

FAQ's for Skilled Visiting Nursing (VNA) Requests



Q: We have an order for skilled nursing visits, do I need an auth before I see the patient?

A: No, NH Healthy Families will allow up to 6 visits (inclusive of the initial evaluation) without an authorization. Services started on the weekend or a holiday can be initiated and will be approved without clinical review.

Q: Does this include PT/OT as well?

A: Yes, except these request are sent to our vendor, NIA.

Q: I completed my initial evaluation and have determined a care plan for the patient, how do I get prior auth for skilled services?

A: Submit a retrospective Prior Auth form via fax or through the secure web portal for skilled services. Be sure to put the start date as the date of your evaluation as well as any relevant CPT/HCPCS codes (including the evaluation) to ensure appropriate claims payment. Please send any relevant clinical that will help us review your request.

Please note: Any and all services rendered in the home setting require prior authorization from NH Healthy Families.

Q. How long can I make a request for skilled nursing services?

A: NH Healthy Families will provide an initial authorization for home services for up to 8 weeks. For ongoing services, requests can be authorized for an additional 8 weeks. If skilled services are still medically necessary after the date span of the authorization expires/episode of care is complete, these circumstances will be reviewed on a case by case basis.

Q. I have a patient that has Medicare as a primary, but is not homebound what should I do?

A: NH Healthy Families will review medical necessity on this patient, please submit auth request and provide relevant information to make a clinical determination, including that the member is not homebound, and requires skilled services.

Q: My patient had skilled nursing and then had a hospitalization, do I need a new auth?

A: NH Healthy Families will honor any existing authorization spans. If the authorization has expired, an updated authorization is required, however, this is considered an initial episode of care and will allow the agency to provide up to 6 visits with an evaluation without prior auth. Please submit retrospective prior authorization for any care rendered without an authorization to ensure claims payment.

Q: My patient spent one day in the hospital but their needs have increased, and I already have an authorization on file, do I need submit anything else?

A: Please fax in additional clinical information stating you would like to add on additional units (please specify the number of visits requested), along with any relevant clinical information to support the increase in visits.



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