

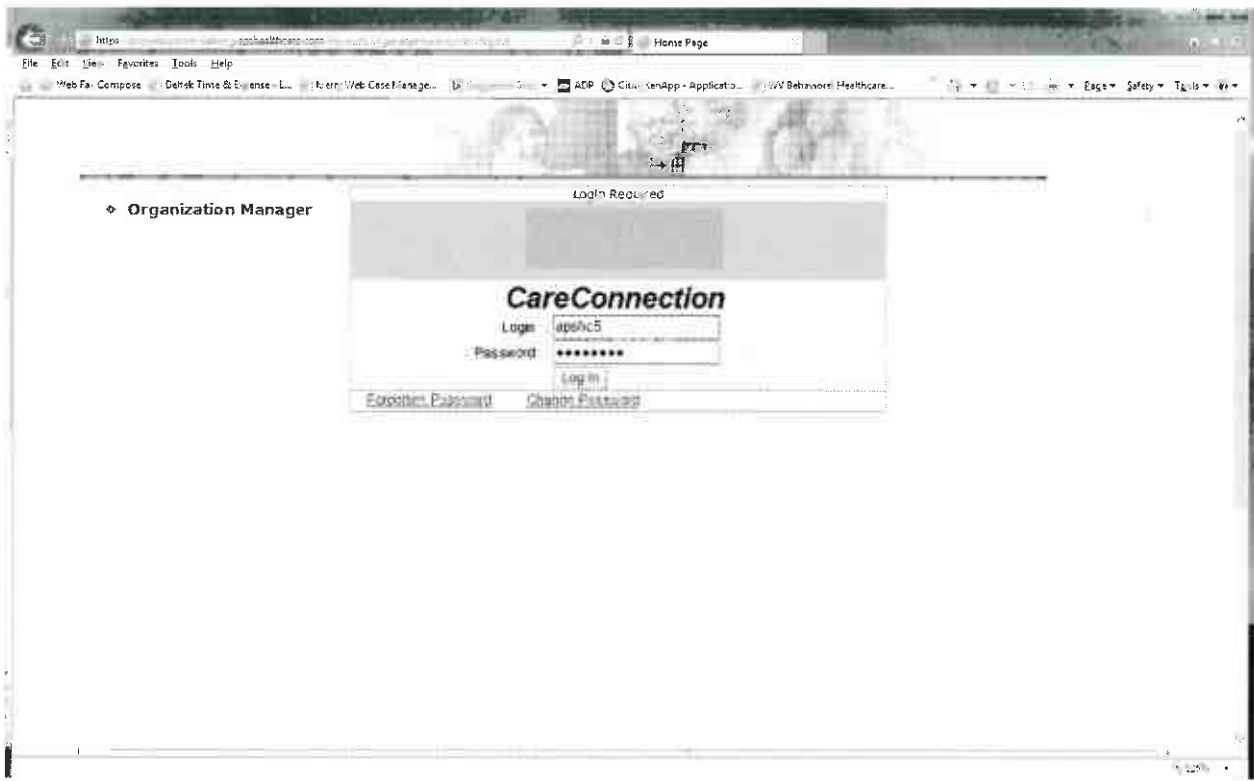
Cardiac Rehabilitation

Per Medicaid Policy, Cardiac Rehabilitation services require an authorization for services provided. Request must be submitted within 10 business days. Please note: The request must meet medical necessity and there is no guarantee the service will be authorized.

To request a Cardiac Rehab authorization, Providers will submit via the DDE portal. If you're an employee **without** a User ID to login, you can fax the Cardiac Rehab prior authorization request form to the fax number included on the form. Please Note: the system will need to be accessed to obtain the status of your request.

