

HPHConnect for Providers User Guide

Habilitative & Rehabilitative Therapies Notifications

November 2019

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Occupational Therapy, Physical Therapy, Speech Therapy Habilitative & Rehabilitative Therapies Overview

Introduction

To submit transactions online, the provider must be contracted with Harvard Pilgrim and have a status of “participating” for the member’s product. The user’s access list determines which referral/authorization (RA) transactions can be viewed. Access to RA transactions is limited to those for providers on the user’s access list who are the requesting provider, servicing provider or the patient’s PCP.

When to Use HPHConnect

HPHConnect for Providers users can submit RA transactions and access two years of RA transaction history for Harvard Pilgrim HMO, POS, and PPO members online. You can also submit RA transactions and view RA transaction history for Harvard Pilgrim Choice Plus and Harvard Pilgrim Options members.

When Not to Use HPHConnect

HPHConnect for Providers is not used for transactions for members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare’s related policies/procedures, please go to www.harvardpilgrim.org or call 800-708-4414, option 2.

Notification/Authorization Requirements

Submit the notification to Harvard Pilgrim up to the first date of treatment or no later than the next business day, when physical therapy, occupational therapy, or speech therapy treatment is scheduled (following initial evaluation).

Reminder: Failure to comply with Harvard Pilgrim Health Care authorization requirements will result in an administrative denial of the claim payment. Members cannot be held liable for claims denied for failure to meet these requirements.

Submission Process

Go to www.harvardpilgrim.org/providers. Click on “log into HPHConnect” and sign in.

1. Check Referrals & Authorizations and Search by Request Number or used the Advanced Search to see if a transaction is already in the system. If yes, click View to review the Request Detail.
2. Verify if referral/authorization is required. The “Ref/Auth Required” column indicates “Y” for authorization required and “N” for authorization not required. Note: If “Rehabilitative Per Condition Benefit” is displayed in the Additional Information column, benefit limits will not be displayed.

⊖ In Network as of Oct 15, 2019					
Benefit Description	Copay	Coinsurance	Ref/Auth Required	Benefit limit	Additional Information
Occupational Therapy		0%	N	Not Available	Habilitative Per Condition Benefit
Occupational Therapy	\$0		N	Not Available	Habilitative Per Condition Benefit

3. Check “Referrals/Auth” status to see if a transaction is already in the system. If yes, click View to review the Request Detail.
4. If the patient is eligible and no transaction exists, enter the “Outpatient Submission” request.

Outpatient Submission

Patient
 *Search Current Patients

Diagnosis
 *Search and select a diagnosis

Requesting Provider
 *Requesting Provider Contact Name Contact Info

Servicing Providers
 *Servicing Providers Contact Name Contact Info

Service Details
 *Service Location

 *Service Units *Start Date *End Date

Requested Procedures
 Procedure Code

Additional Information
 *Release of Information Remarks

Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description

*Attachment Type *Transmission Method

File

No attachment added.

Requesting Provider

Only providers with the specialties listed can submit occupational therapy, physical therapy and speech therapy transactions:

- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Acute Care Facility
- Skilled Nursing Facility
- Rehabilitation Facility

Servicing Provider

One servicing provider is required on transactions for occupational therapy, physical therapy and speech therapy treatment and can be any of the following specialties:

- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Acute Care Facility
- Skilled Nursing Facility
- Rehabilitation Facility

The provider's name or NPI is required. If the servicing provider is not contracted with Harvard Pilgrim, the transaction pends for review.

How to Submit the Habilitative & Rehabilitative Therapies Transactions

Outpatient Submission

Outpatient Submission

Patient
* Search Current Patients

Diagnosis
* Search and select a diagnosis

Requesting Provider
* Requesting Provider Contact Name Contact Info

Servicing Providers
* Servicing Providers Contact Name Contact Info

Service Details
* Service Location

* Service Units * Start Date * End Date

Requested Procedures
Procedure Code

Additional Information
* Release of Information Remarks

Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description

* Attachment Type * Transmission Method

File

No attachment added.

Submitting the Habilitative/Rehabilitative Therapies Transaction, *continued*

Required Fields

All required fields display a red asterisk * and must be completed in order to process the request. In addition to the standard required fields, the requesting provider may supply contact information when applicable. All other fields are optional.

