

Home Health Resources

1. Authorization Requirements

- a. Passport's UM department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a UM staff member, please call (800) 578-0775. You may also fax a question about a UM issue to (833) 454-0641. Passport's medical director is available to answer more complex medical decision questions and explain medical necessity denials. Providers can quickly and conveniently submit and status check PA through Availity, <https://provider.molinahealthcare.com/>
 - i. PA Fax Numbers
 - Medicaid: (833) 454-0641
 - Marketplace: (833) 454-0641
- b. Skilled Nursing Visits
 - i. The first 6 visits per calendar year do not require authorization
 - ii. Authorization is required on the 7th visit, using the form below
 - [Passport by Molina Healthcare Home Health Request Form](#)
- c. Home Physical, Occupational and Speech Therapy
 - i. The first 20 visits for each discipline per member per calendar year do not require prior authorization
 - ii. Authorization is required prior to the 21st visit, using the form below
 - [Passport by Molina Healthcare Home Health Request Form](#)
- d. Supplies
 - i. Only supplies that exceed the Home Health Fee Schedule require authorization
 - [KY Home Health Fee Schedule](#)
- e. Non-participating providers (those not contracted with Passport) require authorization for all visits and all services

2. Authorization Submission

- a. Form: [Passport by Molina Healthcare Home Health Request Form](#)
 - i. If the member has received prior visits, or the request is for continuation of services, include the following:
 - Service, To and From Date(s), and the total number of visits utilized to date
- b. Information required for authorization submission:
 - i. Member Name, ID, and DOB
 - ii. Provider Name, Contact, NPI, Phone and Fax Numbers

- iii. Order MD Name, NPI, Phone and Fax Numbers, and most recent office visit or next visit scheduled
- iv. Diagnosis
 - Include all relevant diagnosis
 - If related to injury, surgery or other event – include date
- v. Service(s) Request
- vi. Clinical information and supportive documentation should consist of the current physician, any Durable Medical Equipment (DME) member is utilizing, and/or any special services
- vii. Home-bound status as applicable
- viii. For wound care services, submit the following:
 - Original size of wound
 - Current size of wound
- ix. For therapy services, submit the following:
 - Original status
 - Current status
 - Current % of meeting goal
- c. To submit an authorization request:
 - Phone: (800) 578-0775
 - Fax: (833) 454-0641
- d. Providers may utilize Passport's Provider Portal: [Availability](#)
 - i. Available features include:
 - Authorization submission and status
 - Frequently Used Forms to download
 - Claims submission and status
 - Provider Directory
 - Member Eligibility
- e. Effective 1/1/2025: any HHCS claim without a corresponding visit documented using Electronic Visit Verification (EVV) will be denied.
 - i. [Therap](#) for EVV
 - ii. <https://www.chfs.ky.gov/agencies/dms/dca/Pages/evv.aspx>

3. Additional Resources

- a. [Passport by Molina Healthcare](#)
- b. [Frequently Used Forms](#)
- c. [Molina Clinical Policy](#)
- d. [Molina Payment Policy](#)
- e. [Molina Provider Newsletters](#)

f. [Passport by Molina Healthcare Provider Manual](#)4. **eNews**

- EPSDT: How It Works and Who It Helps [8/3/2021]
- DMS Fee Schedule Update [11/11/2021]
- New Transition of Care Program for Members [11/29/2021]
- Update: New Transition of Care Program for Members [12/23/2021]
- Updated Medicare Prior Authorization Guide and Forms [9/16/2022]
- Discharge Planning Ensures Safe Transitions [2/24/2023]
- Electronic Visit Verification for Home Health Care Services Begins on December 28, 2023 [12/28/2023]