How to submit a Cardiac Rehabilitation Request

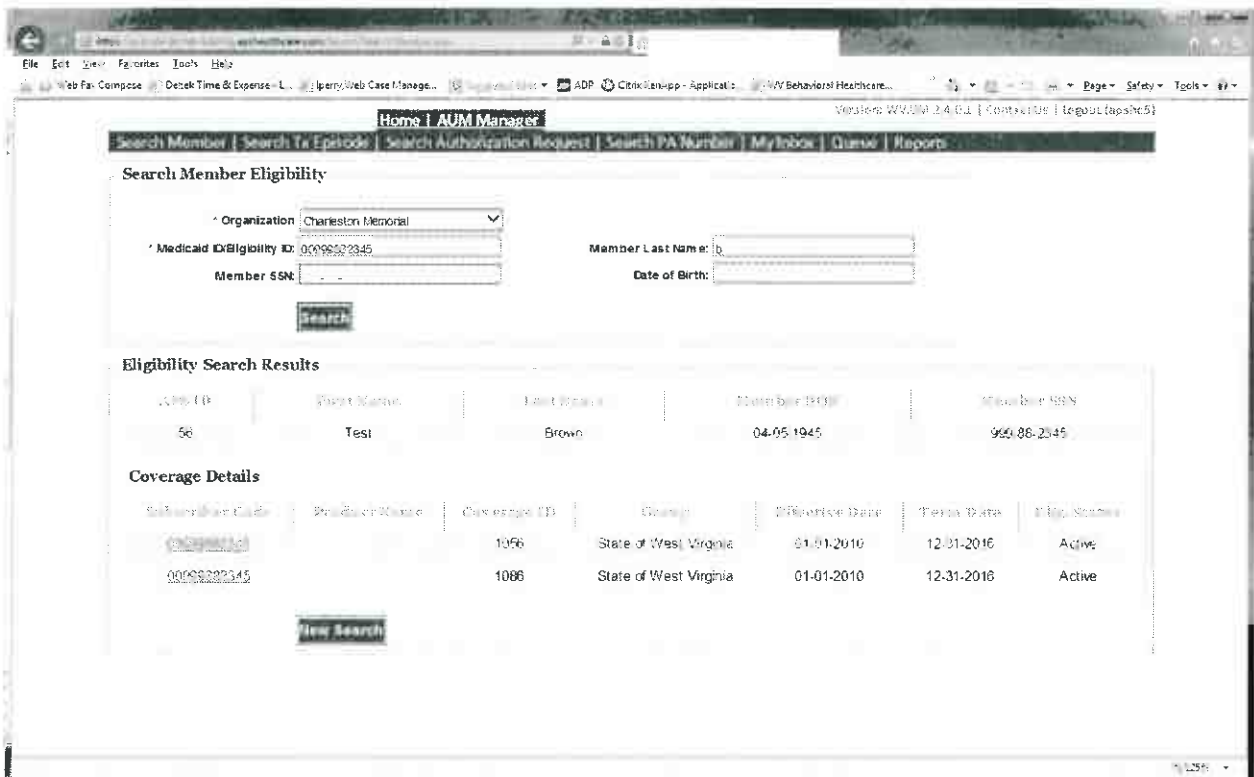
Go to <https://providerportal.kepro.com> and enter you login ID and password



