

## Speech Therapy and Audiology Services

Per Medicaid Policy, Speech Therapy and audiology services must be Prior authorized prior to services being provided. Request must be submitted within 10 **business** days BEFORE therapeutic services or audiology services/equipment is provided. Please note: The request must meet medical necessity and there is no guarantee therapeutic services or equipment will be approved. It is **STRONGLY** advised that no services be given prior to authorization.

To request a Speech Therapy or Audiology service **authorization**, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Speech Therapy or Audiology 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.

### Submitting Speech/Audiology Requests

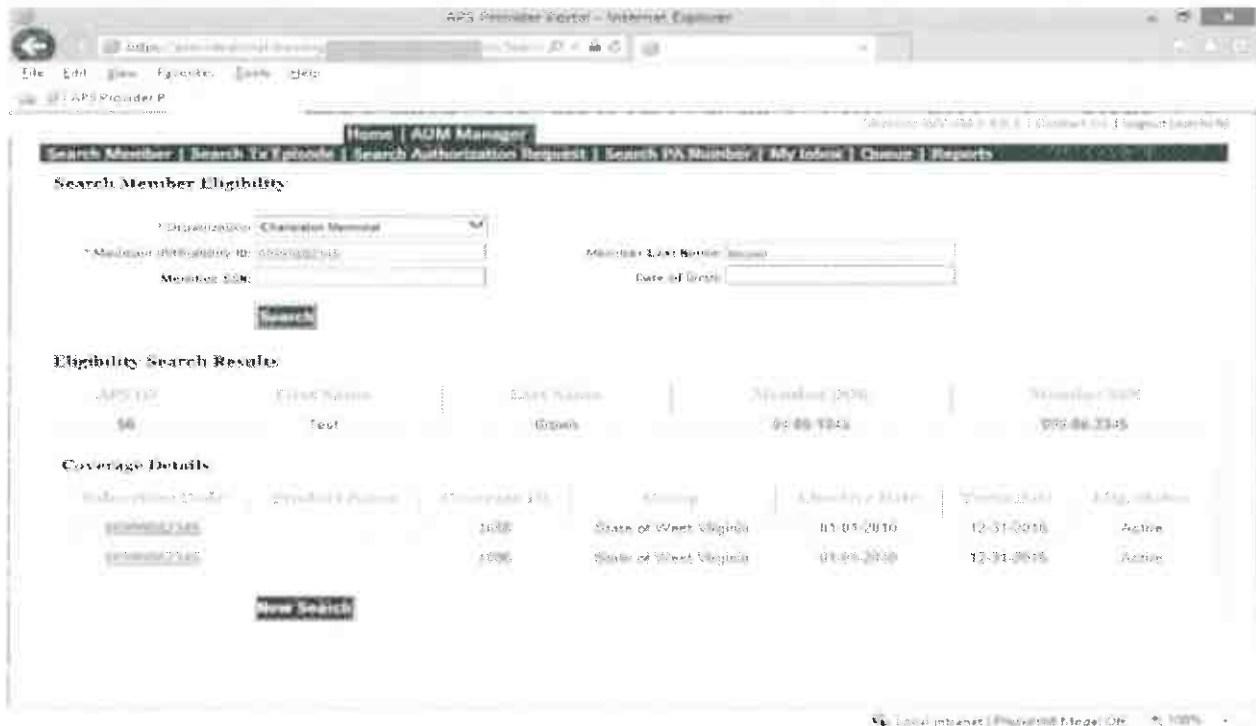
Got to <https://providerportal.kepro.com> and enter your login and password.



Click on the 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 matched the one you entered on the Search Member screen that has not termed.

