



**HUSKY Health – Medical Authorization Portal  
Prior Authorization (PA) Request – Quick Reference Guide  
Home Health**



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**HUSKY Health – Medical Authorization Portal  
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Home Health**



**HOME HEALTH**

**Quick Reference**

<b>Field</b>	<b>Selection</b>
<b>Eligibility</b>	Click on the radio button next to eligibility information
<b>Auth Type</b>	Home Health
<b>Auth Priority</b>	Initial or Reauthorization
<b>Provider Details</b>	
<b>Referred by Provider</b>	Search for the referring provider and select the correct provider* Enter phone and fax number
<b>Servicing Provider</b>	Select "CMAP ID" from the dropdown selection and enter the agency's billing CMAP ID* Enter phone and fax number
<b>Diagnosis and Service Codes</b>	
<b>Treatment Type</b>	Select Treatment Type 1. <i>2<sup>nd</sup> Evaluation or greater</i> : use for second evaluation or greater during the calendar year for therapy services 2. <i>1<sup>st</sup> Evaluation</i> : use for first evaluation for therapy services 3. <i>Treatment Only</i> : use for all other services
<b>Diagnosis Code</b>	Enter the ICD-10 diagnosis code(s)*
<b>Procedure Description</b>	Type the appropriate code or custom code* <b>Skill Nursing: SNDSS</b> <b>Complex Nursing: CNDSS</b> <b>Medication Administration: MADSS</b> <b>Obstetric Nursing Care: ONDSS</b> Type the appropriate revenue code for therapy services
<b>Procedure Code</b>	Auto-populated from description selection
<b>From Date</b>	Start date
<b>To Date</b>	End date
<b>Unit Type</b>	Visits or Units
<b>Req.</b>	Number of visits/units requested
<b>Visits - Frequency/Hours</b>	Select as appropriate
<b>Notes &amp; Attachments</b>	
Enter any notes or pertinent information	
Attach all clinical documents needed to determine medical necessity (i.e., physician notes, 485 form, etc.)	
<b>InterQual®</b>	
System will launch InterQual® (IQ) evidence-based criteria if appropriate, or will pend for medical necessity review	

*\*Use the "down arrow" on keyboard to select*

**Home Health Authorization Request Steps**

1. Log in:
  - a. Users MUST log in with the correct billing **CMAP ID** for the provider/agency they are requesting services, to be able to see authorizations submitted under that provider
2. Click on the “Home” tab
3. Click on the “Start New Outpatient Request” icon



4. Enter the member’s Date of Birth and Member ID number, and click on “Find Member”

* First Name	* Last Name	* Date of Birth	* Member ID
<input type="text"/>	<input type="text"/>	MM/DD/YYYY <input type="text"/>	<input type="text"/>
<input type="button" value="Find Member"/>			<input type="button" value="Clear"/>

5. Select member by clicking on member’s box

Member ID	Member ID : H552116771 , Medicaid No : 552116771	First Name	Bret	Last Name	N	Date of Birth	04/24
Phone Number	380-	Primary Insurance	N/A	Secondary Insurance	N/A	Address	Rocky Second Boulevard MD, 70880-0880

6. **Eligibility:** click on the radio button next to eligibility information

<b>Eligibility</b>	
<input type="radio"/>	LOB <b>ASO- Medicaid</b> Status <b>Active</b> Code <b>0013</b> Start Date <b>11/1/2016</b> End Date <b>12/31/2999</b> Benefit Plan <b>HUSKY A</b> Coverage Code <b>HUSKY A FOR KIDS UP TO AGE 19</b> Code <b>1013</b> Code <b>3049</b>

7. **Authorization Type:** Home Health
8. **Auth Priority:** select “Initial” or “Reauthorization”
9. **Provider Details:**
  - a. *Referred by Provider:*
    - i. Search for the referring/ordering provider and select the correct provider\*
    - ii. Enter the **referring/ordering provider’s phone and fax number**
  - b. *Servicing Provider:*
    - i. Select “CMAP ID” option from the dropdown selection
      1. Enter your billing CMAP ID and select your agency\* – do not use the Tax ID
    - ii. Enter **servicing/billing provider’s phone and fax number**

*\*Use the “down arrow” on keyboard to select*



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### 10. Treatment Type:

- a. *2<sup>nd</sup> Evaluation*: use for second evaluation for therapy services
- b. *1<sup>st</sup> Evaluation*: use for first evaluation for therapy services
- c. *Treatment Only*: use for all other services

### 11. Diagnosis Code(s):

- a. Type ICD-10 code
- b. Use the “down arrow” to select code
- c. Use the + sign to add codes as needed

