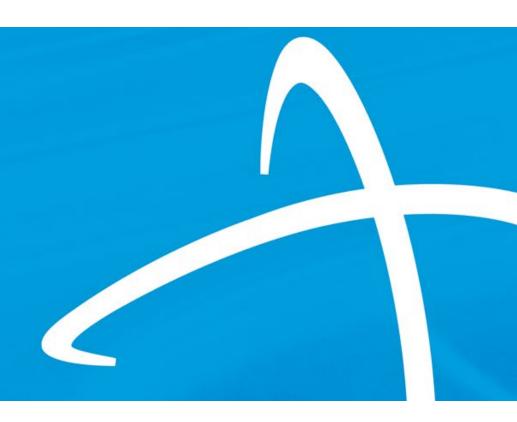


Extended Home Health-60 Day Renewals

Cashlee Cates- Provider relations Representative for Telligen on behalf of Wyoming Medicaid





Review Type: Extended Home Health Care Place of Service: Home Type of Service: Extended Home Health Care Timing: Prospective (Due Date is 10 Business days after the previous plan of care end date)

Then select Add New Request

Authorization Request								
Date Request Received *		Review Type *		Place of Service *		Type of Service *		
06/30/2023 04:04 pm	#	Extended Home Health Care	~	Home	~	Extended Home Health Care		
Timing *								
Prospective	*							
						Cancel Add New Request		

Dates of Service



Start Date: This should be the start date of the certification period being requested on the POC **End Date:** This should be the end date of the certification on POC

Service Start Date * Service End Date *	Dates of Service				
	Service Start Date *		Service End Date *		
07/01/2023	07/01/2023	*	09/01/2023	Ê	



Treating/Ordering Provider and Physician



- Physician: This needs to be the Physician on the Plan of Care
- Treating and Ordering Provider: This needs to be the Home Health Agency
 - Be sure you are selecting the NPI with the correct Provider ID

Providers *								
Туре	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Ordering Provider *					Not Supplied			+ Add
Treating Physician *					Not Supplied			+ Add
Treating Provider *					Not Supplied			+ Add

Diagnosis and Procedure



- Diagnosis-List the Diagnosis that is on the POC
- Procedure: The code that should be listed 99223

Diagnosi	S									+ Add
Se	q.	Code	Description		Final D)x	POA	NOS	6	Action
1		R69	ILLNESS UNSPECIFIED		0					â
Procedur	es									+ Add
Seq.	Code	Description		NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	99223	INITIAL HOSPITAL	CARE/DAY 70 MINUTES				1 unit(s)			2 🕯

POC upcoming

Documentation

- Signed POC from the prior review period
- Notes from the prior review period
- Visit notes (skilled nursing notes)

Documentation						+ Add
Show 10 v entries				Search:		
Name	♦ Topic	Date Added	 Uploaded By 			Action
	١	No data available in table				
Showing 0 to 0 of 0 entries					Previous	Next









- Once everything is done you will want to complete the case
- Then it will ask you to certify that you have submitted everything to the best of your ability
- Then click submit and the Reviewers will look at it

User Attestation

A I certify...

- · that the submitted information is true, accurate and complete to the best of my knowledge.
- · that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- · that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- · I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Enter usemame