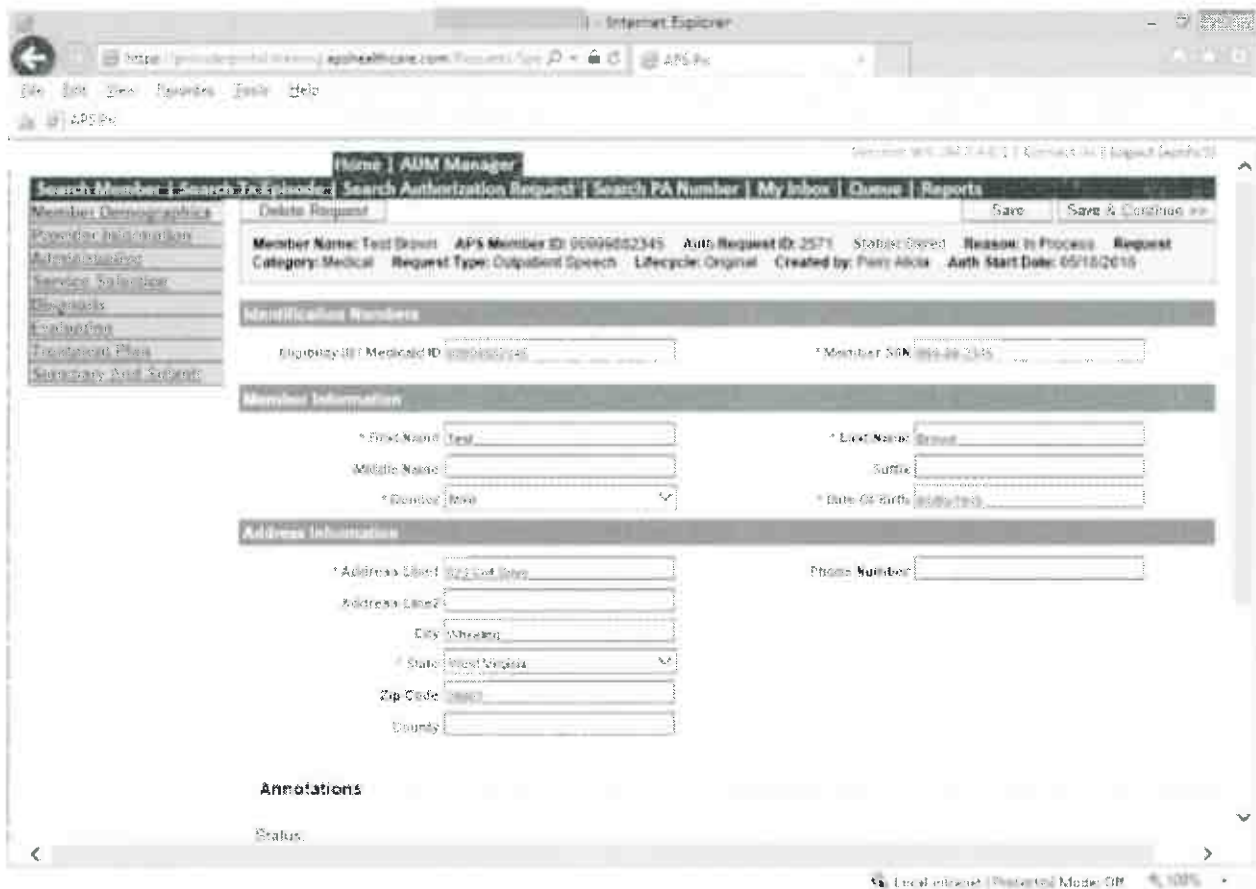


This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the Add New Medical Request button.

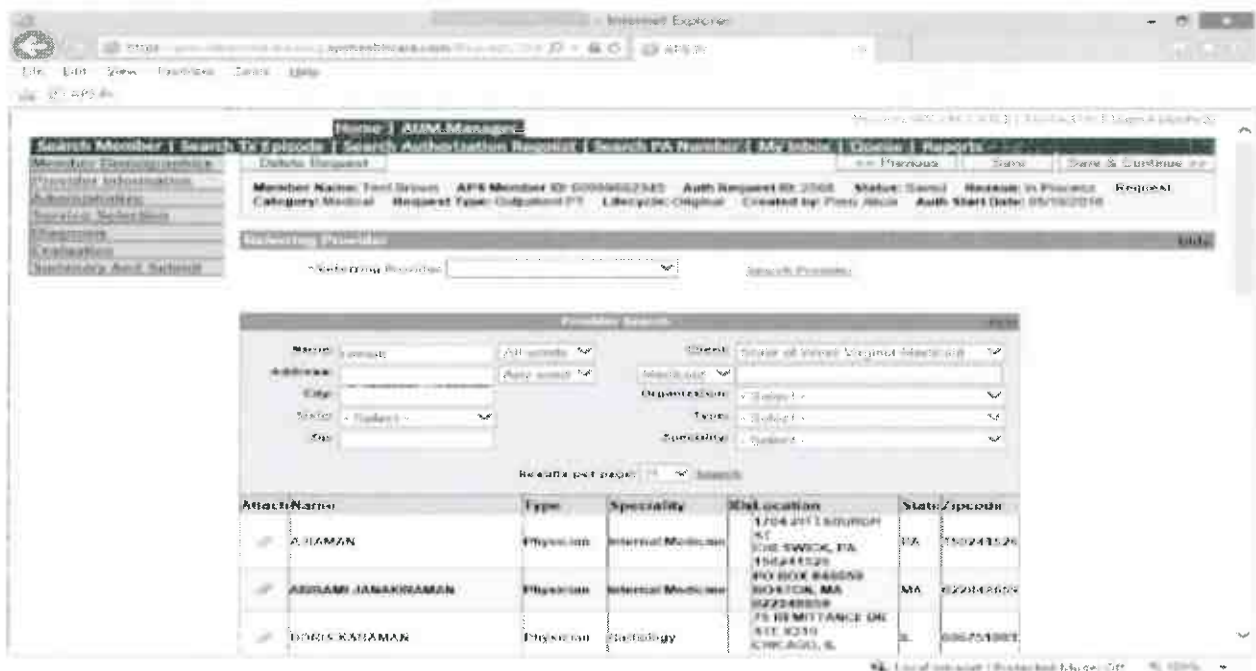
This brings you to the Create New Request Screen. Under ‘Provider’, if you are the physician’s office, you will click “Referring Provider”; if you are the hospital, you will click “Servicing Provider”; if you are an office where the procedure will be completed, you will click “both”, for referring and servicing provider. (The below example is a hospital requesting the procedure, so “Servicing” is chosen). Enter the start date, (the date the procedure is scheduled), 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 providers NPI number has been attached), enter the request type, (outpatient speech), then scroll to the end of the 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, which will bring you to the beginning of the application to the Member Demographics screen. If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.



