

## Summary of Changes

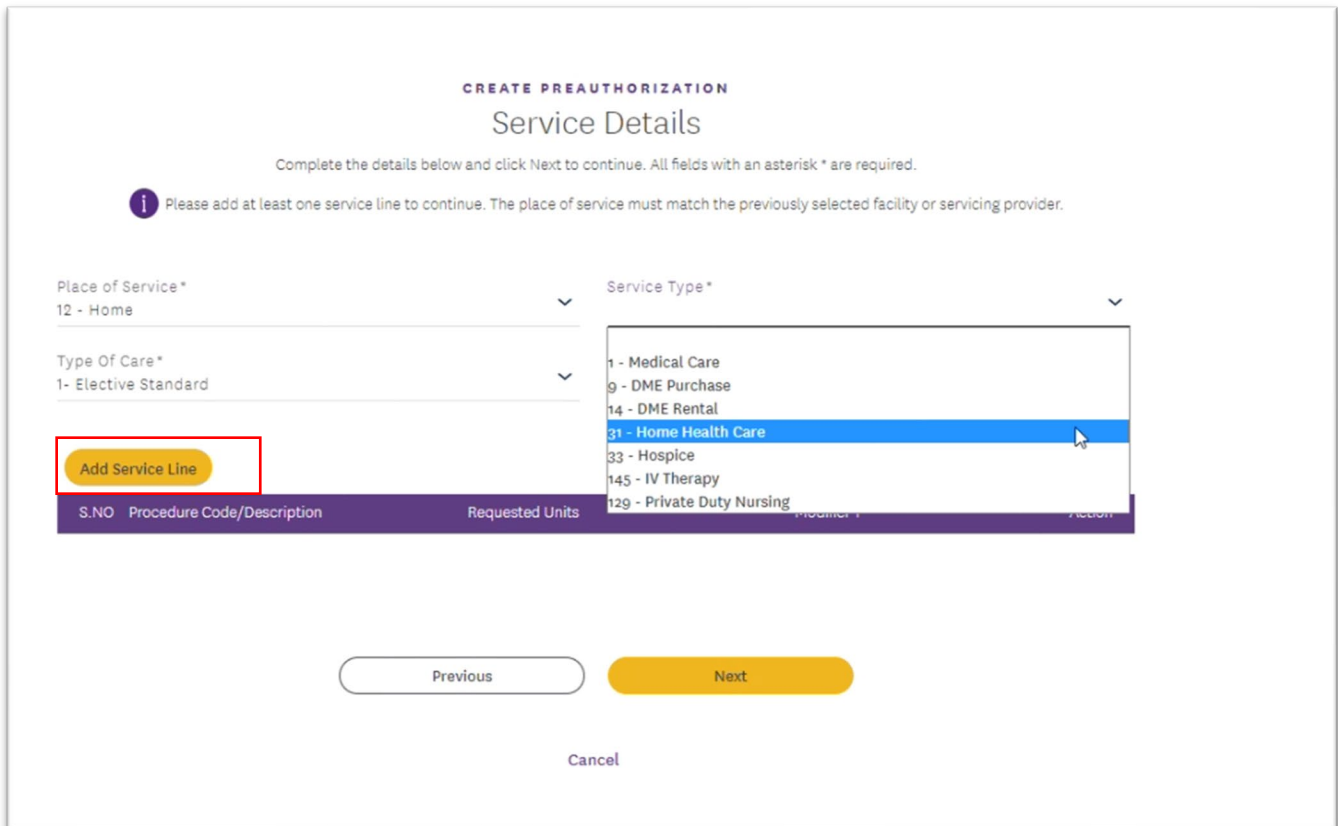
To make the preauthorization request process easier, we have added in a new field to show you how many home care visits are still available towards the member’s covered benefits for the plan year. Availability shown represents the total number of covered visits reduced by the number of visits already requested through our preauthorization process.

Before number of available visits displays, you will see a **Warning** screen confirming the request is for “Home Health Care” to reduce unintended impacts to the benefit limit calculations.

