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**CHAPTER 23: HOME HEALTH**

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**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

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### **PRIOR AUTHORIZATION**

The home health agency (HHA) must submit a plan of care (POC) and request prior authorization for extended skilled nursing services (also referred to as Extended Home Health or EHH), multiple daily nursing visits for beneficiaries under age 21 who are not receiving extended skilled nursing services, adults ages 21 and older, or rehabilitation services (therapies). Prior authorization (PA) approval must be received before services are provided.

**NOTE:** There is no benefit coverage for extended home health services or multiple daily nursing visits for persons age 21 and older. Prior authorization is not required for a single, daily nursing visit for beneficiaries under the age of 21 who are not receiving EHH.

#### **Requests for Prior Authorization**

For Medicaid fee-for-service beneficiaries, providers must submit requests for prior authorization using the Louisiana Requests for Prior Authorization Forms. No other forms or substitutes will be accepted. Completed requests must be sent to the Prior Authorization Unit (PAU).

Electronic-PA is a web application that provides a secure web based tool for providers to submit prior authorization requests and to view the status of previously submitted requests. For more information regarding e-PA, visit Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com) or call the PAU (See Appendix D).

All PA requests, whether initial or a reconsideration, must be submitted via the electronic prior authorization system (e-PA). A faxed or mailed request will not be accepted.

To ensure that emergency requests are received by PAU, providers are asked to contact the PAU and inform the unit when an emergency PA request is being transmitted via the e-PA.

The appropriate PA form, along with all necessary documentation to substantiate the medical necessity of the requested services, must be submitted to the PAU for approval.

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**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

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**Prior Authorization Forms**

Home Health Service	Form(s)
Rehabilitation Services (physical, occupational and speech therapy)	PA-01
Multiple and Extended Home Health Nursing Visits for beneficiaries birth through age 20	PA-07
Home Health Nursing Services for beneficiaries ages 21 and older	PA-18 Face-to-Face Encounter Form

**NOTE:** A face-to-face encounter form is not required for beneficiaries under the age of 21, rehabilitation services, or medical equipment and supplies provided through the Durable Medical Equipment (DME) program; however, documentation of the face-to-face encounter for these groups of services is required to be kept in the recipient's record.

**NOTE:** Prior authorization forms can be found in Appendix B or on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com). Prior authorization is required prior to claim submissions. The current procedure codes and descriptions, as well as the revenue codes appropriate to the service necessary to complete the billing process can be found in the Louisiana Medicaid Home Health Revenue and Procedure Codes document under the "Fee Schedules" link at [www.lamedicaid.com](http://www.lamedicaid.com).

For questions concerning the PA process, please contact the PAU (see Appendix D for Contact Information).

**Home Health Services**

Routine home health services for beneficiaries who are ages 21 and older require prior authorization. Routine home health services for beneficiaries under the age of 21 must be prescribed by a physician for only one skilled nursing visit per day. Prior authorization is not required for routine home health visits for beneficiaries under the age of 21. A request for prior authorization of services is required whenever the prescription of the physician includes multiple daily visits for a beneficiary under the age of 21. Multiple visits in the same day are usually associated with IV therapy.

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**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

---

**Rehabilitation Services**

All home health rehabilitation services (physical, occupational and speech therapy) require prior authorization.

All rehabilitation services (except for initial evaluations and wheelchair seating evaluations, which are restricted to one evaluation per discipline per beneficiary every 180 days) require prior authorization from the PAU. All evaluations must have a physician's prescription that must be kept in the beneficiary's file.

To request prior authorization for home health rehabilitation services, providers must complete the PA-01 (Appendix B) using the appropriate procedure codes as listed on the fee schedule. Refer to section 23.6 for claims filing information.

All initial PA requests must include a copy of the physician's referral and the results of the evaluation of the beneficiary that documents the need for therapy. All renewal PA requests must include a copy of the physician's referral and progress notes that document the need for the continuation of therapy.

**Extended Skilled Nursing Services (Extended Home Health)**

Extended skilled nursing services may be provided to a Medicaid beneficiary birth through age 20 when it is determined to be medically necessary for the beneficiary to receive a minimum of three hours per day of nursing services. Medical necessity for extended skilled nursing services exists when the beneficiary has a medically complex condition characterized by multiple, significant medical problems that require nursing care in accordance with the Louisiana Nurse Practice Act (La. R.S. 37:911, et seq).

