Copy for Correction Instructions

A copy for correction is requested to change or correct services previously authorized. Most corrections are: 1). To add services that were mistakenly left off original request 2) request additional services were performed along with already approved services 3). Servicing Provider changes 4) for other permitted changes to an original request. There are some items that cannot be corrected using this feature. For example, if the previous authorization was for Inpatient, a copy for correction cannot be performed to change service to Outpatient. Please see copy for new submission instructions to perform this change. Please note: If a copy for correction is being requested because additional services needs to be added, Providers have 10 business days to request a copy for correction to be within retrospective policy guidelines. If the request is not received within 10 business days, a policy denial for not meeting retrospective policy will be issued.

Please note: These instructions require knowledge of the Authorization Request ID number

| | Home AUM Manager | | Version: W | V.UM 2.4.0.1 Contact Us Logout (apsh |
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| Search Member Search Tx | Episode Search Authorization Rec | quest Search PA Numb | er My Inbox Queue R | leports |
| Search Authorization Re | quest | | | |
| * Client: | State of West Virginia | | | |
| * Organization: | | • | | |
| Authorization Request ID: | | | | |
| Request Category: | | | | |
| Category of Service: | GODOC | | | |
| Request Type: | | | | |
| Authorization Start Date: | Select 🗸 | | | |
| Authorization End Date: | Select V | | | |
| Authorization Submission | Select V | | | |
| Date: | | | | |
| Authorization Request Status: | Select V | | | |
| | Search | | | |
| | | | | |
| Search Results | | | | |
| | ast Medicaid ID DOB | SSN Start Date | d Status Reason | Request Type Requesting Provider |
| 753 Original Test Abb | 00000076543 01/01/1000 99 | 9-87- 2011-11- 543 30 | Complete Review Complete | In Se |
| Showing 1 to 1 of 1 entries | 0 | 343 30 | Complete | First Previous Next L |

To Request a Copy for Correction:

- Click: AUM Manager Tab
- Click: Search Authorization Request
- Input authorization request ID number in Authorization Request ID slot
- Click: Search
- Click: BLUE ID number in Search Results

| Search Member Search T> | Home AUM N Finisode Search Author | | earch PA Number L Mu | | | ct Us Logout (apshc |
|-----------------------------|--|--|----------------------|-----------------|-----------------|------------------------|
| | | Organization | | | | |
| Member Name: Test Ab | bott | Member Id: 009 | 99876543 | Member | DOB: 01/01/1980 | |
| | | View all Tr | eatment Episodes | | | |
| Expand/Cdlapse Action | Treatment Episode ID | | egory Of Status | Start Date | End Date | Discharge Notes |
| Action | 521 | Medical Ir | patient Open | 11/30/2011 | None | |
| Expand/Collapse Actio | n Authorization Request ID R | Action I | tem Details | Start Date | End Date | Requesting Provider |
| Actic | <u>n</u> 753 Inp | pa Copy Auth Request Discharge Auth Re | <u>t</u> quest | lete 11/30/2011 | None | |
| Showing 1 to 1 of 1 entries | | Print View Auth Request Cancel | | | First | Previous Next La |
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- You will now see the word "Actions" twice
- Click: 2nd Actions
- Choose: Copy Auth Request

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| Sa web rax compose | | | Version: WV.UM 2.4.0.1 Contact Us Logout (apshc5 | |
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| М | lember Information | | | |
| | Member Name: Test Abbott | Member Id: 00999876543 | Member DOB: 01/01/1980 | |
| Ci | opy Request | | | 1 |
| | | OCopy for New Submission ●Copy for Updat | te/Correction | |
| Т | | Original Request | New Request | |
| | * Authorization Start Date: | 11/30/2011 | 11/30/2011 | |
| | * Request Category: | Medical | Medical 🗸 | |
| | * Category of Service: | Inpatient | Inpatient V | |
| | * Requesting Provider: | Charleston Memorial | ~ | |
| | * Request Type: | Inpatient Services | Inpatient Services V | |
| | | Continue Cancel | | |
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- In the pop up box choose: Copy for update/correction
- If the date of service (DOS) needs changed, please change date in the date field
 - This is only suggested if the procedure has **NOT** already been completed.
 - If the procedure was performed during the authorization date span previously given, **DO NOT** change the date
- Continue