Field	Requirement
Patient*	Enter the patient name or ID Number. (This is pre-filled when the transaction is entered via Patient Management).
Diagnosis*	At least one diagnosis code is required. Up to 12 can be submitted. Enter all that are indicated on the physician’s orders.
Requesting Provider*	Select from the drop-down list, if not pre-filled. When a search is needed, enter the provider’s name, provider ID or NPI.
Contact Name / Contact Info	Please complete this field to enable us to contact you more easily if additional information is needed to process your request.
Servicing Provider*	Only one. Can also be the requesting provider.
Service*	Occupational Therapy, Physical Therapy, or Speech Therapy.
Service Units*	Enter the total number of visits needed. Select “Visits” from the drop-down list.
Start Date and End Date*	Start date should be no more than one business day after the first date of treatment.
Release of Information*	Signed statement/claims
Paperwork	The following fields are required only when documentation is added: Attachment Type and Transmission Method. (Documentation is not required for this submission).

Note: Procedure codes are **not** required on PT, OT, or ST requests. When entering text in the “Remarks” field, enter letters and/or numbers only; do not use punctuation marks or other keyboard characters.

(continued)

Submission Tips

Diagnosis Codes

You can enter up to 12 diagnoses. If the patient is receiving care for multiple conditions, be sure to enter all diagnoses that apply. This information is important for the Harvard Pilgrim reviewer to know, when the authorization request requires review.

Provider Information

Users can enter referrals and authorizations using the requesting and servicing providers' National Provider Identifier (NPI) or the provider's name.

Remarks

As the diagnosis may not fully describe what the therapist is treating, more specific information can be submitted in the "Remarks" field. The more information that you can provide electronically at the time of submission, the less additional information you may be asked to supply manually before receiving your determination.

The type of information and level of detail to submit includes the following:

- Identify which side of the body is to be worked on, right or left
- If the treatment will be bilateral, note this
 - If the request is directly linked to post-operative care:
 - Indicate the date of the most recent surgery
 - Specify what the surgery was

For example, if the service to be performed is "status post" for arthroscopic surgery on the left shoulder on August 1, 2014, you need only enter:

- "s p shoulder scope 030106 L"
 - If submitting a revision request
 - When an additional condition is being added, indicate the first date of treatment for the second diagnosis

Reminder: When entering text in the "Remarks" field, enter letters and/or numbers only; do not use punctuation marks or other keyboard characters.

The Transaction Response

Key Information

In the request detail, you will find the:

- Status of the transaction: approved, modified, pending, denied, or No Action Required
- Patient’s name and member’s ID#
- Request Number, e.g., HPA123456789
- Submitted on Date

The requesting provider’s and servicing provider’s National Provider Identifier (NPI) display on the Request Detail Screen (you may have to select “See More”).

On approved and modified rehabilitative therapy transactions, the end date and number of units approved, that is, the number of visits approved, display.

The “Remarks” field displays a summary explanation of the status of the transaction. The “Edit” button only displays on approved transactions.

The “Cancel” button displays on pending and approved transactions.

Electronic Transaction Processing

Initial requests for Physical Therapy and Occupational Therapy for commercial members is as follows:

Transaction	Response
All commercial <i>initial</i> requests for PT, OT, and ST	<ul style="list-style-type: none"> • Will return a “NO ACTION REQUIRED” response when the member has a visit-limit benefit. <p>Reminder: Confirm member visit limit and current remaining visits in the member’s eligibility and benefits response. Payment is subject to available benefit.</p> <ul style="list-style-type: none"> • Will approve and assign the entirety of the benefit when the member has a condition-based benefit. • A pending status may be returned when the member has a combined benefit. • Payment is subject to available benefit.
Revised electronic requests for additional visits	Revisions to PT, OT, or ST transactions are not allowed via the portal. Providers should submit a new request if they want to render additional services.

Approved Rehabilitative Therapy Transaction (For Condition-Based Benefits)

When the initial rehabilitative therapy authorization request approves automatically, it is not necessary to supply supporting documentation. “Modified” status displays on a transaction that has been approved but not as requested, that is, the approved units, the end date, etc. may have changed from what the requestor submitted.

