

| Prior to Submitting a Home Care Transaction: | |
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| 1. | Check member eligibility. |
| 2. | When you are sure that you have the correct member, click on “Select” to add the member to the patient list. |
| 3. | Check to see if a home care IVIG services authorization is already in place. (See “To search for Home Care Transactions” below). |
| 4. | Have your NPI and the NPI of the attending physician, which you can find via the Office Management/Provider Directory. |
| 5. | Have the diagnosis code(s) and the IVIG procedure code(s), which you can pre-select from the Office Management/Code Lookup. These are required for all home care IVIG services transactions. |

| To Submit a Home Care IVIG Services Transaction: | |
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| 1. | Select Home Care from the New Request drop down list |
| 2. | Complete the required fields indicated with a red asterick *. Always enter the VNA servicing provider first and the physician (primary care or specialist provider) second. |
| 3. | Complete the contact name, contact info and any additional optional fields. |
| 4. | Note: if either the last admission period or the patient location field is used, the other one is then required. |
| 5. | When you click on “Submit,” the response will be returned to you directly and display the status, “Pended.” |

| To Search for Home Care Transactions: | |
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| 1. | In Patient Management, select the member from the patient list. |
| 2. | Click on the “Authorizations & Notifications” link to access the Search Requests screen that displays a list of the member’s referrals, authorizations & notifications. |
| 3. | Click on the View link to access the detail of an existing record. |
| 4. | If no record exists for the IVIG services for the patient, click on “New Request” to enter a new transaction. |

| Helpful Hints: | |
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| 1. | To advance from field to field, use the TAB key instead of using your mouse. |
| 2. | To move the cursor back a field, use the SHIFT + TAB keys together. |
| 3. | Enter only IVIG procedure codes for IVIG services. If other procedure codes are submitted with them, they will be rejected. Exceptions: nursing codes 99601 and 99602 can be submitted on home health care transactions for IVIG services. |
| 4. | Approved home care transactions will display start date and end date and the # of visits approved. Initial IVIG services authorization is limited to three months, unless otherwise specified. |

| Troubleshooting Problems: | |
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| 1. | If you receive an error message and need to correct data in one or more fields, click the “back arrow” or use the breadcrumb links at the top of the submission page to correct the mistake(s) and resubmit the request. |
| 2. | If you receive the message, “Your request has not been returned from the server. You will receive a communiqué shortly,” click the “Back” button to resubmit the request. |
| 3. | If you have not used HPHConnect for 15 minutes, you will need to log in again before you can create a new admission transaction. |

Patient — search by member name or ID — as you type the patient’s name, a list of options will auto populate

Prognosis — select from the list

Physician Contact Date** — (optional)

Patient Location** — (optional)

Last Admission Period** — (optional)

Diagnosis — you may enter up to 12 search terms. Be sure to include the decimal point if the diagnosis code requires one — if you do not know the correct codes, you can search for them

Servicing Provider — two are required — a VNA (1st) and a physician (2nd)

Service — select from the menu

Level of Service (optional)

Service Units — total # of visits

Start date and End date of service

Procedure Code — enter only ICD-9 procedure codes for IVIG services. If other procedure codes are submitted with them, they will be rejected

Exception: nursing codes 99601 and 99602 can be submitted on home care transactions for IVIG services. If you need to search for the correct codes, you may use the search feature or code lookup under Office Mgmt.”

Release of Information — Signed Statement/claims

Remarks — enter text only; do not use punctuation marks or other keyboard characters (optional)

Click on “Submit” to send the request

Home Care Submission

Patient

* Search Current Patients

Select a patient * Prognosis

* SNF Indicator Physician Contact Date Patient Location

Last Admission Period
MM/DD/YYYY MM/DD/YYYY

Diagnosis

* Search and select a diagnosis

Requesting Provider

* Requesting Provider Contact Name Contact Info Phone

Servicing Providers

* Servicing Providers

Service Details

* Service

Home Health Care Level of Service

* Service Units Visits * Start Date * End Date

Requested Procedures

* Procedure Code

Additional Information

* Release of Information

Signed statement/claims Remarks

Characters remaining: 225 / 225

Clinical Upload (Attachment)

Description

* Attachment Type * Transmission Method

File

No attachment added.