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| 5 • | | Original Request | New Request | | |
| | * Authorization Start Date: | 11/30/2011 | 11/30/2011 | | |
| | * Request Category: | Medical | Medical 🗸 | | |
| | * Category of Service: | Inpatient | Inpatient V | | |
| | * Requesting Provider: | | | \checkmark | |
| | * Request Type: | Inpatient Services | Inpatient Services 🗸 | | |
| | | Continue Cancel | | | |
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| | Section Selection | | | | |
| | Section Selection | | | | 1 |
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| | Please select the sections of the authorization | request you wish to copy: | | | |
| | Select All | | | | |
| | Administrative | | | | |
| 1 | Biometric | | | | |
| | Diagnosis | | | | |
| 1 | ✓ Diagnostics ✓ Evaluation | | | | |
| _ | Laboratory | | | | |
| | Medication Member | | | | |
| | Pre-authorization | | | | |
| | ✓ Provider ✓ Service | | | | |
| r | Treatment Plan | | | | |
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- Click: Select all
- Create Request

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| Member Demographics | | Data | a Saved Successfully! | | | |
| Provider Information | Delete Request | | | << Previous | Save Save & Continue >> | |
| Administrative | MemberName:TestAbbott | | | | on: In Process Request | |
| Service Selection | Category: Medical Request 11/30/2011 | : type: inpatient Services Lifed | ycle: Copy for Correction | Created by: Perry Alici | a Auth Start Date: | |
| Biometrics | 11/30/2011 | | | | | |
| <u>Diagnostics</u> Labs | Administrative | | | | | |
| Diagnosis | Administrative | | | | | |
| Evaluation | Date of Referral | | | | | |
| Treatment Plan | * Procedure Type | General and Acute | ~ | | | |
| Medications | * Authorization Type | Prior Authorization | ~ | | | |
| Summary And Submit | * Type of | Bective | ~ | | | |
| | Admission/Procedure | | _ | | | |
| | * Admission Date | 06/08/2016 | | | | |
| | Request Submitted Date | | | | | |
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- Member Demographics: Click Save and Continue
- Provider: Save and Continue
- Administrative:
 - $\circ~$ If the DOS was not changed:
 - Change Authorization type to Retrospective Request
 - Retro Request Reason: Choose Other
 - Input the retro reason in the annotation box provided
 - For example, additional service request, provider change, etc.
 - Save and Continue
 - If DOS was changed and the date is within the allowed 10 business days, Click Save and Continue
- Click Save and Continue

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| Member Demographics | Delete Request | | | << Previous | Save Save & | Continue >> | |
| Provider Information Administrative Service Selection | Member Name: Test Abbot Category: Medical Request 06/08/2016 | 0999876543 • type: inpatient Services Lifecto | | Status: Saved Reas Created by: Perry Alic | | | - 1 |
| Biometrics | | | | | | | |
| Diagnostics | Add Service | | | | | | |
| <u>Labs</u> Diagnosis | * Servicing Provide | | Search Sh | ow Address | | | |
| Evaluation | * Service Code | WV001 - Medic al Inpatient Hospital | | | \sim | Search | |
| Treatment Plan | * Units | 30 | * Plac | ce Of Service 21 - Inpatier | nt Hospital | ~ | |
| Medications Summary And Submit | * Service Start Date | 00.00.0040 | | vice End Date 07/07/2016 | | | |
| | | | 301 | 0/0//2016 | | | |
| | | Add Service | Reset | | | | |
| | Requested Services | | | | | | |
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| | Supplemental Information | | | | | | |
| 1 | * Admission Follows Observation | No |] | | | | |
| E | | Intensive Care Unit (ICU) |] | | | | |
| | * Surgical Procedures | none | | | | ^ | |
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| r | Orthopedic Procedures | - Select - 🗸 🗸 |] | | | | |
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- Service Selection Screen:
 - o Please add all new AND previously authorized CPT codes
 - For billing purposes, all approved procedures must have the same authorization number.
 - Verify the Servicing Provider is correct
 - The previous authorization number given will no longer be eligible for billing, so please be sure to include all codes.
- Add all notes, clinical, etc in the annotation boxes
- Click Save to add any information attached or notes keyed in
- Click Save and continue