Request Detail View Audit Print EDIT CANCEL

Outpatient Request
Approved

Patient DOE, JANE	Member ID HP987654300	Request Number HPA101108359	Submitted On 10/14/2019
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Diagnosis
Diagnosis Codes
S46.211D STRN MSC F TEND OTH PRT BIC RA SUB

Requesting Provider

Provider Pinnacle Rehabilitation	Provider NPI 1659322832	
Contact Name THERAPIST	Contact Medium Phone	Contact Info 603.501.0581

Servicing Providers

Pinnacle Rehabilitation See More

Contact Name	Contact Medium	Contact Info
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Requested Service

Service Physical Therapy	Level of Service Elective (E)
Requested Units 25 (Visit(s))	Approved Units 25 (Visit(s))
Start Date 10/10/2019	End Date 1/8/2020

Requested Procedures
No records available.

Additional Information

Release of Information Signed statement/Claims (Y)	Additional Remarks Transaction approved
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Clinical Upload (Attachment)
No records available.

Attachments
No records available.
If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

Note:

Payment is based on member eligibility, availability of benefits, and Harvard Pilgrim Health Care provider contractual agreement. Authorization does not guarantee payment.

To print a copy of the response for your records, use the browser print option or the print button on the top of the Request Detail Page, remove screenshot.

No Action Required — Habilitative or Rehabilitative Therapy Transaction (for Visit–Limit Benefits)
 When the initial habilitative or rehabilitative therapy request results in a “NO ACTION REQUIRED” status, it means that prior authorization is not required within the member’s benefit.

Referral & Authorizations / Search Requests

Request Detail

View Audit
Print
EDIT
CANCEL

Outpatient Request

No Action Required

Patient	Member ID	Request Number	Submitted On
SMITH, JANE	HP321321003	HPA101108982	10/15/2019

Diagnosis

Diagnosis Codes
M77.01 MEDIAL EPICONDYLITIS RIGHT ELBOW

Requesting Provider

Provider	Provider NPI
Jump Start Physical Therapy	1497769483

Contact Name	Contact Medium	Contact Info
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Servicing Providers

[Jump Start Physical Therapy](#) See More ▾

Contact Name	Contact Medium	Contact Info
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Requested Service

Service	Level of Service
Physical Therapy	Elective (E)

Requested Units	Approved Units
25 (Visit(s))	25 (Visit(s))

Start Date	End Date
10/15/2019	1/13/2020

Requested Procedures

No records available.

Additional Information

Release of Information	Additional Remarks
Signed statement/Claims (Y)	No Plan Action: HPHC does not require referral notification or authorization for requested service. Does not guarantee coverage or reimbursement for requested service. For more info please see HPHC Provider Manual

Clinical Upload (Attachment)

No records available.

Attachments

No records available.

If you have attached supporting documentation, your files may not be displayed immediately due to file processing. Please check back later.

Note: Payment is based on member eligibility, availability of benefits, and Harvard Pilgrim Health Care provider contractual agreement. Authorization does not guarantee payment.

Pended for Review

The most common reasons why transactions pend are:

- The servicing provider is not contracted with Harvard Pilgrim.
- The servicing provider is contracted with Harvard Pilgrim but is not considered a participating provider for the member’s product.
- The member’s benefit is per-condition and a subsequent transaction is submitted that has the same diagnosis code as was previously submitted on a similar authorization in the calendar year.

Pended Habilitative or Rehabilitative Therapy Transaction

Clinical Upload (Attachment)		
Description Fax required information to the Medical Policy Review Unit @ 617-509-3105		
Identification Code 224420047	Transmission By Fax (FX)	Attachment Type 09
Description Fax required information to the Medical Policy Review Unit @ 617-509-3105		
Identification Code 224420048	Transmission By Fax (FX)	Attachment Type 06

- The “Approved Units” and “End Date” are blank pending completion of the review.
- The “Additional Information” section on the request detail screen indicates what information is needed and the fax number of the rehabilitative therapies reviewer. Fax all the requested information to the number indicated:
 - Progress Report
 - Functional Goals
 - Plan of Treatment

It is important to note that the Print Referral form **does not** display the “Additional Information” segment. To keep a copy of the needed information and fax number, print the Detail screen.

Action Required for a Pended Transaction

When a transaction pends for review, clinical notes are needed to make a determination. The Additional Information section lists the required documentation.