### 12. Procedure Code:

- a. Procedure Description: type the procedure code or appropriate custom code
  - i. Include “DSS” with any custom code.\* For example:  
Skill Nursing = **SN**DSS  
Complex Nursing = **CN**DSS  
Medication Administration = **MA**DSS  
Obstetric Nursing Care = **ON**DSS
  - ii. For therapy services, select the appropriate revenue code
- b. Procedure Code: auto-populated based on description selection
- c. From Date: enter the start date of service
- d. To Date: enter the end date of service
  - i. Date parameters:
    1. Skill Nursing (SN) Initial and Reauthorization requests should not exceed 14 calendar days
    2. Therapy requests should not exceed 90 days from start date
- e. Unit Type: select visits or units as appropriate
- f. Req.: enter the number of units/visits requested
- g. Visits - Frequency/Hours: select as appropriate
  1. 1 per week
  2. 2 per week
  3. 3 or more per week
  4. HHA-Up to 14 hours/week
  5. HHA-Greater than 14 hours/week
  6. CN = CN-Greater than 2 hours/day

### 13. Click **Next** to proceed with authorization:

#### a. **Option to Save as Draft**

Please note: the option to **Save as Draft** may be used if the clinical information is not available at the time of the authorization creation.

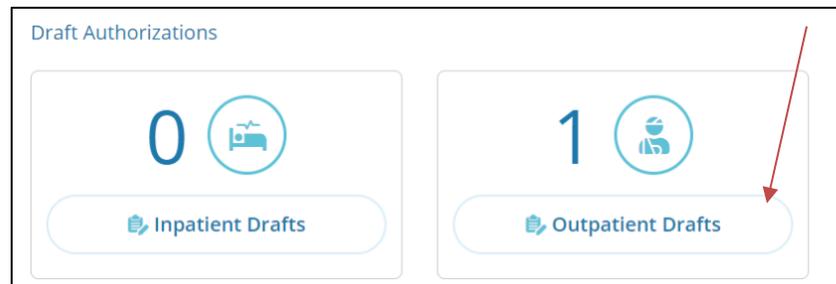
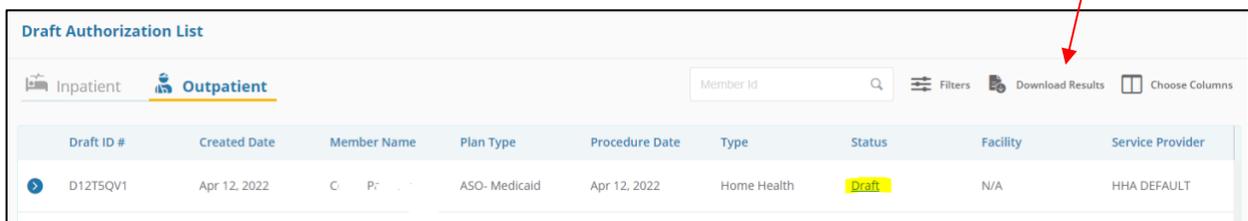
The authorization will NOT be available to HUSKY Health staff until the user clicks on “Submit” and the InterQual® (IQ) portion is completed, if IQ is available.

*\*Use the “down arrow” on keyboard to select*

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All authorizations must be submitted prior to the start date of service; the option to **Save as Draft** does not override this requirement.

- i. To retrieve a list of authorizations “Saved as draft”:
  1. Go to the Home tab and scroll down to see Draft Authorizations
  2. Click on “Outpatient Drafts”

Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
D12T5QV1	Apr 12, 2022	C. Pr...	ASO- Medicaid	Apr 12, 2022	Home Health	Draft	N/A	HHA DEFAULT

3. Enter Member ID to search
4. Reopen the authorization draft by clicking on the “draft” link under **Status**
  - a. Note: You may click on “Download Results” to export an Excel spreadsheet with all authorizations saved as a draft, if needed

14. Add **Notes** and **Attachments**, then select “**Submit**”

- a. Note: both fields are required to proceed

15. **InterQual® (IQ) Review:** System will launch IQ if appropriate, or will pend for medical necessity review according to the appropriate turnaround time:

- a. Select criteria based on member’s condition
- b. IQ will result in either:
  - i. **Criteria Met**
  - ii. **Criteria Not Met**, which will pend for internal review
- c. Refer to system-generated instructions after completing the IQ

### [View and Print Authorization Number and Authorization Summary](#)

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.