When requesting prior authorization for extended home health, all hours of care must be included with the PA request. In addition, the physician's prescription and a copy of the POC must be attached to the appropriate PA form. Cases approved for extended home health should be billed using appropriate codes for an RN and LPN in conjunction with the total number of hours provided, indicating the units as hours.

**NOTE:** All extended skilled nursing services for beneficiaries under the age of 21 require PA. Daily nursing visits that are less than three hours per day for beneficiaries under the age of 21 who do not meet medical necessity criteria for extended home health do not require prior authorization.

---

**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

---

**Prior Authorization Procedure of Extended Home Health Services at Hospital Discharge**

In order to provide continuity of care for beneficiaries, the following procedure will be used for beneficiaries requiring extended home health care upon discharge from the hospital.

Prior to hospital discharge, the PA process can begin. The following information must be sent to the PAU:

- A letter of medical necessity from the primary physician;
- A signed prescription indicating the number of hours of extended home health that are being requested;
- A copy of the admission assessment (history and physical);
- Progress notes;
- Discharge orders;
- A copy of the discharge summary, if available; and
- A copy of the unsigned POC. The unsigned POC will be accepted only if the beneficiary is being discharged from the hospital and is included with the above information. The POC assessment cannot be done in the hospital but must be done in the beneficiary's residential setting.

**NOTE:** The HHA must forward the signed POC to the PAU as soon as the signed copy is received from the physician.

The beneficiary must meet the criteria for extended home health services and be determined medically necessary in order for the PAU to approve the services. The extended home health request will be issued a PA number if the service has been approved. The HHA can check the e-PA system or call the PAU to check the status of the request and receive the PA number in order to start immediately approved services.

The beneficiary will be prior authorized for only six weeks of extended home health services. This is to ensure the signed POC is on file with the PAU. Prior to the end of the six week prior authorized period, all of the requested information including the signed POC must be resubmitted to the PAU. The same information can be resubmitted unless there has been a change in the beneficiary's condition.

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**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

---

**Multiple Same Day Visits**

Multiple nursing visits on the same date of service may be provided to a beneficiary age birth through 20 when the medical necessity criteria is met and these services cannot be provided during the course of one visit. Multiple same day visits must be prior authorized before services begin.

Extended and multiple daily visits must be authorized in accordance with the certifying physician's orders and home health POC. All nursing services shall be provided in accordance with the Louisiana Nurse Practice (La. R.S. 37:911, et seq).

A completed PA-07 form must be submitted to the PAU indicating the additional visits requested for the same date of service. Appropriate service code indicators, procedure codes and modifier codes, when applicable, must be used on PA requests and claims to designate additional visits on the same date (refer to the Louisiana Medicaid Home Health Revenue and Procedure Codes document under the "Fee Schedules" link at [www.lamedicaid.com](http://www.lamedicaid.com)).

The physician must issue orders detailing how many visits should be provided per day and the duration of time to provide the multiple visits, (i.e., 10 days, 2 weeks, 45 days, etc.).

When the HHA receives the physician's orders, the HHA must obtain documentation to support the medical need for multiple daily visits along with the POC signed by the physician, and submit them with a completed PA-07 form to the PAU. The PA-07 form must include the modifier codes, U2 for second visits or U3 for third visits, in the second position of the modifiers.

The PA request shall be reviewed for medical necessity and when a decision is rendered a notice of the decision will be sent to the HHA and the beneficiary. If the PA is approved, a PA number will be assigned and included in the prior authorization notice.

**Visits for Multiple Beneficiaries in the Same Residential on the Same Day**

Multiple disciplines may be in the residential setting simultaneously when there are multiple beneficiaries in the residential setting and it is medically necessary. Medical necessity will be determined by review of the clinical documentation for each beneficiary receiving services.

Each beneficiary must have a PA in order for services to be billed. The procedures for requesting PA established above will work for multiple beneficiaries in the same residential setting. Special modifiers have been attached to codes to allow the correct payment to be made for this authorized service (see Louisiana Medicaid Home Health Revenue and Procedure Codes document under the "Fee Schedules" link at [www.lamedicaid.com](http://www.lamedicaid.com)).

