Home Health Care (OON) User Guide

Provider.MassGeneralBrighamHealthPlan.org

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc.
and Mass General Brigham Health Insurance Company.

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Introduction

Mass General Brigham Health Plan's online provider portal Provider.MassGeneralBrighamHealthPlan.org is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services and to receive real updates on the status of these requests. To submit a referral or authorization request, the patient must have active Mass General Brigham Health Plan eligibility.

The following table shows referral/authorizations that can be created in Provider.MassGeneralBrighamHealthPlan.org, with a brief description:

Provider.MassGeneralBrighamHealthPlan.org Referrals/PA Tab	Brief Description
Referral	Allows user to create and send a real-time referral request to Mass General Brigham Health Plan
Outpatient (includes Observations and Surgical Day Care)	Allows user to create and send a real-time outpatient authorization request to Mass General Brigham Health Plan
Admission	Allows user to create and send a real-time admission certification request to Mass General Brigham Health Plan
Home Health Care	Allows user to create and send a real-time Home Health Care request to Mass General Brigham Health Plan

Helpful Hints

- Members and providers need to verify member's benefits and eligibility.
- There is a code checker tool so you can search by code to see authorization requirements.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- Mass General Brigham Health Plan's systems are updated for maintenance on the third weekend of every month starting Friday at 5:00pm until Monday morning. You will be able to enter Referrals or Authorizations during this time, but you will not receive a status report until Monday morning.
- Please contact your site User Administrator if you need access to submit authorizations.
- Error notification: If required fields have not been entered, one or more error messages will show immediately after hitting the Submit button. You will be able to return to the original screen and complete the fields.
- **Observation (OBV) or Surgical Day Care (SDC) that becomes an inpatient admissio**n, a separate authorization must be submitted. The provider must also indicate in the Remarksthat the OBV or SDC has converted to an Inpatient Admission.
- If the **Revise Authorization** screen does not appear after clicking on **Revise Request**, user should **press Ctrl + F5** to refresh your browser.

- **Individual Consideration** - Service requests outside of the member's benefit plan.
- The following services should continue to be requested through Mass General Brigham Health Plan vendor sites:
  - Sleep Studies: Sleep Management Solutions (SMS)
  - Outpatient MRI's, CT, and PET imaging studies: Evicore

