# Medicare Advantage

Prior authorization for home health services

**Effective May 1, 2023,** UnitedHealthcare® Medicare Advantage and Dual Special Needs Plans (D-SNP) will require prior authorization for home health services for members enrolled in Idaho, Louisiana, Nevada, New Mexico, North Carolina and Washington. We will be delegating prior authorization to naviHealth for home health services in these states.

naviHealth is also delegated for utilization management & prior authorization for home health services for Medicare Advantage plans and D-SNP in the following states:
Alabama, Arkansas, Colorado, Connecticut, Florida, Georgia, Indiana, Kentucky, Maine, Nebraska, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Texas, Utah and Wisconsin

Plans not affected by this new requirement include:

- UnitedHealthcare Commercial plan
- UnitedHealthcare Community Plan
- Institutional Special Needs Plans (I-SNP), Institutional Equivalent Special Needs Plans (I-ESNPs)
- Long-Term Support Services Fully Integrated Dual Eligible plans (i.e., FIDE and MMP)
- Delegated provider medical groups

**Important points**

- You do not need to request prior authorization for home health services prior to May 1. This includes home health cases still open on May 1. All existing home health services as of May 1 may continue and do not require naviHealth's review or prior authorization until you need a recertification or resumption of care.
- Start of care visits do not require prior authorization. You can perform a comprehensive evaluation of your patient in their home setting.
- After the start of care visit, request prior authorization through naviHealth for:
    - Continuation of care
    - Resumption of care (ROC)
    - Additional services
    - Recertification
- If you do not obtain prior authorization from naviHealth before treating your patient, we may deny the claim(s)

**Requesting prior authorization**

Use the NH Access **naviHealth online portal** to request prior authorization. You will receive an electronic notification of your request status through the naviHealth portal. Portal requests are the preferred method for authorization requests. However, you can also fax the request using the standardized cover sheet and prior authorization documentation to **888-815-1808**. The cover sheet and additional information is located on the naviHealth portal.

**Completing the initial authorization request**

Required documentation includes:

- Provider demographic information



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- Member demographic information
- Attestation to member meeting Centers for Medicare & Medicaid Services (CMS) criteria for home health eligibility
- Name of ordering physician
- Member primary diagnosis
- CMS-485 form/signed plan of care by ordering physician (or verbal start of care order followed by signed 485 when completed)
- Start of care home health outcome and assessment information set (OASIS) within 7 days of the initial prior authorization to support the authorization request
- Initial therapy evaluation within 7 days of the initial authorization request

**Completing a continuation of care request**

Required documentation includes:
- Start of care OASIS (if not already submitted)
- Last 2 visit notes per discipline involved
- Any other relevant clinical documentation

**What happens next?**

Watch for an email from **connect@navihealth.com** to register for a webinar. Attending a webinar can help ensure a smooth transition for you, your teams and our members.

**Questions?**
Please email **info@navihealth.com**.




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