NHPNet Outpatient Authorization User Guide

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nhp.org

Neighborhood Health Plan™

Introduction

NHPNet 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 NHPNet user must have the appropriate provider permissions and the patient must have active NHP eligibility.

The following table shows referral/authorizations that can be created in NHPNet, with a brief description:

NHPNet Referrals/PA Types	Brief Description
Referral	Allows user to create and send a real-time referral request to NHP
Outpatient (includes Observations and Surgical Day Care)	Allows user to create and send a real-time outpatient authorization request to NHP
Admission	Allows user to create and send a real-time admission certification request to NHP.
Home Health Care	Allows user to create and send a real-time Home Health Care request to NHP.

Helpful Hints

- Members and providers need to verify member's benefits and eligibility..

- If a referral is required verify that one is in place before submitting the Prior Authorization request.

- NHP's systems are updated for maintenance on the third weekend of every month starting Friday at 5:00 pm 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.

- <u>OBV or SDC that becomes an Inpatient admission</u>, a separate authorization must be submitted. The provider must also indicate in the Remarks that 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 their browser. This only needs to be done once.
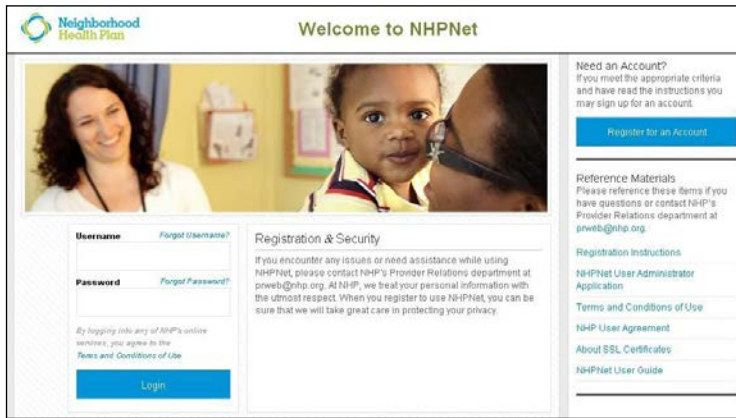
- Authorization status

| NHPNet Status	Edit Functionality
APPROVED	Yes
CLOSED	No
MEDREVIEW	Yes
PEND	No

Helpful Hints Continued

- ■ The following services remain fax requests (**617-586-1700**):
  - Individual Considerations (Services beyond the member's benefit)
  - Out-of-network provider requests
- ■ The following services should continue to be requested through NHP's vendor sites:
  - Sleep Studies: Sleep Management Solutions (SMS)
  - Outpatient MRI's, CT, and PET imaging studies: Evicore

# Logging into NHPNet to Submit Referral and Authorization Requests

◼ Log onto https://nhnet.nhp.org.

◼ If you encounter issues with login, searching for an authorization or attaching a file in NHPNet, please contact NHP's Provider Customer Service department at prweb@nhp.org.