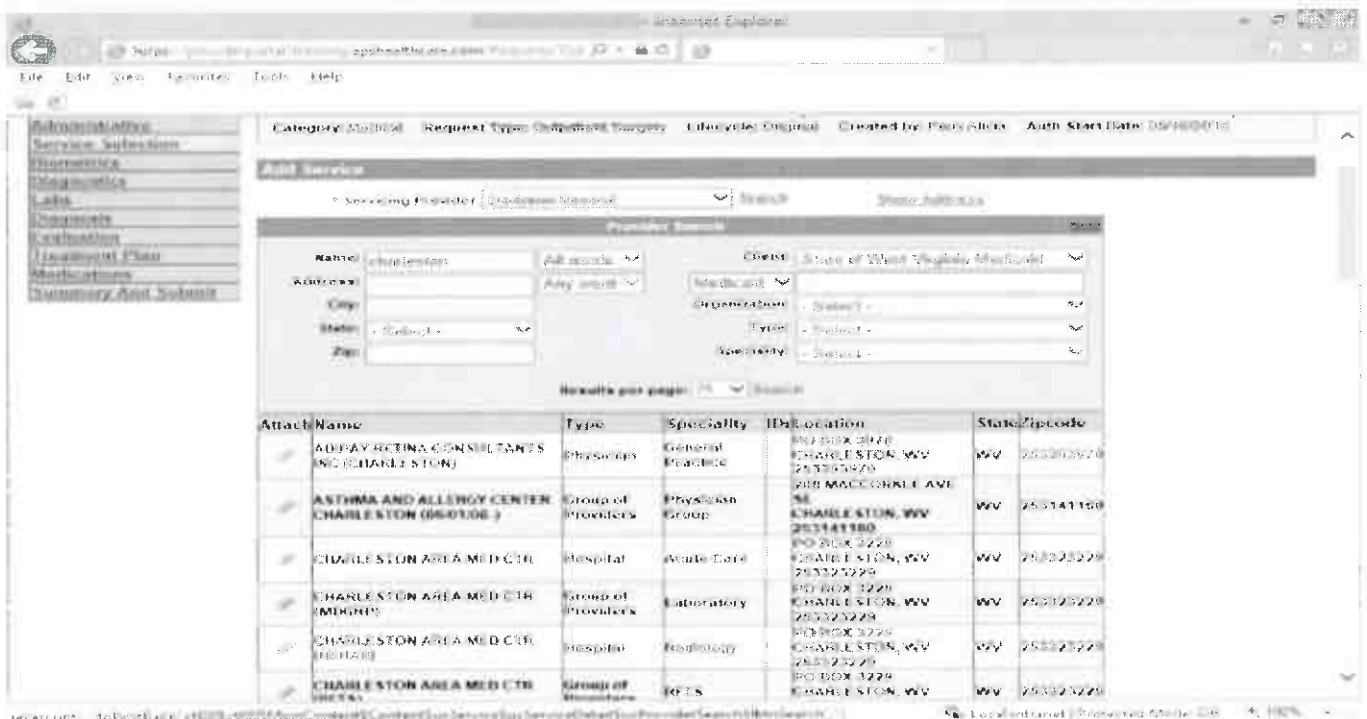
This brings you to the Provider Information screen. (If you are the physician's office and chose that you are the referring provider, this will auto-populate). To find your physician, click on the Search provider link and then either enter the physician's name in the Name field and change Any Words to ALL WORDS, and click Search, or you can select NPI, from the dropdown box on the right side and enter the NPI number and click Search. DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS, JUST THE 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, and save and continue.