- The “Remarks” indicate where to send the information.
- The requestor can use the referral printout as the coversheet and indicate which side (right or left) he/she is seeking treatment for in the case of a bilateral body part.

The Harvard Pilgrim Rehabilitative Therapies reviewer updates the outpatient record to reflect the final status, “Approved” or “Denied,” within two business days of receiving all information needed to complete the review.

The requesting provider, servicing provider and PCP will receive electronic notification of the changed status of the transaction via the Activity Summary, if enabled.

Note: If more information is needed, the provider will be contacted for more information.

Revisions to an OT, PT, or ST Transaction

Guidelines

- The only edit supported is to cancel a transaction. Edits to days and visits are not supported.
- Only the requestor or the servicing provider can cancel a transaction.
- Only approved or pended transactions can be canceled.

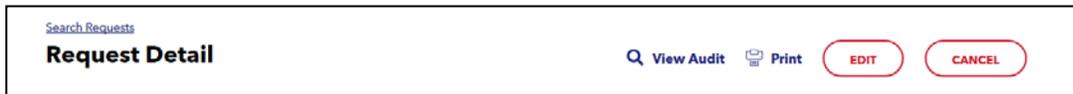
Cancel the Transaction

The requestor or the servicing provider can cancel a pending or approved transaction at any time, if:

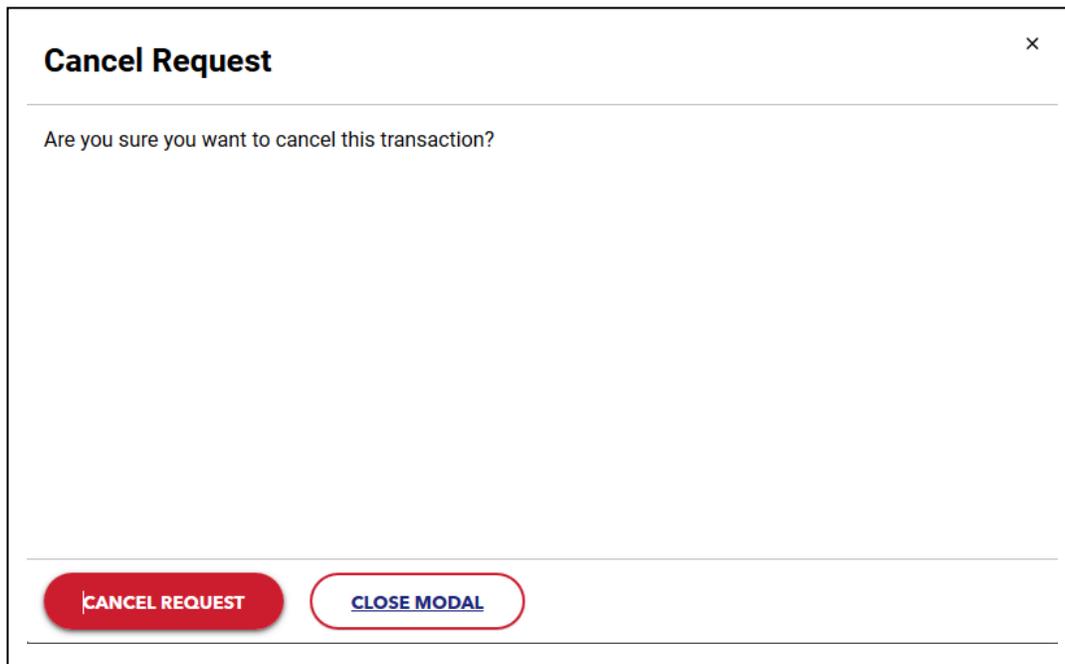
- The record was entered for the wrong patient.
- The wrong service type was selected in the original request (e.g., physical therapy instead of occupational therapy, or speech therapy instead of physical therapy, etc.) To correct this error, it is necessary to cancel the original record and enter a new one for the appropriate service.
- The wrong type of request was submitted (e.g., “Specialist” or “Admission” rather than “Outpatient,” etc.)

How to Cancel a Transaction

1. Click on the “Cancel” button at the top of the Request Detail screen.



2. When the Verification screen displays, click “Cancel Request” to continue with the cancellation request.



3. The transaction re-displays and the Status indicates “Approved (Canceled),” that is, the request to cancel the transaction was approved.

