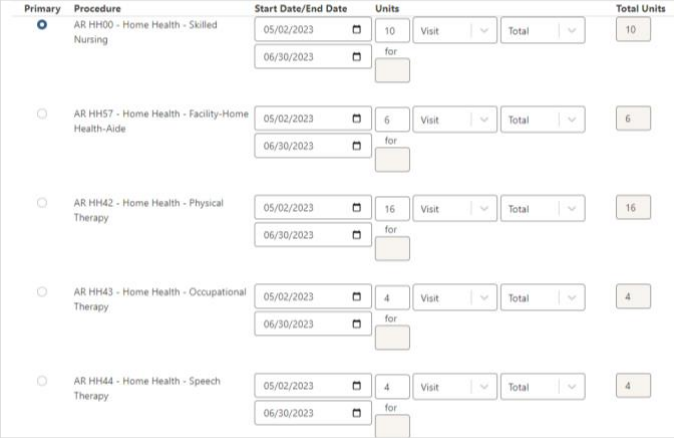

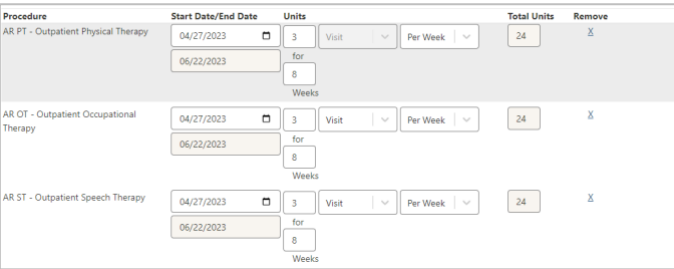


| Category   | Procedure and Frequency  | Additional Instructions   |
|--|--|---|
| <p><b>Home Health (HH)</b><br/>Initial Request</p>         | <p>Enter up to 2 visits for up to a 30-day calendar span for:</p> <ul style="list-style-type: none"> <li>- HH – Facility-medical social services</li> <li>- HH – Psych nursing</li> </ul> <p>Enter up to the total number of visits for the services as noted below for up to a 60-day calendar span</p> <p><b>Service:</b></p> <ul style="list-style-type: none"> <li>- HH – Facility-home health aide</li> <li>- HH – Occupational therapy (OT)</li> <li>- HH – Physical therapy (PT)</li> <li>- HH – Skilled nursing (inc. wound care)</li> <li>- HH – Speech therapy (ST)</li> </ul> <p><b>Visit allowance:</b></p> <ul style="list-style-type: none"> <li>6</li> <li>4</li> <li>16</li> <li>10</li> <li>4</li> </ul>  | <ul style="list-style-type: none"> <li>- Attach a signed physician order</li> <li>- Attach all necessary clinical documentation to justify the request</li> <li>- Enter exact counts for the service for an automatic authorization of the initial request</li> <li>- Check the <b>Completed</b> tab after submitting to confirm the authorization; an authorization number will be available, and the status will be “Certified in Total”</li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Member# TEST001    Date of Birth: 01/01/1957</p> <p>Status: Certified in Total    Type: Outpatient    Authorization#: 2228056</p> </div> <p><b>Home Health – Facility Home Health Aide</b><br/>Total: 6 Visit(s)<br/>Begin Date: 4/24/23<br/>End Date: 5/25/23</p> <p><b>Home Health – Occupational Therapy</b><br/>Total: 4 Visit(s)<br/>Begin Date: 4/24/23<br/>End Date: 5/25/23</p> <p><b>Home Health – Physical Therapy</b><br/>Total: 16 Visit(s)<br/>Begin Date: 4/24/23<br/>End Date: 5/25/23</p> <p><b>Home Health – Skilled Nursing</b><br/>Total: 10 Visit(s)<br/>Begin Date: 4/24/23<br/>End Date: 5/25/23</p> <p><b>Home Health – Speech Therapy</b><br/>Total: 4 Visit(s)<br/>Begin Date: 4/24/23<br/>End Date: 5/25/23</p> |
| <p><b>Home Health (HH)</b><br/>Recertification Request</p> | <p>Find the HH service authorization on the <b>Completed</b> tab and click the plus sign (“+”) to request an extension</p>  <p>Enter the total number of visits for up to a 60-day calendar span:</p> <ul style="list-style-type: none"> <li>- HH – Facility-home health aide</li> <li>- HH – Facility-medical social services</li> <li>- HH – OT/PT/ST</li> <li>- HH – Psych nursing</li> <li>- HH – Skilled nursing (includes wound care)</li> </ul>  | <ul style="list-style-type: none"> <li>- Attach a signed physician order</li> <li>- Attach a completed <a href="#">Home Health Agency Update/Recertification Form</a></li> <li>- Attach all necessary clinical documentation, including homebound status to justify the request</li> <li>- Recertification periods cannot exceed a 60-day calendar span</li> <li>- Recertification requires nurse review</li> </ul>   |
| <p><b>Therapy (OT/PT/ST)</b><br/>Initial Request</p>       | <p>Enter up to 3 visits per week for an 8-week calendar span for a total of 24 visits for:</p> <ul style="list-style-type: none"> <li>- Outpatient OT</li> <li>- Outpatient PT</li> <li>- Outpatient ST</li> </ul>    | <ul style="list-style-type: none"> <li>- Attach a signed physician order</li> <li>- Attach all necessary clinical documentation to justify the request</li> <li>- Enter exact counts for an automatic authorization for the initial request of 24 visits</li> <li>- Check the <b>Completed</b> tab after submitting to confirm the authorization; an authorization number will be available, and the status will be “Certified in Total”</li> </ul>   |
| <p><b>Therapy (OT/PT/ST)</b><br/>Extension Request</p>     | <p>Enter the total number of visits for the calendar span defined in the physician’s plan of care for:</p> <ul style="list-style-type: none"> <li>- Outpatient OT</li> <li>- Outpatient PT</li> <li>- Outpatient ST</li> </ul>   | <ul style="list-style-type: none"> <li>- Attach a signed physician order</li> <li>- Attach all necessary clinical documentation to justify the request</li> <li>- Requests for more than 12 visits (per discipline) may be sent for additional review</li> </ul>  |