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| Member Demographics Provider Information | Delete Request | | | | << Previous Save | Save & Continue >> | |
| Administrative | Member Name: Test Abbott | | | | Status: Saved Reason: In Proc Created by: Perry Alicia Auth | | |
| Service Selection | 06/08/2016 | t type. inpatient Servic | es Lifecycle: | Copylor Correction C | Created by: Perry Alicia Auth | Start Date: | |
| Biometrics | | | | | | | |
| Diagnostics | Diagnosis | | | | | | |
| Labs | | | | | Quant Outras | | |
| Diagnosis | * Diagnosis | | | | Search Options | | |
| Evaluation Treatment Plan | Symptoms Onset Date | | | | | | |
| Medications | * Sym ptom s/Description | | | | ^ | | |
| Summary And Submit | | | | | \checkmark | | |
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| | Diagnosis Results | | | | | | |
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| | Action <mark>Diagnosis</mark> Descripti | on | Туре | Onset Date Sympt | toms/Description | Primary | |
| | | C DISORDERS | ICD9 | 11/10/2011 n1 | | Primary | |
|] | 🗙 🛃 500 COAL WO | RKERS' PNEUMOCON | CD9 | 11/09/2011 h1 | | Secondary | |
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- **Diagnosis Screen:** The diagnosis type (ICD-9/ICD-10) is dependent upon the service start date (SSD). All requests should have the correct diagnostic code submitted. The Molina Healthcare system will not accept authorization numbers with incorrect diagnostic coding based on the service start date. This will delay billing and payment of services.
 - If the SSD is after 10/01/15, click save and continue
 - If the SSD is before 10/01/15
 - Click Search Options button beside the diagnosis field
 - In the drop down box, choose ICD-9 as diagnosis code type
 - Click Save
 - You will now be able to search for the ICD-9 code to select the diagnosis
- After all diagnosis codes are updated, click Save and Continue

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| 3 Search Member Search | and a second | | Number My Inbox Queue Report: | s | |
| Member Demographics | Delete Request Subm | | | << Previous Save | |
| Provider Information | Member Name: Test Abbott | 1999876543 | Auth Request ID: 753 Status: Saved Rea | son: In Process Request | |
| Administrative | Category: Medical Request | | le: Copy for Correction Created by: Perry A | | |
| Service Selection | 06/08/2016 | | | | |
| Biometrics Diagnostics | | | | | |
| Labs | Identification Numbers | | | | |
| Diagnosis | Eligibility ID/ Medicaid ID | 00999876543 | * Mem ber SSN 999-87-65 | 543 | |
| Evaluation | | | | | |
| <u>Treatment Plan</u> | Member Information | | | | |
| Medications | * First Name | Test | * Last Name Abbott | | 6 |
| Summary And Submit | Middle Name | | Suffix | | 8 |
| | * Gender | Male V | | | |
| | | Male + | * Date Of Birth 01/01/198 | 0 | |
| | Address Information | | | | |
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- On the upper left-hand side, click on summary and submit
- Scroll up to the top of the request
- Click: submit button
- Certain review areas will now show an information box giving the option of continue or cancel
 - This box will only show at the top of the request. If the submit button at the bottom of page, the information box will not be seen. This can cause your request to not submit and stay in 'SAVED" status.
- Click Continue



• A box will generate indicating your request has been successfully submitted