At the end of the transaction, you will see a new screen that will be used to submit the request. This will allow some requests to be approved on the spot rather than having all cases pend for additional review. For home health aide and social worker services, you will also need to attest that member has an approval for skilled nursing, physical therapy, occupational therapy and/or speech therapy during the same time frame.

 **Service Details Page**

**Step 1:** After you complete this **Service Details** page and click **Add Service Line**, the **Warning** page will pop up.



**CREATE PREAUTHORIZATION**  
**Service Details**

Complete the details below and click Next to continue. All fields with an asterisk \* are required.

**i** Please add at least one service line to continue. The place of service must match the previously selected facility or servicing provider.

Place of Service\*  
12 - Home

Type Of Care\*  
1 - Elective Standard

Service Type\*  
1 - Medical Care  
9 - DME Purchase  
14 - DME Rental  
31 - Home Health Care  
33 - Hospice  
145 - IV Therapy  
129 - Private Duty Nursing

**Add Service Line**

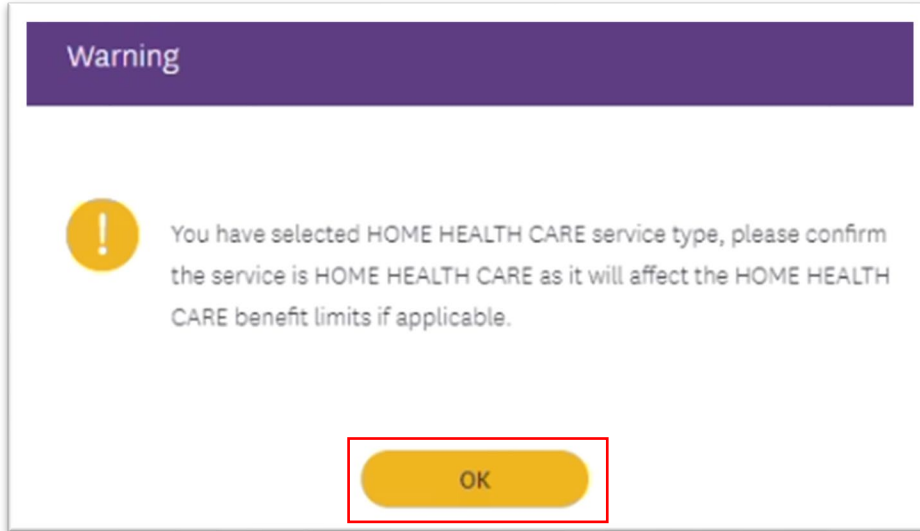
S.NO	Procedure Code/Description	Requested Units
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Previous Next Cancel



Step 2:

Click **OK** to confirm the intended **Service Type** is home health care and continue with the next steps in the transaction. If the **Service Type** is not home health care, click **OK** and then choose the correct **Service Type** before proceeding.





**Step 3:**

On the **Add Service Line** screen you will see the **Available Units** above the field for entering the number of **Requested Units**.

**Available Units** represent the total number of home care visits the member's benefits cover in the current plan year, less the number of home visits previously approved. If the prior request(s) is still pending, the units will show as being available.

$$\text{Available} = \text{Visits Under Covered Benefit} - \text{Visits Authorized}$$

**Note: Requested Units** should reflect number of visits, not hours.

**Add ServiceLine**

Service Date From\* 04/15/2023 Service Date To\* 06/15/2023

Please remember when requesting Home Services to request a number of visits, not hours.

**Procedure Information**

Procedure Code/Description\*  
G0299 Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes

Available Units 40

Requested Units\* 10

Modifier 1

Cancel Save



**Step 4:**


**Attach Documentation**

During the transaction, you will have several opportunities to attach documentation. Certain transactions require documentation to be attached at the first collection point to optimize the enhanced experience. We highly recommend attaching documents when you see the following screen:

If you are not ready to upload your file(s) now, you can attach it later by searching for your preauthorization and uploading it then.


