



What Resources are Available and how do I access them?

[Telligen Website](#)

- Qualitrac Login
- Provider Portal Registration
- Document Library
 - Forms
 - Blank Home Health Prior Authorization Form
 - Manuals & User Guides
 - Qualitrac Provider Portal User Guide

Home Health and Hospice and other Idaho Medicaid Provider Handbooks are also available here:

- [Idaho Medicaid Provider Handbooks](#)

Current and Past Idaho Medicaid Fee Schedules

- [Idaho Medicaid Fee Schedules](#)

What Home Health Services does Telligen Review?

- Skilled Nursing Visits
- Physical Therapy Visits
- Occupational Therapy Visits
- Speech Therapy Visits
- Home Health Visits

Telligen does NOT review for Private Duty Nursing or Personal Care Services.

For information on Private Duty Nursing refer to the Nursing Services Provider Handbook.

For information on Personal Care Services refer to the HCBS and LTSS Provider Handbook.

How do I submit a prior authorization request for Home Health?

Refer to Section VI of the Qualitrac Provider Portal User Guide for instructions on submitting prior authorization requests. This is found in the document library on the Telligen Website ([Telligen Website](#)).

- Review Type
 - Home Health
- Place of Service: Auto fills to Home




- Type of Service (choose the most appropriate option as some cases may have more than one discipline):
 - Home Health Aide
 - Home Health Amendment
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Timing
 - Concurrent: Use if start date is on or after the date the case is being submitted, but the end date is after the date the case is being submitted.
 - Prospective: Use if start date is before the date the case is being submitted.
 - Retrospective
 - Use when all requested dates of service are in the past.
 - Allowed if Participant is granted retrospective eligibility after service(s)/are provided.
- Dates of Service
 - Enter service start date and service end date
 - This is generally the certificate period of 60 days.
- Providers (It is always best to search using the provider NPI)
 - Treating Physician: Generally, is the ordering provider
 - Treating Facility: Home Health Provider
 - Ordering Provider
 - Physician or non-Physician practitioner ordering the DMEPOS.
- Diagnosis
 - May enter up to 12 (but only need one).
- Procedures

You will enter the G-codes, not the revenue codes, and you may enter all needed services on one request.

 - G0299-use for all skilled nursing (both RNs and LPNs)
 - G0152-Occupational Therapy
 - G0151-Physical Therapy
 - G0153-Speech Therapy
 - G0156-Home Health Aide
 - The number of units is the total number of requested **visits**
 - You may change the units Qualifier from units to visits but it is not needed. It auto fills to units.
 - Frequency, Frequency Qualifier, and Total Cost is not needed. Leave Blank.



- Documentation
 - File Upload Restrictions
 - Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
 - Size: Less than or equal to 300 Mb
- Notes and Comments: You may add a note to the reviewer if necessary.
- Documenting Clinical
 - Document Idaho Home Health criteria
 - Check **all** boxes that are appropriate.
 - You may type in notes by clicking on the .
- User Attestation is your Qualitrac user ID.

What are the Covered Services and Limitations for Home Health Services?

All home health services must be medically necessary and ordered by a physician as part of a home health plan of care. Service eligible for home health include skilled nursing, home health aide services, audiology, durable medical equipment and supplies, drugs, physical therapy, occupational therapy, and speech-language pathology. Services are typically provided in the participant's place of residence but may be provided anywhere where normal life activities take place. Services are prohibited from being provided in a hospital, nursing facility, ICF/IID (unless the ICF/IID is not required to provide the service), or any other place with inpatient services that include room and board. Medicaid requires all Medicare conditions of participation including, but not limited to, the Outcome and Assessment Information Set (OASIS) documentation and the requirement of a face-to-face visit by the ordering physician. Home health services are limited to a total of 100 medically necessary visits per participant, per calendar year.

When is Prior Authorization Needed for Home Health Services?

Prior Authorization is needed for the 101st home health visit. A visit is considered all services that occur on the date of service.

What Documentation is Required to submit with a Prior Authorization Request?

1. Completed Idaho Medicaid Home Health Prior Authorization Request Form
2. Current Physician Order
 - a. For Participants under the age of 21 receiving OT/PT/ST, you may request all visits needs from the 101st visit through 12/31. The physician order must show this.
3. Current **signed** Home Health Certification and Plan of Care
4. Last 30 days' visit notes
5. Any other documentation that will support medical necessity



6. Hospital discharge/admission orders and paperwork (if applicable).
7. Section 2.10 of the Therapy Services Handbook:
8. The services of a therapy assistant are overseen by a supervising therapist and billed under their National Provider Identifier (NPI).

What is considered a timely Home Health request submission?

Request for home health services must be submitted on or before the start date of the request. If the request is not submitted timely, the start date of the request will be modified to the date the request was submitted.

What if the Home Health Plan of Care is not yet signed by the ordering provider on or before the start date of the request?

The request must still be submitted on or before the start date of the visits. The reviewer will pend the case and send a Request for Information (RFI) for a copy of the signed plan of care. The signed copy must be submitted within 30 days of the start date. If it is not submitted within 30 days, the start date of the request will be modified to the date that the signed plan of care was submitted.

What do I do when I need additional visits after an approval?

You can submit a home health amendment request. This must be submitted on or before the date that additional visits are needed. The request must be submitted with an updated plan of care with updated orders that are signed by the ordering provider. The orders are not yet signed; the request should be submitted. An RFI will be done for a copy the signed orders.

What criteria is used to determine if home health services are medically necessary?

- Long-term Pediatric Home Health Therapy (Speech, Occupational, and/or Physical Therapy home health visits) and meets **ALL** of the following
 - The child has a complex medical condition that requires ongoing skilled therapy services that cannot safely and effectively be provided in a traditional outpatient setting
 - The family and/or caregivers is/are able to actively participate in providing care in the home and are able to learn and perform the necessary care tasks
 - The home is safe and accessible for the child's needs.
 - Therapy is expected to improve or restore function, not just maintain function as evidenced by having specific short term and long-term goals and the child is making progress toward those goals. If no progress is being made, there is documentation on how the plan of care is being updated to help achieve goals.



- Ongoing Skilled Nursing Care for adults or children may be covered if **ALL** of the following
 - The Participant has a medical condition that requires skilled nursing care (e.g., wound care, medication management, injections, tube feeding management, etc.)
 - The participant's needs can be safely met with intermittent home care.
 - The participant is unable to receive the ordered skilled nursing care at an alternative location (e.g., outpatient infusion center, clinic, outpatient wound care center, etc.)

For additional guidance please visit or contact the following:

- Telligen's Provider Manual under "Manuals and User Guides":
<http://idmedicaid.telligen.com/document-library>
- Telligen's Home Health trainings: <http://idmedicaid.telligen.com/education-training>
- If you have questions regarding authorization numbers already loaded in GWT's system, please reach out to Medicaid at medicaidqio@dhw.idaho.gov or (208) 334-0407.

Idaho Call Center & Provider Help Desk

Email: IDMedicaidsupport@telligen.com

Toll-free Phone (866) 538-9510