

COVID-19 Interim Authorization Requirements for Participating Providers

Effective Date: December 27, 2021

End Date: February 25, 2022 (pending any further updates)

Interim Acute Care Facility UM Rules

➤ Waiving Concurrent Review: Health Options will waive concurrent medical necessity review for Observation Stays and Inpatient admissions at acute care facilities (hospitals) IF we receive a daily Admission, Discharge, Transfer (ADT) report sent via fax or encrypted email that includes the minimum necessary information.

Note: If we do not receive a daily ADT report with all required information specified below, the Observation Day or the Inpatient Admission Day is subject to medical necessity review.

Observation timeframe is limited to 48 hours. Please make the decision to admit or discharge to a lower level of care within 48 hours.

Required ADT information:

- o Member name
- o DOB
- o Diagnosis
- Admission Date (with time if feasible)
- o Designation: Observation Stay or Inpatient Admission
- Discharge date (we will consider the status discharged if patient is no longer listed)
- Level of Care (e.g., ICU, NICU, MedSurg)
- o Date transferred to a different level of care (LOC), when applicable
- Discharge disposition Home, SNF, Rehab, etc. (please note if patient is deceased)

> ADT Daily Notification Options:

- o Fax submission: fax to Health Options at (877) 314-5693
- Email submission: send via encrypted messaging to <u>ADT@healthoptions.org</u>



Skilled Nursing Facility (SNF) and Acute Rehabilitation Facility (ARF)

Medical Necessity Review is waived for the first seven days of a SNF or ARF admission when transferred from an acute care facility. Notification is required by day eight (8) of the admission to initiate concurrent review.

Outpatient/Ambulatory Services UM requests

Extended Medical and Behavioral Health Outpatient Authorization Date Range: Effective 12/27/2021, authorization approvals for outpatient procedures and ambulatory services that generally have a 90-day authorization date range will be issued for 180 days.

Current Authorizations:

Providers can fax a request to extend the authorization date range from 90 to 180 days for requests that were submitted to Health Options on or after 10/1/2021.

- Include the current authorization number with the update request.
- Fax all Health Options authorization update requests to: (877) 314-5693

Once the authorization is updated, notification will be sent to the Member and Provider(s).

Interfacility Transport Interim UM Rules

Interfacility ambulance ground transports do not require Prior Approval if the patient is transported within 300 miles of the sending facility.

If you have questions or need additional information, please contact our Member Service Associates Monday through Friday, 8am-6pm, at (855) 624-6463.

Maggie Kelley, NP Maggie Kelley, SVP/Chief Clinical Officer