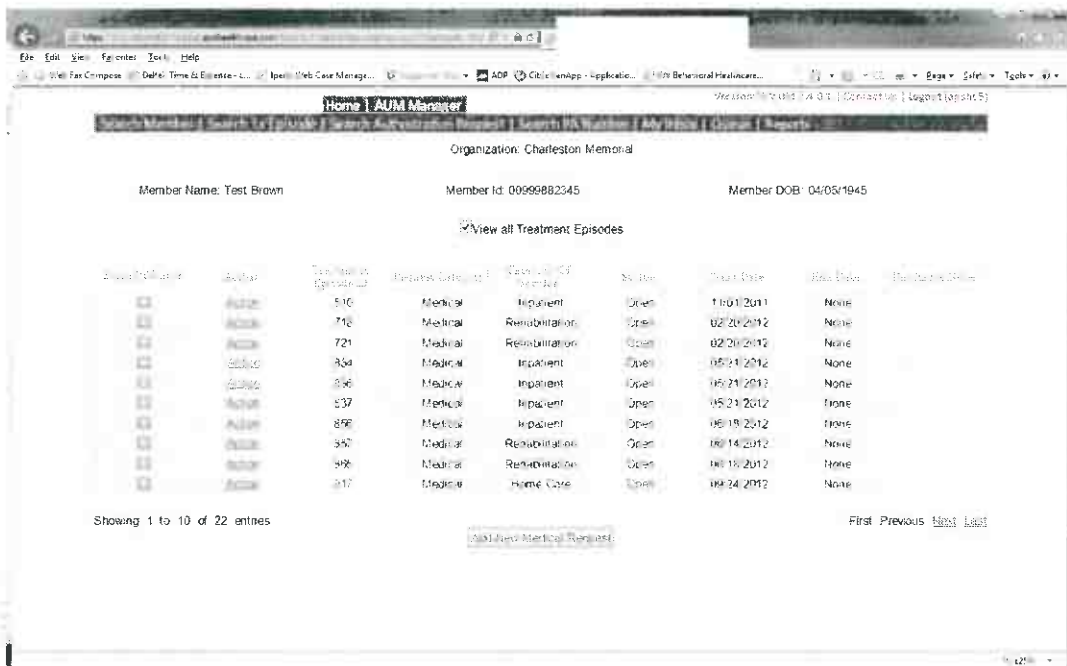
Click on AUM Manager Tab

Click on Search member and enter the WV Medicaid ID number and the member's last name then click Search.
(Hint: you can enter the first initial of the last name and click search)

Under "Coverage Details," click on the subscriber code that matches the one you entered on the Search Member screen that has not termed.



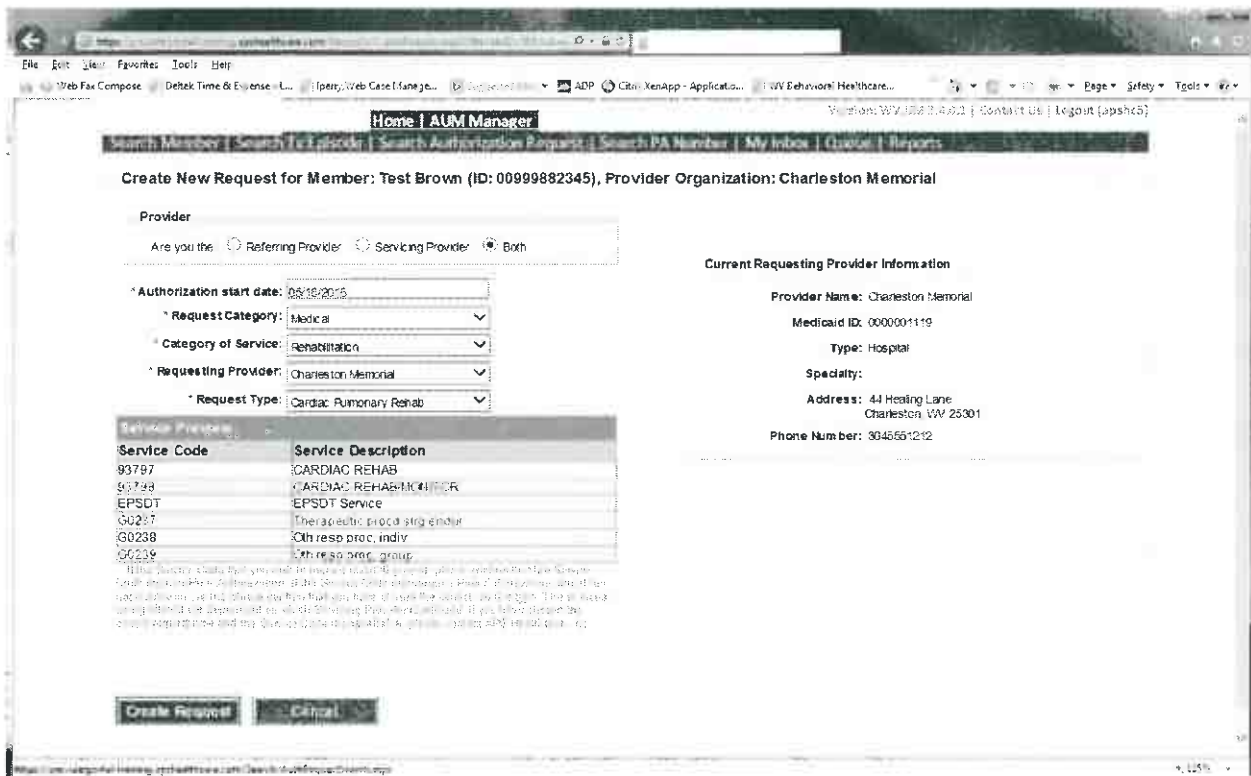
This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.



