

Authorization Guide

Reference the Provider Portal Guide for step-by-step instructions on submitting a new referral and requesting authorizations via the CSI AlayaCare Portal. When the portal is not available you can Fax the authorization request to 440.550.8835

The Information listed in this guide is to serve as a general guideline about payer specific authorization requirements, individual plans may vary; CSI will notify your agency if added payer specific information is needed

Please note - *Authorization is NOT a guarantee of payment. Reimbursement is subject to medical necessity and patient's eligibility with the Payer at the time the service is rendered*

Helpful info:

- All referrals managed by CSI (**non- Carelon**) must be entered onto the CSI AlayaCare portal for benefit verification and authorization (when needed) prior to the SOC.
- For payers managed by Carelon go to the Carelon portal to start your authorization, CSI will capture the patients' data from a daily roster, YOU MUST choose CSI as the Provider Network (tab4) to show on our roster
- To check the status of a pending authorization (**non-Carelon**) use the mail message form on the portal or call 440.717.1700 option 1, option 2
- Review your Provider Authorization Form for specific plan information which is faxed or emailed to your agency
- It is the responsibility of the agency to request the initial and ongoing authorizations and track the number of visits used against the authorization
- When possible, please provide CSI with a copy of the patient's medical insurance ID Card
- Review the patient's medical insurance periodically and notify CSI immediately of any changes or discrepancies using the mail message form on the AlayaCare portal indicating in the comment box what is needed, new policy update information can be added as well
- After the initial benefit check CSI will only recheck benefits at your request
- Any payer not requiring prior authorizations for service, ensure that Medicare Guidelines for medical necessity are being followed for Medicare Advantage Plans
- When a patient is hospitalized during an authorization period, notification to CSI is needed as some payers may require a new auth upon resumption of care
- If applicable CSI will supply any payer specific insurance forms needing completed
- To reduce processing delays with payers, provide the documents needed located below unless indicated differently in that payer specific section

Documentation needed for initial, ongoing authorization and Resumption of Care unless otherwise indicated in the Payer Specific Authorization Requirements

Initial Authorization:

- Home Health Care orders
- Discharge summary- if patient is coming from a facility
- Updated clinical documentation/history and physical
- ST, MSW, and HHA are not considered for initial authorizations; please request these services with ongoing authorization after initial home health evaluation is completed
- Payer's initial authorizations may be for limited visits or eval visit only, this allows your agency to collect clinical information to present additional authorization requests

Ongoing Authorizations and Recertifications:

- **Date to start the ongoing auth request includes each discipline with the number of additional visits needed for that certification period**
- Current signed Plan of Care (485) and any subsequent order
- SOC Oasis
- Recert OASIS
- Discipline specific Evaluations
- Recent (2-3) visit notes for each discipline
 - For PDN includes last 7-14 days of visit notes, for all other services include last 3-5 days of visit notes
- CSI will notify your agency if a payer has any additional requirements

***All claims for HHA must include the SN or PT on the same claim, this is a requirement of payers to ensure oversight of HHA visits**

When all documents are not received on your initial or ongoing AUTH request, CSI will FAX to your agency an additional clinicals request, listing specific documents that are needed. Please understand this also could delay the payers processing time and some payers will restart the clinical review once all documents are received

Payer Specific Authorization Requirements

Information listed below is to serve as a general guideline regarding payer specific authorization. Requirements for Individual plans may vary; Clinical Specialties will notify your agency if additional payer specific information is required. Unless otherwise indicated follow the Documentation needed when Authorization is required for initial and ongoing listed above

AETNA

Medicare Advantage (MA) Plans and Commercial Plans

- Initial and ongoing authorizations are not required for SN, PT, OT, ST, MSW, or HHA
- Private Duty Nursing (PDN) IV Nursing (99601/99602) and Hospice Services require both initial and ongoing authorization

Third Party Aetna Plans (i.e. Meritain)

- Initial and ongoing authorizations are required for all Home Health and Hospice Services

*For all Aetna Plans

- Skilled Nursing must differentiate between RN (G0299) and LPN (G0300)
- Home Health Aide visits must be billed on the same claims as the primary discipline (SN/PT)

Benefit verification and authorization request must be made on the CSI AlayaCare portal prior to the Start of Care

Once benefits are verified and authorization is obtained when needed, CSI will email or fax the authorization form to your agency

Remember to Discharge a patient's case when services are completed to avoid delays if future services are needed

Visit our website <https://optioncarehealth.com/csi>