naviHealth
Guiding the Way®

# Getting started – Quick reference guide

The following information is for all home health agencies **contracted with UnitedHealthcare**. These utilization management prior authorization requirements do not apply to non-contracted home health agencies.

## Home health authorizations starting May 1, 2023

Home health prior authorizations will be submitted to naviHealth. All home health services that are already in-process prior to May 1 do not require naviHealth review or authorization until Recertification or Resumption of Care is needed.

| AUTHORIZATIONS | SUBMISSION DATE |
|---|---|
| Start of Care (SOC) request<br>Resumption of Care (ROC) request<br>Additional services request<br>Recertification request | 5/1/23 or later |

# Submitting authorization requests

## Methods of submission

| SUBMITTING REQUESTS OR DOCUMENTATION VIA: | |
|---|---|
| Initial and Resumption of Care (ROC) request<br>Additional services request<br>Recertification request<br><br>NOMNC and OASIS documentation | **nH Access** (preferred)<br>Phone: 855-851-1127, Option 3<br>Fax: 888-815-1808 |

naviHealth has created an easy-to-use platform — **nH Access** — that enhances your naviHealth patient documentation exchange and authorization tracking experience. We highly recommend the **nH Access** portal for faster service and additional integrated features.

To learn more about **nH Access** or to enroll, visit our **nH Access** Resource Center at https://www.naviHealth.com/nHaccess.

# Submitting Authorization Requests (continued)

## Initial registration

When enrolling in **nH Access** and signing up for the Provider Resource page, you will need to provide a business email address upon registration. For security reasons, registrations using a non-business domain email address (e.g., gmail.com, outlook.com, yahoo.com, etc.) will result in an error.

Register for the UHC-naviHealth Home Health Provider Resource page:

- [UHC-naviHealth Home Health Provider Resources](#)
- See the link to the **nH Access** resource site at the bottom of the UHC-naviHealth Home Health Provider Resource page

## Number of visits per authorization request

Providers should request all appropriate disciplines at once and include multiple visits in the request. For SOC and ROC, you can initially request up to the maximum number of visits for each discipline:

- Skilled nursing: 6 visits
- Skilled nursing for complex wound management: 8
- Physical therapy: 6
- Occupational therapy: 5
- Speech therapy: 5
- Social work: 2
- Home health aide: 6

Additional visits may be requested once initially approved visits near completion. Additional visit and recertification requests are subject to approval based on the submission of updated clinical documentation supporting continued intermittent skilled needs.

# Documentation necessary for prior authorization requests

Requests for prior authorization for home health services must include the necessary clinical documentation for naviHealth to determine medical necessity. Failure to submit the required documentation may delay the processing of your request or result in a denial.

**Initial authorization requests**

The following attestation and documentation are required for initial authorization requests for home health services after the SOC visit is completed:

- Attestation of home health qualification under CMS Chapter 7
- 485 Plan of Care with verbal or signed physician order
- Admitting diagnosis for home health services
- SOC Outcome and Assessment Information Set (OASIS) (required within 7 days of request)
- Most recent clinical notes (24-48 hours)
- Wound notes with measurements, if applicable

**ROC requests**

The following documentation is required for ROC requests, after an inpatient stay:

- Attestation of home health qualification under CMS Chapter 7
- ROC Outcome and Assessment Information Set (OASIS)
- Hospital discharge summary
- Wound notes with measurements, if applicable

**Requests for additional services**

The following documentation is required for requests for additional services including new disciplines added or additional visits requested:

- SOC Outcome and Assessment Information Set (OASIS) (if not already submitted)
- Last two (2) visit notes per discipline involved
- Wound notes with measurements, if applicable

**Recertification requests**

The following attestation and documentation are required for recertification requests, within 5 days of the end of the certification period:

- Recertification Outcome and Assessment Information Set (OASIS) within five (5) days of the end of the certification period
- SOC Outcome and Assessment Information Set (OASIS) (if not already submitted)
- 485 Plan of Care with verbal or signed physician order
- Last two (2) visit notes for each discipline requested
- Most recent therapy evaluation(s)
- Wound notes with measurements, if applicable

**Discharge from home health services**

- Real-time notification of discharge date (**nH Access** message or call)
- Copy of signed Notice of Medicare Non-Coverage (NOMNC)