This brings you the Create New Request Screen. Under 'Provider,' you will need to choose rather you are the referring provider, servicing provider or both.

- Referring- Choose if requestor will **NOT** be billing WV Medicaid for requested service.
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service.
- Both- Please **DO NOT CHOOSE** this option for this type of request

Next, enter the start date (the date of service), the request category (Medical), the category of service (Rehabilitation), choose the requesting provider (there will only be a list available if your registration is complete and your provider NPI numbers have been attached), and enter the request type (Cardiac Pulmonary Rehab) scroll to the end of screen and click "Create Request"



If the member has previous treatment episodes, it will ask you if you want to Attach or Do Not Attach, just choose Do Not Attach. If the member does not have any previous treatments, click Continue

You are now ready to begin the application.

Member Demographics

The screenshot shows the 'Member Demographics' form in the PALM Manager application. The form is titled 'Member Demographics' and includes a navigation menu on the left with options like 'Home', 'Add Member', 'Request', 'PA Number', 'My Home', 'Queries', and 'Requests'. The main form area contains the following fields:

- Member Information:** Member Name (Test Brown), APS Member ID (000002245), Auth Request ID (217), Status (Covered - Request in Progress), Request Category (Medical), Request Type (Central Pulmonary Rehab), Licensure (Expired), Created by (Pam Niles), Auth Start Date (04/18/2018).
- Eligibility Information:** Eligibility ID / Medicaid ID (000002215), Member SSN (000-00-0000).
- Personal Information:** First Name (Test), Middle Name, Last Name (Brown), Suffix, Gender (Male), Date Of Birth (01/06/1975).
- Address Information:** Address Line1 (221 Elm Drive), Address Line2, City (Martinsburg), State (West Virginia), Zip Code (26001), County, Phone Number.
- Annotations:** Status, Note.

If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

Provider

The screenshot shows the 'Provider Information' form in the PALM Manager application. The form is titled 'Provider Information' and includes a navigation menu on the left with options like 'Home', 'Add Member', 'Request', 'PA Number', 'My Home', 'Queries', and 'Requests'. The main form area contains the following fields:

- Member Information:** Member Name (Test Brown), APS Member ID (000002245), Auth Request ID (217), Status (Covered - Request in Progress), Request Category (Medical), Request Type (Central Pulmonary Rehab), Licensure (Expired), Created by (Pam Niles), Auth Start Date (04/18/2018).
- Referring Provider:** Referring Provider (Cholesterol Medication), Search Provider, Hide address.
- Contact Information:** Address Line1 (44 Health Lane), Address Line2, City (Martinsburg), State (West Virginia), Zip Code (26001), Phone Number (304)521-1212, Office Contact, Contact Phone (if different) PA.

This brings you to the Provider Information screen. If you are the referring provider, this will auto-populate. This information cannot be changed.

