
CHAPTER 23: HOME HEALTH

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PRIOR AUTHORIZATION

The home health agency must submit a plan of care (POC) and request prior authorization for extended home health services, multiple daily nursing visits, or rehabilitation services (therapies) only. Prior authorization (PA) approval must be received before additional services are provided.

NOTE: There is no benefit coverage for extended home health services or multiple daily nursing visits for persons age 21 or over.

Requests for Prior Authorization

Providers may submit requests for prior authorization using the Louisiana Requests for Prior Authorization Form. No other form or substitute will be accepted. Completed requests must be sent to the Prior Authorization Unit (PAU). Requests may be mailed, faxed or submitted electronically through electronic PA (e-PA). The preferred method is e-PA.

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 the Louisiana Medicaid website (see appendix D) or call the PAU.

NOTE: Reconsideration requests are not accepted via e-PA. Submit these requests by mail.

To expedite the processing of emergency requests, it is necessary to limit fax requests to emergency or initial requests only. To ensure that emergency requests are received by PAU, providers are asked to contact the PAU and inform the unit when a fax for an emergency request is being transmitted.

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.

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 recipients birth through age 20	PA-07

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NOTE: Prior authorization forms can be found in Appendix B or on the Louisiana Medicaid website (see Appendix D for website). Prior authorization is required prior to claim submissions. Appendix C contains the procedures and descriptions, revenue codes appropriate to the service and the fees per unit that are necessary to complete the billing process.

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

Home Health Services

Routine home health services prescribed by a physician for only one skilled nursing visit per day does not require prior authorization and no further action is needed when services are provided by an agency listed in the Medicaid Provider Directory. A request for prior authorization of services is required whenever the prescription of the physician includes multiple daily visits. Multiple visits in the same day are usually associated with IV therapy but prescriptions can also be for three or more hours per day to care for a recipient age birth through 20 meeting the criteria for this care.

Rehabilitation Services

All home health rehabilitation services (physical, occupational and speech therapy) require prior authorization. Rehabilitation services are excluded from the service limit of up to 50 home health visits per calendar year for recipients age 21 and older.

All rehabilitation services (except for initial evaluations and wheelchair seating evaluations, which are restricted to one evaluation per discipline per recipient every 180 days) require approval in advance from the PAU. All evaluations must have a physician's prescription that must be kept in the recipient'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 in Appendix C. Refer to section 23.6 for claims filing information.

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

NOTE: Medicaid prohibits multiple professional disciplines in the home at the same time. This includes but is not limited to nurses, nurse's aides, therapists, etc.

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Extended Nursing Care

Extended nursing services may be provided to a Medicaid recipient birth through 20 when it is determined to be medically necessary for the recipient to receive a minimum of three hours per day of nursing services. Medical necessity for extended nursing services exists when the recipient has a medically complex condition characterized by multiple, significant medical problems that require nursing care as defined by the Louisiana Nurse Practice Act §913(14)(15).

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

NOTE: All extended nursing care and multiple visits require PA.

Prior Authorization Procedure of Extended Home Health Services at Hospital Discharge

In order to provide continuity of care for recipients, the following procedure will be used for recipients 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 recipient 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 at the recipient's home or place of residence.

NOTE: The home health agency must forward the signed POC to the PAU as soon as the signed copy is received from the physician.

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The recipient 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 agency can call the PAU to check the status of the request and to get the PA number in order to start immediately approved services.

The recipient 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 recipient's condition.

Multiple Same Day Visits

Multiple nursing visits on the same date of service may be provided to a recipient 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 Act.

A completed PA-07 must be submitted to the PA Unit 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 (see Appendix C).

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 agency receives the orders, they must obtain documentation to support the medical need for multiple daily visits along with the Plan of Care (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. (see Appendix C)

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

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Visits for Multiple Recipients in the Same Home on the Same Day

Each recipient must have a PA in order for services to be billed. The procedures for requesting PA established above will work for multiple recipients in the same home. Special modifiers have been attached to codes to allow the correct payment to be made for this authorized service (see Appendix C).

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

Home Health Supplies

Home Health supplies are reimbursable under the Durable Medical Equipment (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 and codes to bill for the supplies are contained in Appendixes B and C.

HHAs often train recipients 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 agency for use in the recipient's home 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 larger quantity.

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

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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.

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.

NOTE: Upon approval of DME PA requests, a PA number is issued within 25 working days.

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 prior authorization number.

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

Prior Authorization Decisions

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