**Attach Documents**


1. Allowed file types are doc, docx, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, txt
2. File limit of 25MB for each attachment
3. Maximum 5 attachments

Attachment 

Attaching clinicals test document.docx (14.16 KB)

Congratulations! Your File has been uploaded!

Attachment 



**Step 5:**

### Document Clinical & Submit Request

Once the base set of preauthorization request screens is completed an additional screen will be shown.

For most services, you will see the following screen where you can click **Submit Request** to see the **Approval/Pend** screen shown below. For home health aide and social worker services the screen will also display a **“Document Clinical”** button which you will need to click.


**Authorization Request**

✔ Request Form

▶

✔ MCG Guideline Documentation Not Required

3 Submit Request



Patient :  Name :  DOB :  Gender : Female ▼ show more

Authorization :  Type : Home Health Status : NoDecisionYet ▼ show more

Diagnosis Codes : R54(ICD-10 Diagnosis) primary Procedure Codes : G0299(CPT/HCPCS) primary

**Disclaimers**

G0299 - CPT/HCPCS

- If you have medical records or other supporting documentation you would like us to consider, use the **Attach File** button below to submit them now. **Note:** Attachments uploaded in an earlier step in this request do not need to be submitted again.

Geographic Regions  Clear

✔ Procedure Code: G0299 (CPT/HCPCS) MCG Guideline Documentation Not Required

Requested Units: 10

Description : DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES


Attachments Attach File

✔ Submit Request

**Step 6:** **Home Health Aides & Social Workers**  
Requests for home health aides and social workers will need the following **Clinical Indications** completed. If the statements shown are true, click the **Box**. Then click **Save**. If the statements are not true, click **Cancel**.


*Home Health Aide Services*


**Clinical Indications**

- Home Health Aide services are covered if **ALL** of the following
  - The practitioner attests that this member has an approval for skilled nursing, physical therapy, occupational therapy and/or speech therapy during the same timeframe that home health aide services are being requested. 

*Social Worker Services*

**Clinical Indications for Procedure**

- Social Worker services are covered if **ALL** of the following
  - The practitioner attests that this member has an approval for skilled nursing, physical therapy, occupational therapy and/or speech therapy during the same timeframe that social worker services are being requested. 

**Step 7:** **Adding Notes**  
If you click the **Add Notes** symbol , you will see a pop-up box where you can add your own notes. Once the notes are complete, click the **Add** button to attach them to the case.

**Indication Note** ✕

Please provide indication notes ...

250 characters left for notes

**Add** **Cancel**



Step 8:

### Attaching Files

**Note:** Before submitting your request, you will have an opportunity to attach documents by using the **Attach File** button. We do, however, strongly recommend using the screen above instead.

The screenshot displays the MCG Authorization Request interface. At the top, a progress bar shows three steps: 'Request Form' (completed), 'MCG Guideline Documentation Not Required' (completed), and 'Submit Request' (current step, indicated by a '3' in a circle). The patient information section includes: Patient: 3846438, Name: ZAZARBAL, SUZANNE, DOB: 6/11/1997, Gender: Female. The authorization section shows: Authorization: V00015293, Type: Home Health, Status: NoDecisionYet, Diagnosis Codes: R54(ICD-10 Diagnosis) primary, and Procedure Codes: G0299(CPT/HCPCS) primary. A 'Disclaimers' section for G0299 - CPT/HCPCS states: 'If you have medical records or other supporting documentation you would like us to consider, use the **Attach File** button below to submit them now. **Note:** Attachments uploaded in an earlier step in this request do not need to be submitted again.' Below this, a 'Geographic Regions' dropdown is set to 'All'. A summary box for Procedure Code: G0299 (CPT/HCPCS) shows 'Requested Units: 10' and 'Description: DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES'. At the bottom, an 'Attachments' section contains an 'Attach File' button (highlighted with a red box) and a 'Submit Request' button.