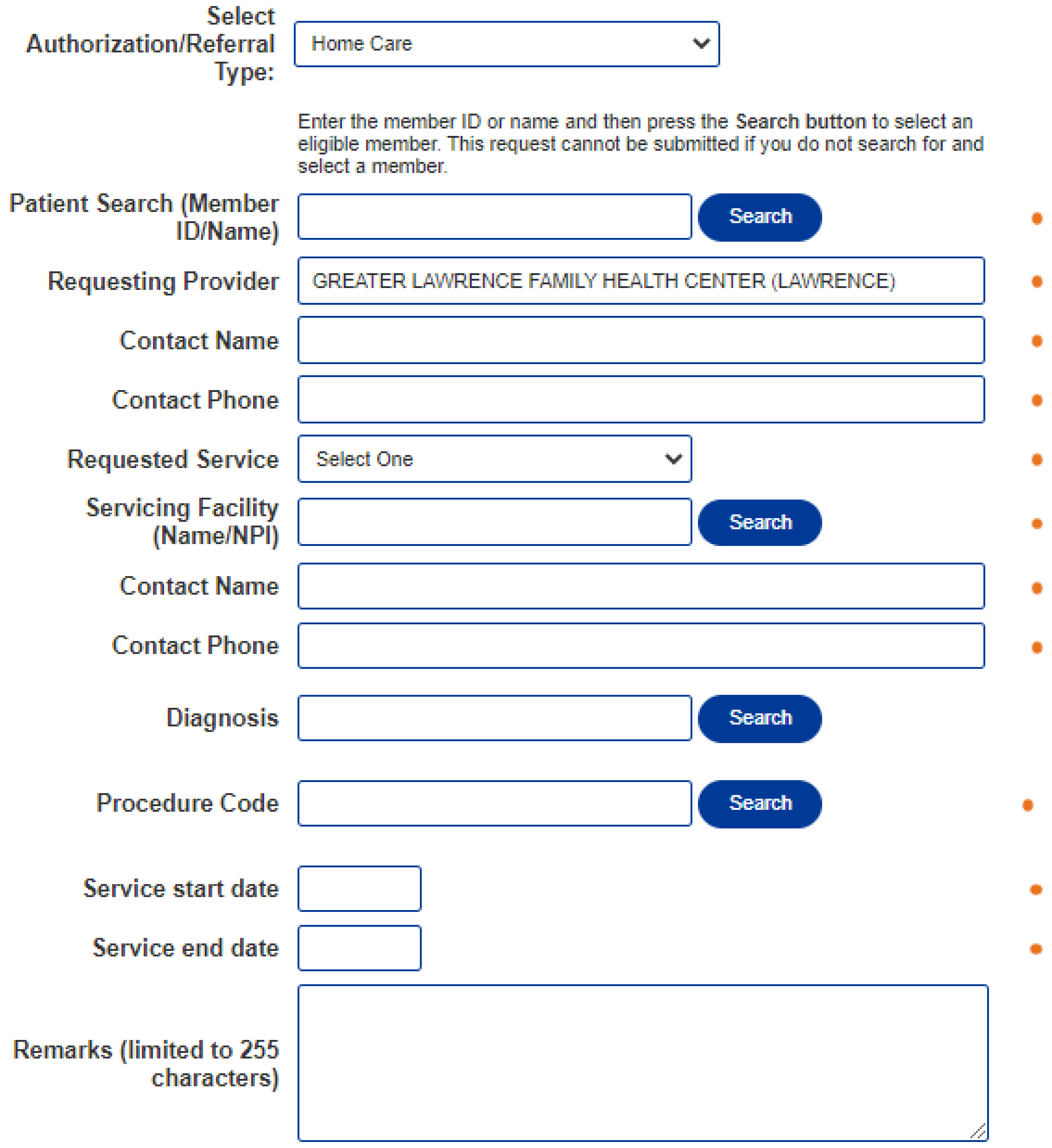
Authorization Status

Provider.MassGeneralBrighamHealthPlan.org	Edit Functionality
APPROVED	Yes
CLOSED	No
MEDREVIEW	Yes
PEND	No
DENIED	No

Authorization Closure Reason Legend (most frequently used, not entire list)

- **AC – Duplicate** – More than one request for same service. Go back to original auth for revision.
- **AC – Entered in Error** – Auth closed due to error (ie. Provider used incorrect portal)
- **AC – No Prior Authorization Required** – Auths will be closed when PA is not required.
- **AC – Provider Withdrew Request** – Auth closed as provider withdrew PA request
- **AC – Redirection** – Auth closed and redirected for review by designated party (ie. ACO)
- **AC – Requires both Referral and PA** – If no referral on file, PA is closed
- **AC – Revision of Existing Authorization Required** – Do not enter new auth, revise existing auth
- **AC – Secondary Insurance, No Auth Required** – Member has other, prime, insurance. Auth not needed as secondary payer – do not submit auth.
- **AC – Status Changed** – Used for level of care changes (ie. Observation to inpatient.)
- **AC – Submit to Evicore** – Auth must be submitted to eviCore for review and will be closed
- **AC – Submit to Optum** - Auth must be submitted to Optum for review and will be closed
- **AC – Template/Service Mismatch - See User Guide and Resubmit** – the service requested was placed on the wrong template and was closed. New auth needed.

Desktop Procedure for Mass General Brigham Health Plan Home Health Care Authorization Submission into Provider.MassGeneralBrighamHealthPlan.org



Required fields are denoted with this small sphere (●) next to the field name.

Creating a Home Health Care Request

1. **Authorization/Referral Type**: Select **Home Health Care**.

2. **Requested Service**: **Select appropriate service type from drop down.**
   - Each discipline must be submitted separately. For example: If you are requesting both Home PT and Home Skilled Nursing, you must enter an authorization for both.