◼ Single-site access or multi-site access exists. Users with multi-site access may update the site for which they are submitting the request by selecting it from the current site drop down.
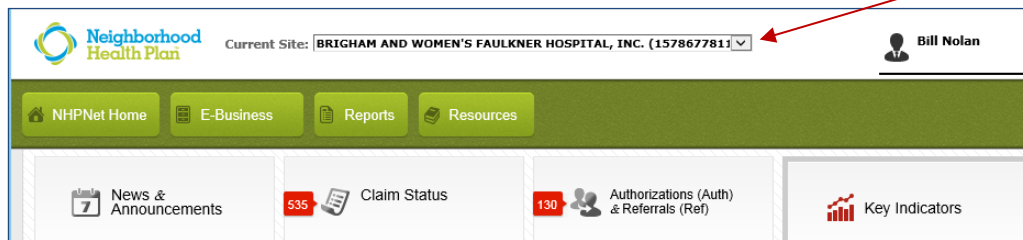
◼ Submit New Referral and Authorizations.
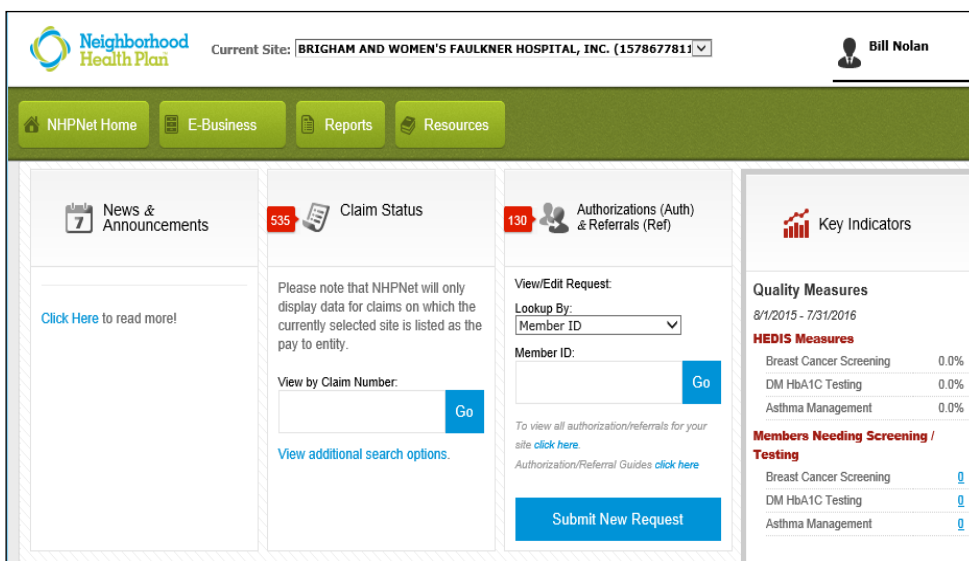
Desktop Procedure for NHP Outpatient Authorization Submission into NHPNet

Referrals and Authorizations

Select Authorization/Referral Type:

1. Outpatient

Outpatient Authorization Instructions

For inpatient and outpatient surgery authorizations, the requesting provider must enter both the facility and the specialist into the Servicing Provider field starting with requests submitted on April 1, 2016. This will automatically generate separate prior authorization numbers to the facility and to the specialist, and ensure that the corresponding claims appropriately match. Please read our notice here.

Please follow the step-by-step instructions in the Outpatient Authorization User Guide.

•For Surgical, the facility and the surgeon must both be entered in the Servicing Provider field.
•For Chiropractic, Oral Surgery and Transplant, enter the Individual in the Servicing Provider field. If the individual provider is associated with more than one group, be sure to choose the correct provider option to ensure claims payment. •For DME requests the servicing provider must be the DME provider.

Outpatient Service

2 Patient Search (Member Id/Name) — ● Search

3. Requesting Provider — BOSTON MEDICAL CENTER ●

4. Contact Name — Snow White ● Contact Phone # — 617-524-6789 ●

5. Requested Service — Surgical Day Care

6. Servicing Facility (Name/ NPI) — ● Search

7. Servicing Surgeon (Name/NPI) — ● Search

8. Contact Name — ● Contact Phone # — ●

9. Diagnosis — Search

10./11. Procedure Code — ● Search

12. Start Date — 08/26/2016 ● End Date — 11/24/2016 ●

13. Remarks (limited to 255 characters)

14. Submit Clear

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

Create Outpatient Request

1. **Authorization/Referral Type:** Select **Outpatient**.

2. **Patient Search**: Enter member's NHP ID or Last Name in the Patient Search and click Search.

    2a. Click Select to choose the correct member.

Choose Member	Patient Name	Gender	Effective Dates	Date of Birth	Member Id
Select	I	Male	3/1/16	06/01/1965	
Select	I	Male	9/3/15-8/31/16	02/15/1960	

   • Effective Dates in red indicate member is termed.

3. **Requesting Provider**: will auto populate with **Current Site** name. Users with access to multiple sites can update selection in the Current Site field at the top of the page.

4. **Contact name and phone number** will auto populate based on user login, however both fields can be edited.

5. **Requested Service**: Select appropriate service type from drop down.

