

A UnitedHealthcare Company

Provider Portal: Authorization Quick Tips Home Health and Outpatient Therapy

Category	Procedure and Frequency		Additional Instructions
Home Health (HH) Initial Request	 Enter up to 2 visits for up to a 30-day calendar span for: HH – Facility-medical social services HH – Psych nursing 		 Attach a signed physician order Attach all necessary clinical documentation to justify the request
	Enter up to the total number of visits for the set below for up to a 60-day calendar span Service:	rvices as noted /isit allowance:	 Enter exact counts for the service for an automatic authorization of the initial request Check the Completed tab after submitting to confirm the authorization; an authorization number will be available, and the status will be "Certified in Total"
	 HH – Occupational therapy (OT) HH – Physical therapy (PT) 	6 4 16 10 4	
	 HH – Skilled nursing (inc. wound care) HH – Speech therapy (ST) Primary Precedure Start Date/End Date Units 		Member# TEST001 Date of Birth: 01/01/1957 Status: Certified in Total Type: Outpatient Authorization#: 2228056
	AR HH00 - Home Health - Skilled O5/02/2023 ID Visit O6/30/2023 I for		Home Health – Facility Home Health Aide Total: 6 Visit(s) Begin Date: 4/24/23 End Date: 5/25/23
	AR HH57 - Home Health - Facility-Home O5/02/2023 C 6 Visit Health-Aide 06/30/2023 C for	Total V 6	Home Health – Occupational Therapy Total: 4 Visit(s) Begin Date: 4/24/23 End Date: 5/25/23
	AR HH42 - Home Health - Physical 05/02/2023 16 Visit 1 Therapy 06/30/2023 0 10 Visit 1	Total V	Home Health – Physical Therapy Total: 16 Visit(s) Begin Date: 4/24/23 End Date: 5/25/23
	AR HH43 - Home Health - Occupational 05/02/2023 Herapy O()30/2023 O() O()30/2023 O() O() O() O() O() O() O() O(Total V	Home Health – Skilled Nursing Total: 10 Visit(s) Begin Date: 4/24/23 End Date: 5/25/23
	AR HH44 - Home Health - Speech 05/02/2023 0 4 Visit 1 Therapy 06/30/2023 0 for 1 1	V Total V 4	Home Health – Speech Therapy Total: 4 Visit(s) Begin Date: 4/24/23 End Date: 5/25/23
Home Health (HH) Recertification Request			 Attach a signed physician order Attach a completed <u>Home Health Agency</u> Update/Recertification Form
·			 Attach all necessary clinical documentation, including homebound status to justify the request Recertification periods cannot exceed a 60-day calendar span Recertification requires nurse review
Therapy (OT/PT/ST) Initial Request	Enter up to 3 visits per week for an 8-week calendar span for a total of 24 visits for: - Outpatient OT - Outpatient PT - Outpatient ST Procedure REPT-Outpatient Physical Therapy 04/27/2023 0 3 Visit V Per Week 2 4 8 Weeks AR 07 - Outpatient Occupational 04/27/2023 0 3 Visit V Per Week 2 4 8 Weeks AR 57 - Outpatient Speech Therapy 04/27/2023 0 3 Visit V Per Week 2 4 8 Weeks AR 57 - Outpatient Speech Therapy 04/27/2023 0 3 Visit V Per Week 2 4 8 Weeks AR 57 - Outpatient Speech Therapy 04/27/2023 0 3 Visit V Per Week 2 4 8 Weeks		 Attach a signed physician order Attach all necessary clinical documentation to justify the request
initia request			 Enter exact counts for an automatic authorization for the initial request of 24 visits Check the Completed tab after submitting to confirm the authorization; an authorization number will be available, and the status will be "Certified in Total"
Therapy	Enter the total number of visits for the calendar span defined in		- Attach a signed physician order
(OT/PT/ST) Extension Request	the physician's plan of care for: - Outpatient OT		 Attach all necessary clinical documentation to justify the request
Extension Request	- Outpatient PT		documentation to justify the request - Requests for more than 12 visits (per
	- Outpatient ST		discipline) may be sent for additional review