Requested Service	Comments
Home Health Aide (HHA)	
Home Infusion	
Home Skilled Nursing Evaluation - Notification	Used for Home Skilled Nursing evaluation visit only. Separate authorization required for actual treatment. Each re-eval requires a new authorization.
Medical Social Worker (MSW)	
Occupational/ Physical Therapy	**MassHealth members ONLY** **Evaluation:** Add 1 visit to total visits request and note in Remarks “1 visit”
Private Duty Nursing	
Skilled Nursing Care	Use for Skilled Nursing Visits (SNV)
Speech Therapy	**MassHealth members ONLY**

3. **Member Section**: Enter member’s Date of Birth and Member ID.

4. **Requesting Provider**: Enter the Requesting Provider NPI, Provider Name, Provider Address, Contact Name and Contact Phone Number (Area code is required).

5. **Servicing Provider**: Enter the Servicing Provider NPI, Provider Name and Provider Address, Contact Name and Contact Phone Number (Area code is required).

6. **Diagnosis**: Enter description or ICD10 code, click search and select the appropriate diagnosis from the list. Up to six diagnoses can be entered; however, the primary diagnosis should be entered first.

7. **Procedure Code**: Enter code, click search. Click **Select**, next to the appropriate procedure. (Refer to the table below for specific coding requirements).

Service Type	Additional Code
Home Health Aide (HHA)	Revenue Code 0572
Home Infusion	CPT/ HCPCS Code
Home Skilled Nursing Evaluation - Notification	Revenue Code 0551
Medical Social Worker (MSW)	Revenue Code 0561
Occupational/ Physical Therapy (Mass Health members ONLY)	Occupational Therapy Revenue Code 0431
Private Duty Nursing	Revenue Code 0552/0989
Skilled Nursing Care	Revenue Code 0551
Speech Therapy (Mass Health members ONLY)	Revenue Code 0441

8. **Units/Visits**: This field will appear after a procedure code has been selected.
   - For Home Skilled Nursing Evaluation: Only 1 visit is allowed.

9. **Start Date and End Date**: Enter requested date range.
   - For OT/PT Evaluation: Add 1 visit to the total visits requested and note in the Remarks: "1 visit for evaluation".
   - If a member is receiving HHC services and is admitted to a facility, the HHC provider does not have to submit a new HHC authorization once the member has been discharged.

10. **Remarks**: Use for brief clinical, other information. There is a 255-characterlimit. If attaching or faxing clinical, please indicate so in the remarks

11. **Submit**.

Response Screen

- Once you complete an authorization, you will receive a real-time response.

  If your submission request doesn't provide a real-time response, the following message will be displayed:

  Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status. In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

Authorizations & Referrals Viewer

This cannot be revised because the status is not MEDREVIEW or APPROVED

Authorizations/Referral Information

Authorization/Referral ID:	22349R00001	Member:	LHASO, JOHN
Member ID:	1007010070	Member Date Of Birth:	01/01/1954
Product:	MEDICARE ADVANTAGE	Member PCP:	
Referred By:	FAMILY CARE ASSOCIATES, LLC (1417969817)	Referred To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Inpatient/Outpatient:	Home Health	Pay To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Diagnosis Code:	K92.1	Diagnosis Description:	MELENA
Authorization/Referral Status:	**PENDING** A -Home Health Aid	Authorization/Referral Date:	12/15/2022
Service Start Date:	12/15/2022	Service End Date:	03/15/2023