Requested Service	Comments
Acupuncture	Prior Authorization is required for greater than 20 visits for certain MassHealth plans only. Not a covered benefit for Commercial.
Chiropractic	NHP Commercial and Qualified Health Plans with an unlimited chiropractic visit benefit will require prior authorization for visits beyond 20 visits. MassHealth members will continue to have a benefit limit of 20 chiropractic visits within the benefit period (October 1-September 30).
Dental Accident	
DME Purchase	• Enter modifiers in the Remarks of the authorization. • Attachment of physician prescription and clinical documentation to NHPNet authorization is required. • Enteral product requests require the completed Combined MassHealth Managed Care (MCO) Medical Necessity Review Form be attached to the authorization in NHPNet once an authorization number has been received.
DME Rental	• Enter rental modifiers in the Remarks of the authorization. • Attachment of physician prescription and clinical documentation to NHPNet authorization is required.
Infertility	Includes/In-Vitro Fertilization
Non-Emergent Transportation	
Observation	
Occupational/Physical Therapy	**MassHealth members ONLY** Requests for Commercial members beyond the benefit limit are

	considered individual considerations and must be faxed into NHP at 617-586-1700. **Evaluation**: Add 1 visit to total visits requested and note in Remarks "1 visit for Evaluation"
Other Medical	**Includes but is not limited** to Botox, Dermatology, Genetic Testing, Heart Monitor, Hyperbaric Oxygen Therapy, Neuropsych (Medical), Ophthalmology, Urology, Vascular, Weight management, Wound Care. **If service is not listed above or in the authorization portal drop down then it falls under Other Medical.** **This does not include referrals to the specialist.**
Oral Surgery	
Orthotics/Prosthetic Device	
Outpatient Infusion	
Pain Management	Office visits require a Referral and actual treatment requires a Prior Authorization.
Speech Therapy	**MassHealth members ONLY** Requests for Commercial members beyond the benefit limit are considered individual considerations and must be faxed into NHP at 617-586-1700.
Surgical	• Use for SDC (Surgical Day Care) • Please note a referral to the specialist is also required before you submit a request for the surgery. • Please refer to Factsheet: SDC Authorization Guidelines on nhp.org for a list of SDC that require PA. • SDC: If a patient remains in observation beyond eight hours an Observation auth must be submitted. • If SDC becomes and admission, a separate authorization must be submitted. Provider must also indicate in the Remarks section that the SDC converted to inpatient stay and include the SDC PA number. • If the date for the SDC changes but is within the 90 day date span of auth, no action is required by the provider.
Transplant	Evaluation and Management

6. **Servicing Facility/Provider**: Enter the name or NPI of the facility where the services are being rendered and click search. Click select next to the appropriate facility/provider name.

7. **Servicing Surgeon**: Will only appear when requesting service type is equal to surgical. Enter the **Individual doctor, Group or NPI** and click Search. Click **Select** next to the appropriate provider. If the individual provider is associated with more than one group, be sure to select the correct provider site to ensure claims payment.

    • For DME requests, the servicing provider must be the DME vendor.

8. **Contact Name and Phone Number**: Enter contact information. *(*Area code is required)

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

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

11. **Units/Visits:** This field will appear after a procedure code has been selected.

    For OT/PT Evaluation: Add 1 visit to total visits requested and note in Remarks "1 visit for Evaluation"

Outpatient Service Type	Code Requirements
Chiropractic	CPT/HCPCS Code
Dental Accident	CPT Code
DME Purchase	HCPCS codes (add modifiers in remarks section)
DME Rental	HCPCS codes (add modifiers in remarks section)
Infertility/In-Vitro Fertilization	CPT/HCPCS Code
Observation	REV code—OBV use 0762; OB OBV use 0729
Occupational/Physical Therapy **(MassHealth members ONLY)**	CPT Code (Only 1 code is required) Example 97110
Oral Surgery	CPT/HCPCS Code
Orthotic/Prosthetic Device	HCPCS codes (Orthotics L0112—L4631 and Prosthetics L5000 —L8699)
Other Medical	Submit appropriate procedure code.
Outpatient Infusion	CPT/HCPCS Code
Pain Management	CPT/HCPCS Code
Speech Therapy **(MassHealth members ONLY)**	CPT Code (Only 1 code is required) Example 92507
Surgical (Use for SDC)	CPT Code **Note:** Please refer to the Factsheet: SDC Authorization Guidelines on nhp.org for a list of SDCs that require PA.
Transplant	Use Evaluation & Management CPT Codes (99201–99215)

12. **Start Date and End Date**: Enter requested date range.
13. **Remarks**: Use for brief clinical, modifiers, and other information. There is a 255-character limit. If attaching or faxing clinical please indicate so in the remarks section.
14. **Submit**.

Response Screen

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

■ **Note:** For **Surgical Day Care Requests**, the immediate response will generate an authorization to one of the providers and populate the second authorization number in the remarks. Both authorizations will be in NHPNet after the overnight update.

Reponse Screen cont.