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**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

---

**NOTE:** Nursing care in the home by a RN and LPN is defined to represent an actual hour of time in which services were rendered to multiple beneficiaries.

**Home Health Supplies**

Home Health supplies are reimbursable under the DME Program. Approval of payment for covered supplies provided under the DME program must be obtained from the PAU.

Providers may either obtain these non-reimbursable supplies through a DME provider or provide the supplies through the DME program. Providers who opt to have the supplies provided by a DME provider must give the DME provider a copy of the physician's orders for the supplies. The request must include the quantity and period of time the supplies are to cover. Home health providers who choose to provide these supplies can have their home health provider file updated to allow billing for these supplies.

A written request should be submitted to the Provider Enrollment Unit to have the provider type for DME added to the home health provider numbers. The forms and instructions required to obtain PA approval are contained in Appendix B.

HHAs often train beneficiaries or their caregivers how to administer medications, or use certain equipment/supplies, in the provider's absence. DME covered IV, or other home health supplies, may be provided to the HHA for use in the beneficiary's residential setting when administration is monitored and home health services are provided.

When normal usage amounts are exceeded, a request for approval must be submitted with documentation of medical necessity to justify the greater quantity.

Certain supplies for wound care and dressing will be covered under DME but will be authorized exclusively for the use of HHAs when delivering a home health service.

**CHAPTER 23: HOME HEALTH****SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8****Routine Supplies for which Reimbursement is Included as Part of the Reimbursement Rate for the Home Health Visit**

Blood drawing supplies	Specimen containers
Sterile specimen containers	Vacutainer used for drawing blood
Tourniquet	Tubex holder
Alcohol preps-swabs	Surgical masks
Bandage scissors	Culturettes
Disposable gloves-non-sterile	Adhesive tape
Paper tape	Emesis basins
Oral swabs/toothettes	Alcohol
Tape measure, all types	Non-sterile cotton balls, buds
Disposable gowns (plastic, paper)	Disposable masks
Goggles	Disposable wash clothes
Water soluble lubricant	Thermometer with holder
Thermometer cover	Sharps container
Self-assistive devices (long handle tongs and shoehorn stocking aide)	

**Supplies Covered only when Provided in Conjunction with a Home Health Visit**

Inflatable Cushion (Softcare mattress)	Douche – Betadine
Enema – disposable enema administering kit	Enema – Fleets, mineral oil
Fracture pan, plastic	Bed pan, plastic
Urinal, plastic, male	Female urinal
Commode urinary disposable collection device (HAT)	Toppers, sterile
Steri-strips	Reston
Telfa	Skin staple remover
Sterile Applicators (tongue blades, sterile q-tips)	Suture removal kit
Sitz bath, portable, disposable	Elastoplast
Foam tape	Pericare kit/supplies
Bile bags	Therabands/putty
Sterile irrigation solutions (GU irrigant, acetic acid and normal saline)	Lymphedema pumps

**Supplies through the Durable Medical Equipment Program**

When requesting approval of payment for supplies, providers must complete the PA-01 and attach a copy of the doctor's prescription or orders along with the home health POC and submit these documents to the PAU.

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**CHAPTER 23: HOME HEALTH**

---

**SECTION 23.5: PRIOR AUTHORIZATION****PAGE(S) 8**

---

The date on the prescription should be the same date as the PA-01 date of signature. When DME requests are approved under home health, a PA number will be issued within 25 working days from the date the PAU receives the prescription and PA request. A letter containing the PA number, a listing of the approved supplies and the time-period for which approval is given will be mailed to the provider and the recipient.

If additional supplies are required for this period, the provider is required to submit a PA-01 for reconsideration with a new prescription and documentation of medical necessity to the PAU. If approved, these supplies will be added to the list of supplies covered by the existing PA number.

The PAU may authorize a 30-day increment of supplies by phone if a beneficiary is pending discharge from a hospital or on an emergency basis. A request for additional supplies must be submitted via e-PA.

**Prior Authorization Decisions**

Home health prior authorization decisions are issued within 10 days by letter to the provider, beneficiary and support coordinator, if applicable. Approval letters contain a nine-digit PA number. Denial letters include beneficiary appeal rights.