

Qualis Health DC Review Treatment Type
Time Frame for Prior Authorization Or Approval Letter

Review Type	Authorization Time Span	Services per Treatment Type
OP Surgical	3 Months	Mammoplasty, Penile Implants/Gender Reassignment Surgery
OP Medical	60 Days	Botox Addition: Procedures
DME	3 Months	<ul style="list-style-type: none"> ➤ DME/POS- 3 Months ➤ DME (RR-Rental)- 12 Months or the requested # of units/months ➤ Dental - 6 Months ➤ Optical- 2 Months ➤ Hearing & Larynxes- 3 Months ➤ Pet/CT Scan & Sleep Studies- 3 Months
Home Health	60 Days	Outpatient Home Health Services Physical Therapy Evaluation Physical Therapy Occupational Therapy

Hospice IP & OP	60 Days	Skilled Nursing Out Patient Hospice: <ul style="list-style-type: none"> ➤ 1st Election Period ➤ 60 Days-Episode 1 ➤ 30 Days-Episode 2 ➤ 2nd Election Period-90 Days ➤ 3rd Election Period- 60 Days ➤ 4th & Subsequent Election Period- 60 Days
Nursing Home Eligibility (Medical Eligibility) DC Nursing Home	<ul style="list-style-type: none"> ➤ Initial - 6 Months ➤ Subsequent reviews - 1 Year 	1 st NH onsite Review NH onsite review & subsequent annual recertification
Level of Care (Facility LOC from Hospital) <u>DDS/ICF patients only</u>	1 Year	ICF Level of Care review
An “Out of State Nursing Home placement “. The request from a bordering county NH. The resident was admitted from a bordering county Hospital into the bordering county nursing home (NH)	1 Year Prior Authorization	Documents required: (A former Qualis Health LOC/1728 document or a current Delmarva Face to Face Assessment Summary sheet. Reference Transmittal #17-19 for the required 9 documents minus the proof of contact. Proof of Contact NOT Required

An "Out of State NH placement" request <u>for the patient who is in a DC Hospital</u>	1 Year Prior Authorization	<p>Documents required: (A former Qualis Health LOC/1728 document or a current Delmarva Face to Face Determination Summary sheet Reference Transmittal #17-19 for the required 9 documents.</p> <ul style="list-style-type: none"> • 5 Proof of Contact Required • If the patient is Ventilator Dependent- ONLY 2 Proof of Contacts are required
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OUTPATIENT INJECTIBLE CHEMO/NON-CHEMO DRUGS

****ALL INJECTABLE OUTPATIENT DRUGS (J CODES) SHOULD BE SUBMITTED TO THE DC MEDICAID SENIOR PHARMACIST AT
DHCf – CHARLENE FAIRFAX OR GIDEY AMARE –
FAX NUMBER (202) 610 3209****

****DC Medicaid contact # (202) 442-5988****

Updated: January 19, 2018