



# SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Home Health Policy Manual

**Title:** Home Health Policy 410  
**Section:** ELIGIBILITY FOR SERVICES  
**Subject:** Prior Authorization Process: Initial and Extended Prior Authorizations  
**Reference:** ARM 37.40.702  
**Supersedes:** Policy 410, Issued 11/01/2001

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## **PRIOR AUTHORIZATION OF HOME HEALTH SERVICES**

All Home Health services must be prior authorized through the Department's Utilization Review Contractor (Contractor).

Home Health services must be prior authorized before the services are delivered. Medicaid payments made for unauthorized services may be recoverable by the Department. The Department will not back date prior authorizations.

## **INITIAL PRIOR AUTHORIZATIONS**

Initial prior authorization for Home Health services means approval to provide Home Health services up to the program limits as ordered by the physician. Home Health services are limited to 180 visits within 365 days of the initial service visit. Extended visits may be authorized by the Department/Contractor.

## **DOCUMENTATION FOR INITIAL PRIOR AUTHORIZATION REQUESTS**

Initial Home Health service prior authorizations may be requested by submitting the following forms to the Contractor prior to service delivery:

1. A Request for Initial Prior Authorization and Amendment form (SLTC 124); and
2. A signed Home Health Certification and Plan of Care form (SLTC 126).

The Contractor will approve the requested Home Health services, when appropriate, and enter the authorization number into the State's Medicaid Management System (MMIS). MMIS will send the prior authorization number to the Home Health agency (HHA).

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If the Home Health service request is denied, the Contractor will notify the requesting HHA of the denial.

The provider has five business days from the initial visit to request authorization of Home Health services.

HHAs should request a sufficient number of visits based on a physician's order and the member's need.

### **AMENDMENTS TO INITIAL PRIOR AUTHORIZATIONS**

Requests for additional visits over the amount approved by the Contractor during the initial authorization request are considered an amendment to the initial request.

The Contractor may amend the initial prior authorization by adding the requested service visits to the existing authorization request.

**NOTE:** HHAs must allow sufficient time for the Contractor to process the amendment request so that additional Home Health visits are authorized **before** service delivery.

In order to request an amendment for additional Home Health service visits, the Home Health provider must submit the following to the Contractor:

1. A Request for Initial Prior Authorization and Amendment Form (SLTC 124) **notating the amendment status;**
2. Two nursing/therapy visit notes; and
3. A signed Home Health Certification and Plan of Care form (SLTC 126), **if more than 60 days has elapsed since the last physician certification date.**

**NOTE:** Physician certifications may cover a period of less than but not greater than 60 days. Prior authorization will not be provided unless the proper documentation has been submitted.

#### **Example:**

1. The HHA initial prior authorization request was for 25 skilled nursing visits and the start of care date was January 12, 2019. The HHA submitted the SLTC 124

- and SLTC 126 forms to the Contractor and the visits were approved.
2. The HHA and the member's physician determine on March 20, 2019 that the member requires 10 additional therapy services. The HHA requests prior authorization for the 10 additional therapy visits from the Contractor by submitting the following forms:
    - a. A Request for Initial Prior Authorization and Amendment form (SLTC 124) **notating the amendment status**; and
    - b. A current signed Home Health Certification and Plan of Care form (SLTC 126) (*Required, more than 60 days has elapsed since the physician signed the certification on January 12, 2019*).
  3. The Contractor amends the initial prior authorization to reflect the additional therapy services using the same authorization number.
  4. The process for amending prior authorizations continues until the Home Health visit limit of 180 visits is reached or 365 days from the start of care has been reached.

### **SERVICE AUTHORIZATION FOR EXTENDED SERVICES**

The Department and/or Contractor may authorize extended Home Health services when the 180 visit limit is reached. HHAs are responsible for providing appropriate information to the Contractor so that they may make an informed decision regarding the need for an extension of services.

If the annual Home Health service visit limit of 180 visits has been met within the initial prior authorization date span (Example: April 19, 2016 through April 18, 2017), and the member requires additional Home Health services, the following procedure must be followed before additional services may be authorized:

1. The HHA must submit a signed and completed Request for Prior Authorization for Extended Services (SLTC 125) and a current Certification and Plan of Care form (SLTC 126) to the Contractor,

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accompanied by two nursing/therapy visit notes, each time a service authorization for extended services is requested.

2. Authorized services will have an authorized date span not to exceed 60 days from the date of the Extended Service request. **Requests must be submitted no later than 14 business days before the 180-visit limit is reached in order to assure timely approval.**

**NOTE: The Department will not backdate prior authorization requests.**

3. The Contractor and/or the Department will review the request and approve or deny the requested extended service authorization.
4. If approved, the Contractor will generate a new authorization number to be used by the provider to bill the extended service.
5. If the request for services is denied, the provider will be notified by the Contractor.
6. A new prior authorization number will be assigned for each prior authorization of extended services.
7. Each new request for prior authorization of extended services will follow the procedure outlined in Steps 1-6 of this section.