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1. Scroll down to view the authorization details
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**

**Procedure Codes**

Procedure Code <b>0006U</b>	Primary Procedure	Alternate Service ID <b>KG00001802</b>
Procedure Description <b>Testing for presence of interacting medications, substances, supplements and foods in urine</b>		
Unit Type <b>Days</b>	Req. <b>1</b>	Approved Units <b>0</b>
From Date <b>04/27/2022</b>	To Date <b>04/27/2022</b>	Denied Units <b>0</b>

3. To print the Authorization Summary, select “Click to print”
  - a. Note: the Authorization Summary may open on a new tab in your browser

### View and Print Determination Letters

1. Click on “Authorization List” on the left-hand menu
2. Select the **Outpatient** icon
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on “View Letter”

**Authorization List**

Inpatient | Outpatient

551226234

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0414TE2WI	Apr 14, 2022	Dejuan Waller	ASO- Medicaid	Apr 14, 2022	InPatient-Emergency Hospitalization	Pending	FACILITY DEFAULT	PROVIDER DEFAULT

**Auth Details**

Primary Diagnosis: SEVERE SEPSIS WITHOUT SEPTIC SHOCK    Referred By Provider Name: N/A

Notification Date: 04/14/2022

Decision Date: N/A

Member ID: H551226234, Medicaid No: 551226234

[View & Print Auth](#)  
 [View Notes](#)  
 [View Docs](#)  
 [View Letter](#)  
 [View Guidelines](#)  
 [View Discharge Plan](#)

[+ Discharge Information](#)  
 [+ Additional Information](#)

6. Click on the link next to Document Name to download or print the letter

**Letters**

Auth Document ID <b>12956</b>	Document Name <a href="#">PH_Acute-To HOH</a>	Document Type <b>Letter Document</b>	Created On <b>04/14/2022 11:11 AM</b>
Description <b>PH_Acute-To HOH</b>			

### Attach Additional Information

After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

1. Click on **Authorization List**
2. Select the **Outpatient** icon
3. Enter the **Member ID**, and click on the magnifying glass to search
4. Click on the caret symbol to expand the view
5. Click on **+Additional Information**

The screenshot shows the 'Authorization List' page. At the top, there are tabs for 'Inpatient' and 'Outpatient'. A search bar contains the Member ID '551882076'. Below the search bar is a table with columns: Authorization ID #, Created Date, Member Name, Plan Type, Procedure Date, Type, Status, Facility, and Service Provider. One record is shown with Authorization ID '0301TX8YV', Created Date 'Mar 01, 2022', Member Name 'Karie Gibbs', Plan Type 'ASO- Medicaid', Procedure Date 'Mar 01, 2022', Type 'DME (Durable Medical Equip)', Status 'Pending', Facility 'N/A', and Service Provider 'DME DEFAULT'. Below the table, there are 'Auth Details' including Primary Diagnosis 'DM DUE TO UNDERLYING CONDITION W/HYPEROSMOLARITY', Notification Date '03/01/2022', Decision Date 'N/A', and Member ID 'H551882076'. At the bottom, there are several view options and a '+ Additional Information' button.

6. Proceed to enter a note and add attachments (both sections are required)
7. Click "Submit"

The screenshot shows the 'Enter Note' form. It has a text area for entering additional notes. Below the text area is an 'Add Attachments' section. At the bottom right, there are 'Submit' and 'Cancel' buttons.



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### Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it is in **pending** status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

1. Select the link labeled “Request to withdraw a pending Authorization” at the bottom of the Home page



2. Enter the Authorization ID (reference number) or member ID to search, and click on **Find Authorization**
3. Click the radio button on the left side to select the authorization
4. Check the box to select the service code(s) to be cancelled

Withdraw Request							
D H		Authorization ID #0309W51Z5					
<input checked="" type="checkbox"/>	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/>	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Rent to Purchase	1	03/09/2022	04/08/2022	Pending

5. Add a note with the reason for cancellation
6. Click “Submit”
7. To print the details, select the “click to print” link available in the confirmation message

### Important Information

The following features are not operational in the authorization portal at this time:

- Messages
- Extensions
- Appeals
- Peer to Peer Reviews

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.



## HUSKY Health – Medical Authorization Portal

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#### Home Health



### Home Health - Authorization Request Entry Example

* Authorization Type Home Health		* Auth Priority Initial	
* Referred By Provider Name Provider Name		PROVIDER DEFAULT <input type="checkbox"/> Referred By Provider Name & Servicing Provider are same	
* Servicing Provider Provider Name		HHA DEFAULT	
* Treatment Type Treatment Only			
* Diagnosis Description PILONIDAL CYST WITH ABSCESS		* Diagnosis Code L05.01 <input checked="" type="radio"/> Primary Diagnosis	
* Procedure Description DSS- SKILLED NURSING		* Procedure Code SN <input checked="" type="radio"/> Primary Procedure	
* From Date 03/07/2022	* To Date 03/07/2022	* Unit Type Visits	* Req. 1
		* Visits - Frequency/Hours 1 per week	

**Providers/Facilities must submit medical records with authorization requests.**

Add Note

Add Attachments

Test\_doc (2).pdf x

Submit
Cancel

Asterisk (\*) denotes a mandatory field