Authorization/Referral Service Lines

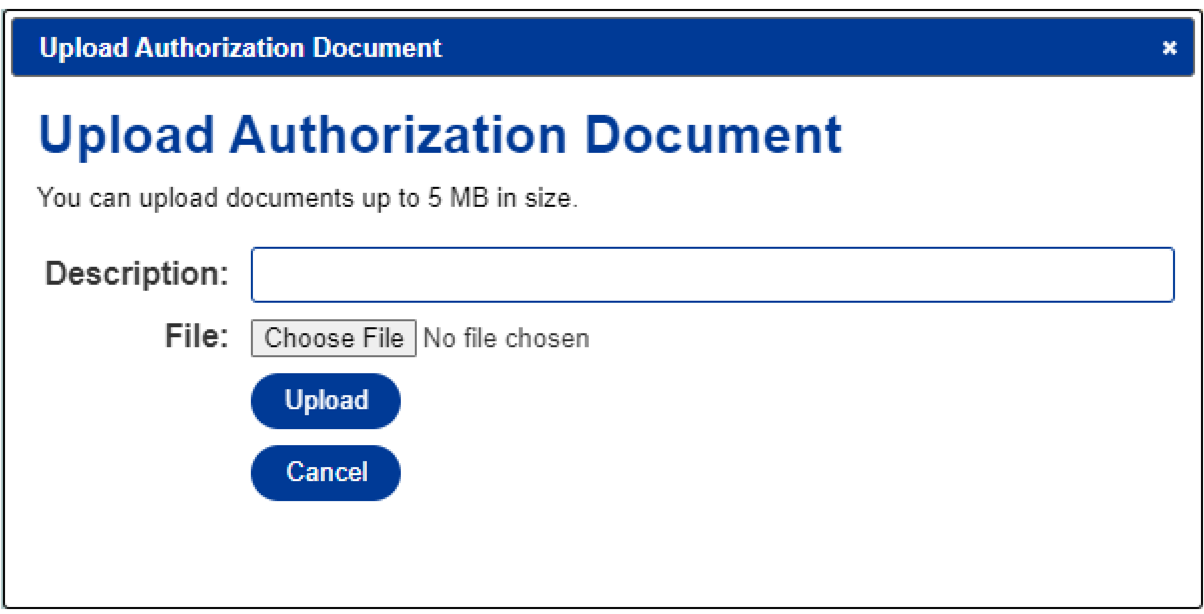
Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	PENDING	0572	REVENUE CODE		HHA, HOME HEALTH AIDE, HOURLY CHARGE	10	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded
No data available in table			

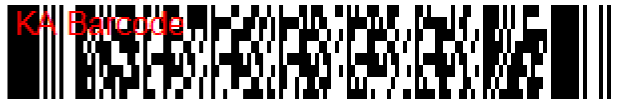
Submit Document Fax Document

- Click on **Submit Document** button to upload clinical information.
- Click on **Choose File** to search and attach a file. Enter a description and click **Upload**.



- Click on **Fax Document** if you are unable to submit your documentation electronically. This will generate a fax cover sheet referencing the corresponding authorization number of your request and other pertinent information. You will need to print this cover sheet and include this as part of your fax.

To: Mass General Brigham Health Plan
Fax Number: 617-586-1700
Auth Id: 22348R00000
From: Bill Nolan
Site: FAMILY CARE ASSOCIATES, LLC
NPI: 1417969817
Phone: 508-932-2383
Date: 12/14/2022



- Once a document is attached, it will appear at the bottom of the authorization viewscreen. More documents may be attached at any time.
    - **Please note**: When submitting clinical information via fax (*selecting the fax document button*) the upload will be automatically named with the Auth ID#, Date and Time.

Authorizations & Referrals Viewer

Revise Request

Authorizations/Referral Information

Authorization/Referral ID:	22348R00000	Member:	LHASO, JOHN
Member ID:	1007010070	Member Date Of Birth:	01/01/1954
Product:	MEDICARE ADVANTAGE	Member PCP:	
Referred By:	FAMILY CARE ASSOCIATES, LLC (1417969817)	Referred To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Inpatient/Outpatient:	Inpatient	Pay To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Diagnosis Code:	N50.82	Diagnosis Description:	Scrotal pain
Authorization/Referral Status:	**APPROVED** A -General Medicine	Authorization/Referral Date:	12/14/2022
Service Start Date:	12/14/2022	Service End Date:	12/19/2022

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				Inpatient Stay	5	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
Clinicals	UserGuideInpatient_2.7.2022.pdf	896KB	12/14/2022 11:40:AM	Download

Submit Document Fax Document