■ If your submission request does not provider 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.

■ Click on **Submit Document** button to upload clinical information**.**

■ Click on **Browse** to search and attach a file. Enter a description as shown below and click Submit document.

- 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.

- Once a document is attached, it will appear at the bottom of the authorization view screen. 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.

Revisions

Edit an Existing Service Request

- A Service request may only be edited when the referral or authorization is in the Approved or Med review status.

- On the main NHPNet screen, use the **Authorization/Referral ID** or **Member ID** and click **Go**.

- If **Member ID** is selected, choose the specific authorization number and click view. Within the authorization click on "**Revise Request**".

- If **Authorization ID** is selected, within the authorization click on "**Revise Request**"

■ Click **View** on the authorization you want to revise.

Revisions Continued

■ Click on **Revise Request**

Authorizations & Referrals Viewer

Revise Request

Actions ▾ | ◁ ◁ **1** of 1 ▷ ▷| ◁

Neighborhood Health Plan

Authorization Or Referral By ID

Authorization/Referral Information

Authorization/Referral ID:	17011R00003	**Member:**	CHICK, SARAH K
Member ID:		**Member Date Of Birth:**	
NHP Product:	Commercial	**Member PCP:**	
Referred By:	MASSACHUSETTS EYE & EAR INFIRMARY MASSACHUSETTS EYE & EAR INFIRMARY	**Referred To:**	BORODIC, GARY
Inpatient/Outpatient:	Outpatient	**Pay To:**	ASSOCIATED EYE PHYSICIANS & SURGEONS
Diagnosis Code:	G43.719	**Diagnosis Description:**	
Authorization/Referral Status:	APPROVED	**Authorization/Referral Date:**	1/17/2017
Service Start Date:	1/1/2017	**Service End Date:**	4/1/2017

Authorization/Referral Service Lines

Line	Status	CPT/HCPCS Code	Description	Modifier Code	Total Units	Used Units	Request Type	Closed Descri
1	APPROVED		A-MANAGEMENT		2	0	Prior Auth	

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
17011R00003_01_20_17_16_14.PDF	17011R00003_01_20_17_16_14.PDF	27 KB	1/20/2017 4:15 PM	Download
upload document for revision auth	Test_documentupload.txt	0 KB	1/13/2017 10:27 AM	Download

Submit Document

Fax Document

- ■ If the **Revise Authorization** screen does not appear, user should **press Ctrl +F5** to refresh their browser.

- ■ Enter **additional requested units**, **add a procedure** or **enter remarks**.

Revisions Continued

■ Click on **Submit Revision Request**

Revise Authorization	✖

16216R01139

Add Units

15839 - EXCISE EXCESS SKIN & TISSUE   Additional Units: `0`

19318 - REDUCTION OF LARGE BREAST   Additional Units: `0`

Add Procedures

[Procedure Lookup]

Remarks:

[   ]

[**Submit Revision Request**]

Revisions Continued

Authorization Revision (Concurrent Review) Rules

■ **Incorrect Service Request Type submitted**: If incorrect Service Type was requested (example: Occupational/Physical therapy vs Speech therapy), user will need to enter a new authorization and enter the following in the remarks section:

- "Incorrect Service type in authorization # _. Please close this auth."
- NHP will close the incorrect authorization and process new request.

■ **Requesting a date extension**: enter the date in the remarks section.

■ **Requesting a date change for Inpatient surgery:** enter the date in the remarks section.

■ **Requesting additional procedures**: Click on procedure lookup, choose procedure and add requested units.

- NHP will not accept corrected procedure codes through NHPNet. Please submit a revision and put the corrected code in the remarks.

■ **Remarks**: Use for status change, clinical information, corrected procedure code, corrected dates, date extensions, etc.

View Authorizations

■ Click on **E-Business** and choose **Authorizations & Referrals**
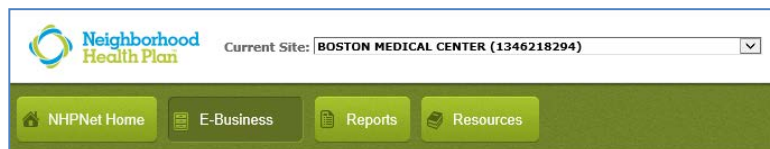
■ User may view an authorization by:

- Authorization or Referral ID
- Viewing Authorization and Referrals for a member
- Viewing Authorization and Referrals for this site