



Medicare Advantage prior authorization for home health services

Effective July 1, 2021, UnitedHealthcare will require prior authorization for home health services for members enrolled in plans in Georgia. This applies to UnitedHealthcare Medicare Advantage and Dual Special Needs Plans.

UnitedHealthcare will be delegating prior authorization for home health services to naviHealth for plans in Georgia. Out of scope for this new requirement include:

- UnitedHealthcare commercial
- UnitedHealthcare Community Plan (Medicaid)
- Delegated provider medical groups
- Institutional Special Needs Plans
- Long-Term Support Services Fully Integrated Dual Eligible Plans

This does not apply to members enrolled in plans outside of Georgia.

Important points

- Start-of-Care visits will not require preauthorization — you can perform a comprehensive evaluation of your patient in their home setting and these visits can be conducted in advance of contacting naviHealth
- After the Start-of-Care visit, providers must contact naviHealth for the initial authorization and for all subsequent services including:
 - Continuation of care requests
 - Resumption of care requests
 - Recertifications
- If you do not obtain authorization from naviHealth before services are rendered, claims may be denied.

Completing the initial authorization process

You can request authorization using the naviHealth [nH Access online portal](#) or by faxing 1 of the standardized cover sheets to 844-244-9482. (If you use the online portal, you can receive electronic notification of the status of your request. Regardless of the method of submission, you will be required to submit the following information upon initial review:

- Provider demographic information
- Member demographic information
- Attestation to member meeting Centers for Medicare and 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
- Start of Care OASIS will be required within 10 days of initial authorization to support the authorization request; providers are granted a 10-day window of time to submit the completed OASIS form
- Initial therapy evaluation within 10 days of initial authorization

Completing a continuation of care request

- Continuation of care requests for authorization can be made through the naviHealth [nH Access online portal](#) or by faxing 1 of the standardized cover sheets to 844-244-9482; either method can be used, regardless of the method used to request initial authorization
- When submitting through nH Access, you will be asked to complete the InterQual assessment to support the authorization process
- Regardless of the method of submission, you will be required to submit clinical documentation to support medical necessity criteria; this 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 for an opportunity to register for a webinar with details about what's changing and the support for the patient journey available as a result of this collaboration. Attending the webinar can help ensure a smooth transition for you, your teams and our members. To learn more, visit [naviHealth.com](https://navihealth.com).