

Skilled Nursing: Authorization Requirement Checklist



SUBMISSION

- ✓ Submitted to Superior Health Plan by fax 1-800-690-6090 or through the Secure Provider Portal
www.Provider.SuperiorHealthPlan.com

REQUIRED DOCUMENTS AND INFORMATION

- ✓ Completed Prior Authorization Form
www.SuperiorHealthPlan.com/providers/resources.html
- ✓ Signed provider order less than 90 days old which requests Skilled Nursing (SN) visits at a given frequency and duration.
 - Valid verbal order may be accepted in place of a signed physical order. The verbal order must be separate from Plan of Care (POC), and must be signed/dated by a Registered Nurse (RN), specify who was spoken to at the referring provider's office, service to be provided, dates of service, time contact took place, duration and frequency.
- ✓ Up-to-date SN POC - Must be initiated by an RN or Licensed Vocational Nurse (LVN) in a clear and legible format. SN POC must include the following information:
 - Start of care date for home health services
 - All pertinent diagnoses
 - Mental status
 - Types of services, including amount, duration and frequency
 - Equipment/supplies required
 - Prognosis
 - Rehabilitation potential
 - Functional limitations
 - Activities permitted
 - Nutritional status and requirements
 - Medications
 - Treatments, including amount and frequency
 - Safety measures to protect against injury

- ✓ List all community or state agency services the member receives in the home (e.g., Primary Home Care [PHC], Community Based Alternative [CBA], Medically Dependent Children's Program [MDCP]).
- ✓ Instructions for timely discharge or referral.
- ✓ Date the member was last seen by the provider. The member must be seen by a provider within 30 days of the initial POC and at least once every six (6) months after, unless a diagnosis has been established by the provider and the member is currently undergoing provider care and treatment.
 - The provider visit may be waived when a diagnosis has already been established by the provider and the recipient is under the continuing care and medical supervision of the provider.
 - Any waiver must be based on the provider's written statement that an additional evaluation visit is not medically necessary. The original waiver must be maintained by the requesting provider and a copy must be maintained in the servicing provider's files.
- ✓ Type and frequency of visits, supplies, or Durable Medical Equipment (DME) must appear on the POC before the provider signs the orders, and may not be added after the provider has signed the orders.