If you are the servicing provider, you will need to attach the referring physician information to the request. To find physician:

- Click on the Search provider
- Enter the physician's name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the physician you are looking for, click the paper clip to attach.
- Enter your direct phone number where you can be reached in the Contact Phone field
- Click Save and Continue.

Administrative

The screenshot shows the 'Home | AUM Manager' interface. The main form contains the following fields:

- Member Name: Text Brown
- APS Member ID: 00590002348
- Auth Request ID: 2180
- Status: Serial
- Reason: Process
- Request Category: Medical
- Request Type: Cardiac Pulmonary Rehab
- Lifecycle: Original
- Created By: Penny Harris
- Auth Start Date: 05/11/2016
- Request Submitted Date: [empty]

The 'Details' section includes:

- Date of Referral: [empty]
- Procedure Type: Cardiac
- Authorization Type: Prior Authorization
- Type of Admission/Procedure: Office
- Auth Start Date: 05/11/2016

Answer all questions with the red *, so date of referral is not needed. Procedure Type will be Cardiac. Type of Admission/Procedure=Office. If your submission date is within 10 business days of the date of service, the authorization type will be Prior. Please note: If the date of service is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

Administrative

The screenshot shows the 'Home | AUM Manager' interface. The main form contains the following fields:

- Member Name: Text Brown
- APS Member ID: 00590002348
- Auth Request ID: 2580
- Status: Serial
- Reason: Process
- Request Category: Medical
- Request Type: Cardiac Pulmonary Rehab
- Lifecycle: Original
- Created By: Penny Harris
- Auth Start Date: 05/11/2016
- Request Submitted Date: [empty]

The 'Details' section includes:

- Date of Referral: [empty]
- Procedure Type: Cardiac
- Authorization Type: Retrospective Request
- Type of Admission/Procedure: Office
- Auth Start Date: 05/11/2016

The 'Retro Request Reason' section includes:

- Failure to request Prior Authorization
- Medicaid Covered Service Denied by - Member's Primary Payer
- OTHER
- Retrospective Medicaid Eligibility

If any other time span, the authorization type will be 'Retrospective Request.' Per BMS policy, there are timelines to request an authorization. If a request is submitted outside of the designated 10 day timeline, a retrospective policy denial letter will be issued. A retrospective reason will need to be selected and there are four options

- Failure to request prior authorization
- Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided
- Other: If this reason is chosen, please make sure to provide as much information as possible.
- Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

Service Selection

Home LAUM Manager

Data Deleted Successfully!

Member Name: [Text] Request: [Text] APN Member ID: [Text] Auth Request ID: [Text] Status: [Text] Reason for Request: [Text] Request Category: [Text] Request Type: [Text] Lifecycle: [Text] Created by: [Text] Auth Start Date: [Text]

Add Service

Servicing Provider: [Dropdown: Charleston Memorial] Search Show Address

Service Code: [Dropdown] Search

Units: [Text: 36]

Service Start Date: [Text: 09/15/2016] Service End Date: [Text: 12/15/2016]

Requested Services

Are Physician's Order(s) Evaluation and Treatment Plan Attached? [Dropdown: Yes]

Annotations

Status:

Note:

If you are the servicing provider, this will auto-populate. This information cannot be changed. If you are the referring provider, you will need to attach the Servicing Provider information to the request.

To find Servicing Provider:

- Click on the Search provider
- Enter the name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the provider you are looking for, click the paper clip to attach.
- Click Save and Continue.

Service Selection

Home LAUM Manager

Data Saved Successfully!