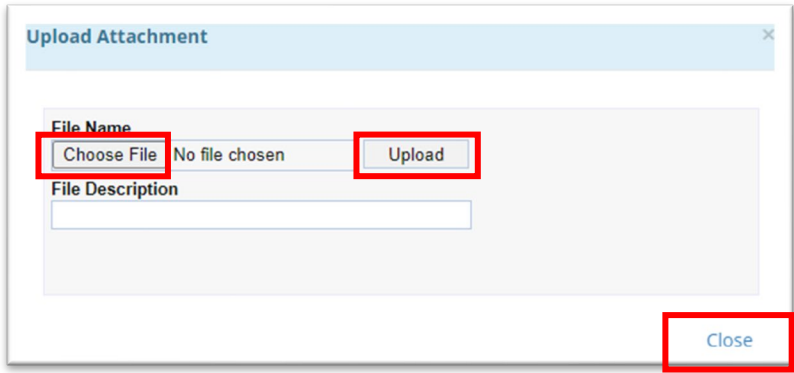


**Step 9:**

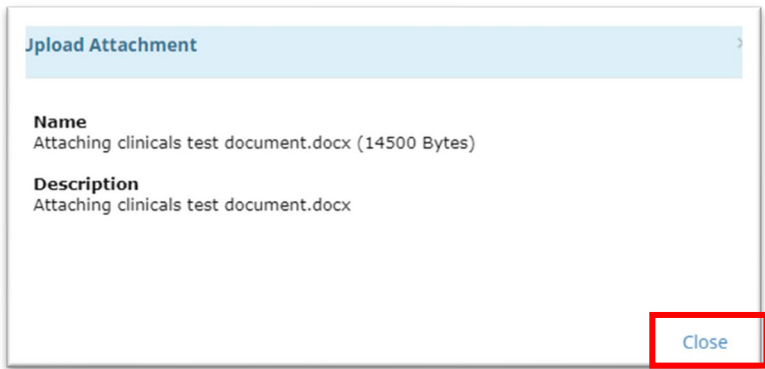
### Attach File Pop-Up

If you choose to upload documents and click the **Attach File** button, a popup will appear.

- Choose the file.
- Click **Upload**.
- Add a description.



A new window will display showing the document you have added.





Step 10:

1. Click **Close**. If you have additional documents to submit, click the **Attach File** button again and attach the next document. Repeat until all documents are attached.
2. Once all and files attached and applicable clinical indications are addressed for home health aide or social worker services, click **Submit Request**.

**Note:** Failure to click **Submit Request** will automatically cause the request to pend for review. Using the **Submit Request** button may result in an immediate decision.

**Authorization Request**

**mcg**

Patient :  Name :  DOB :  Gender : Female [show more](#)

Authorization :  Type : Home Health Status : NoDecisionYet [show more](#)

Diagnosis Codes : R54(ICD-10 Diagnosis) *primary* Procedure Codes : G0299(CPT/HCPCS) *primary*

**Disclaimers**

**G0299 - CPT/HCPCS**

- If you have medical records or other supporting documentation you would like us to consider, use the **Attach File** button below to submit them now. **Note:** Attachments uploaded in an earlier step in this request do not need to be submitted again.

Geographic Regions

Procedure Code: G0299 (CPT/HCPCS) MCG Guideline Documentation Not Required

Requested Units: 10

Description : DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES

Attachments



### Approval/Pend Screen

Step 11:

If all clinical criteria are met, you may see a screen showing “Your case has been approved.” Otherwise, the screen will indicate that your case is pending further review.

## Submission Confirmation

Your preauthorization request has been successfully submitted for review.

Your case has been approved

A preauthorization request from Coopersmith, [REDACTED] has been submitted on [REDACTED] and can be identified by reference ID: [REDACTED]

GOOD NEWS! There is no need for an additional phone call or fax notification for this request. You can use reference ID [REDACTED] to obtain updates on this request in the [preauthorization search page](#).

This preauthorization request does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Done