Member Name: [Text] Request: [Text] APN Member ID: [Text] Auth Request ID: [Text] Status: [Text] Reason for Request: [Text] Request Category: [Text] Request Type: [Text] Lifecycle: [Text] Created by: [Text] Auth Start Date: [Text]

Add Service

Servicing Provider: [Dropdown: Charleston Memorial] Search Show Address

Service Code: [Dropdown: 94799 - CARDIAC REHAB] Search

Units: [Text: 36]

Service Start Date: [Text: 09/15/2016] Service End Date: [Text: 12/15/2016]

Requested Services

Are Physician's Order(s) Evaluation and Treatment Plan Attached? [Dropdown: Select]

Annotations

Status:

Note:

You are now ready to choose your service code. For Cardiac Rehab requests, there are 5 CPT codes and one must be chosen. The units will auto populate to 36 units. If you need a lesser amount, please change units. If you need more units, please leave units at 36 and indicate in the annotations box the amount of units needed. Place of Service should be either office or Outpatient Hospital. The service date span will be 90 days. Please DO NOT CHANGE service end date. Click ADD SERVICE

Answer question if physician's order(s), evaluation and treatment plan attached. If no, the information will need to be faxed and should be indicated in the dropdown box. This is REQUIRED information. Click Save and Continue.

Biometrics, Diagnostics and Labs tab do not require information to be entered (no red *) but you can complete information if you choose. Please be sure to click Save and Continue after each screen.

Diagnosis

Home | AUM Manager

Search Member | Search To Evaluate | Search Authorization Request | Search PA Number | My Inbox | Queue | History

Member Name: Test Brown APS Member ID: 0199982346 Auth Request ID: 2276 Status: In Process Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry, Mike Auth Start Date: 10/19/2018

Diagnosis

Diagnosis Code Type: ICD-10 ICD-9

Symptoms Onset Date

Symptoms Description

Annotations

Status:

Note:

The Diagnosis screen is the next mandatory screen. ICD-10 diagnosis is required. The diagnosis code should be in the correct format for the date of service submitted. If your date of service requires an ICD-9 diagnosis code, prior to entering the numbers before the decimal, click the search options button, select ICD-9 and click save.

Home | AUM Manager

Member Name: Test Brown APS Member ID: 0199982346 Auth Request ID: 2276 Status: In Process Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry, Mike Auth Start Date: 10/19/2018

Diagnosis

Diagnosis Code Type: ICD-10 ICD-9

Symptoms Onset Date

Symptoms Description: Feel Demone/ration

Annotations

Status:

Note:

Attach Document:

Notes and Attachments:
No Annotation Data on File

Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have.

Evaluation

Patient Status: **Established**

Justification of Medical Necessity - Cardiac (select all that apply):

Initial Admission

- Acute Myocardial Infarction
- Angina Pectoris
- Cardiac Dysrhythmias
- Coronary artery disease
- Complications of transplanted organ: heart
- Functional Disturbances following cardiac surgery
- Heart Failure
- New evidence of ischemia or an exercise test including thallium scan
- Old Myocardial Infarction
- Organ/tissue replaced by other means: heart
- Organ/tissue replaced by other means: heart valve
- Other Acute & Subacute Forms of Ischemic Heart Disease
- Other diseases of Endocardium
- Other forms of chronic ischemic Heart Disease
- Other post procedural states: automatic implantable cardiac defibrillator
- Other post procedural states: percutaneous transluminal coronary angioplasty status
- Other post procedural states: unspecified cardiac device
- Personal history of other cardio respiratory problems; exercise intolerance with pain; at rest, with less than ordinary activity, with ordinary activity

Continued Stay - For a Continue Stay request, please choose at least one from the Initial Admission list and at least one from Continue Stay list

- Additional cardiovascular surgery or angioplasty
- Additional documented myocardial infarction or extension of initial infarction
- Exercise test including thallium scan indicating additional evidence of ischemia
- New clinically significant coronary lesions documented by cardiac catheterization
- New evidence of ischemia

Justification of Medical Necessity - Additional Information/Documentation

Please answer Patient Status. This will generate a list of options that will need to be reviewed and selections made. The example shows Established status. If new is chosen, the continued stay questions will not show for selection. Please include any other relevant information in the Justification of Medical Necessity box. Click Save and Continue

Treatment Plan

Member Name: Test Simon APS Member ID: 03556802014 Auth Request ID: 2500 Status: Demand Reason for Request: Request Category: Medical Request Type: Cardiac Pulmonary Rehab

Created by: Perry Alice Auth Start Date: 05/18/2016

Previous Courses of Treatment

- Test Demonstration

Current Plan of Care

- Test Demonstration

Frequency

- Frequency (# of sessions/week): 15
- Frequency Start Date: 06/18/2016
- Frequency End Date: 02/09/2016

Planned Interventions/Treatments - Exercise/Training Duration: 60 minutes

Planned Interventions/Treatments Exercise/Training Session (Check all that apply)

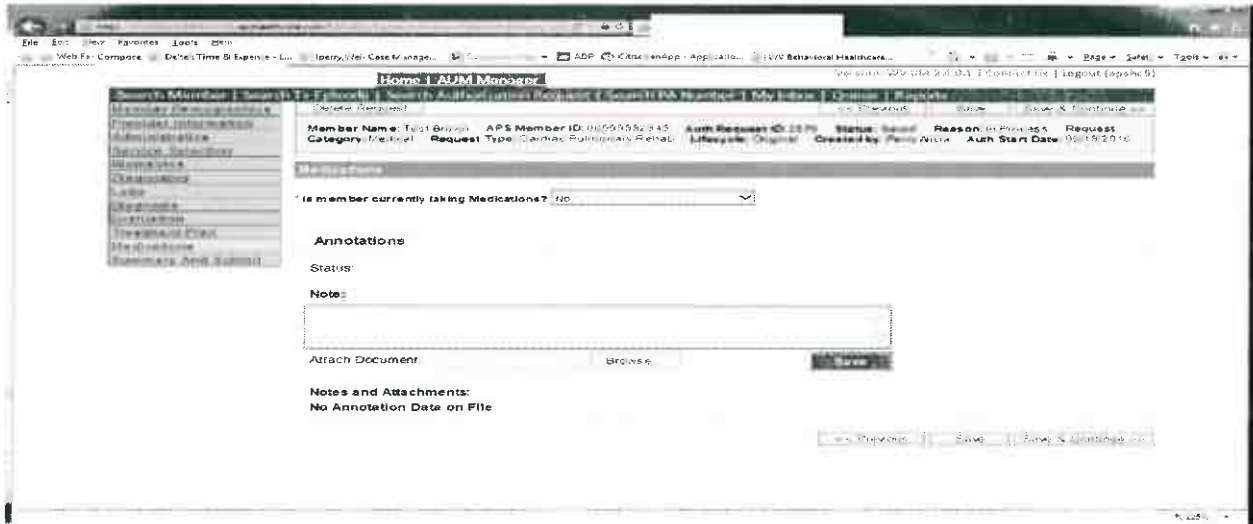
- ECG/ENG monitoring during exercise
- ECG/ENG rhythm strip with interpretation & physician's revision of the exercise program
- Limited physician follow up to adjust medication or other treatment(s) related to program

Expected Outcomes/Goals (Check all that apply)

- Improve blood cholesterol levels
- Improve psychosocial well-being
- Increase exercise tolerance
- Reduce mortality
- Reduce symptoms of chest pain/shortness of breath

Please answer all questions with red *. Click Save and Continue

Medications



Member Name: Test Brown APS Member ID: 0659552345 Auth Request ID: 2376 Status: New Reason: In Progress Request Category: Medical Request Type: Generic Subcategory: Retail Lifecycle: Original Created by: Peter Niles Auth Start Date: 04/15/2010

Is member currently taking Medications? no

Annotations

Status:

Note:

Attach Document Browse... Save

Notes and Attachments:
No Annotation Date on File

Previous Save Save & Continue

This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL FAX, click the blue SAVE button under the notes section. Click Save and continue to the Summary and Submit page.

Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.** A warning box may be received. If so, click continue. And then Click OK, once the message that your request was successfully submitted has displayed.