This brings you to the Administrative Screen. Answer all questions with the red \*, so date of referral is not needed. Click Save and Continue. Choose the procedure type (Speech/Language), authorization type (prior auth), type of admission (office), then click Save and Continue.



This brings you to the Service Selection screen where you will enter your servicing provider and procedure codes. (If you chose "Servicing" at the beginning of the request, the servicing provider information will auto-populate). If you are the physician's office, you will need to click the blue Search link beside Servicing Provider, enter the facility's name in the Name field and change Any Words to ALL WORDS and click search, or select NPI from the dropdown box on the right side and enter the NPI number and click search. It's better to list only the first name of the facility if you search by the name. Once you find the facility you are looking for, click the paper clip to attach.



Choose your service code from the dropdown box. Choose place of service (office). For initial requests, leave units as they are. For established requests, change units to number you are requesting for each service, and then click the "Add Service" button.



Complete all required fields with a red \* and click Save and Continue.

The Diagnosis screen is the next screen, enter the ICD-10 code in the Diagnosis box, 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, then click Save and Continue.

Be sure diagnosis code is appropriate for the request date (example: ICD-9 prior to 10/01/2015 and ICD-10 after 10/01/2015).

Internet Explorer

https://www.epihealthcare.com/Member/Type

File Edit View Favorites Tools Help

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2571 Status: Saved Reason In Process Request Category: Medical Request Type: Outpatient Speech Lifestyle: Original Created by: Peter Akiba Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis

Symptoms Onset Date

\* Symptoms/Description

Annotations

Status

Notes

Attach Document

Notes and Attachments

No Annotation Data as of

7200 - GENERAL SYMPTOMS  
 7200.01 - COMA AND STUPOR  
 7200.02 - COMA  
 7200.03 - LOSS OF FULL AWAKENESS  
 7200.04 - LOSS OF FULL VERBAL STATE  
 7200.05 - GENERAL ALTERED CONSCIOUSNESS  
 7201 - HALLUCINATIONS  
 7202 - HYPNOSIS AND SLEEP  
 7203 - CONVULSIONS  
 7203.01 - FIBRILE CONVULSIONS NOS  
 7203.02 - CONVULSIVE FEVER NOS  
 7203.03 - POST-TRAUMATIC SEIZURES  
 7203.04 - CONVULSIONS REC  
 7204 - DIZZINESS AND GIDDINESS  
 7205.01 - SLEEP DISTURBANCES  
 7205.02 - SLEEP DISTURBANCE NOS  
 7205.03 - INSOMNIA NOS  
 7205.04 - HYPERINSOMNIA NOS  
 7205.05 - HYPERINSOMNIA NOS  
 7205.06 - HYPERINSOMNIA NOS  
 7205.07 - SLEEP STATE DYSFUNCTION  
 7205.08 - SLEEP APNEA NOS  
 7205.09 - SLEEP DISORDER NOS  
 7205.10 - SLEEP DISTURBANCE REC  
 7206 - FEVER  
 7206.01 - FEVER NOS  
 7206.02 - FEVER IN OTHER DISEASES  
 7206.03 - POST-PROCEDURAL FEVER  
 7206.04 - POSTVACCINATION FEVER  
 7206.05 - FEVER IN UNIDENTIFIED DISEASE

Local intranet | Protected Mode Off | 100%

Internet Explorer

https://www.epihealthcare.com/Member/Type

File Edit View Favorites Tools Help

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2571 Status: Saved Reason In Process Request Category: Medical Request Type: Outpatient Speech Lifestyle: Original Created by: Peter Akiba Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis

Symptoms Onset Date

\* Symptoms/Description

Annotations

Status

Notes

Attach Document

Notes and Attachments

Diagnosis Results

Action	Diagnosis Code	Description	Type	Onset Date	Symptoms/Description	Is Primary
X	7200	GENERAL SYMPTOMS	ICD9		General symptoms	Primary

Local intranet | Protected Mode Off | 100%

The next two screens are the Evaluation screen and the Treatment Plan screen, complete the required fields and then click Save and Continue. If the information is going to be faxed in state "Will fax" in the boxes and click Save and Continue.



Internet Explorer

http://www.aplhealthcare.com/RequestType

File Edit View Favorites Tools Help

Home | AUM Manager

Version: W2 UM 2.4.1 | Domain: PL | Logout [username]

Search Member | Search Tx Episodes | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports

Member Demographics  
 Provider Information  
 Administration  
 Service Selection  
 Diagnosis  
 Evaluation  
 Treatment Plan  
 Summary And Submit

Delete Request

Data Saved Successfully!

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Search Lifecycle: Original Created by: Perry Alton Auth Start Date: 05/18/2016

Diagnosis

\* ICD-9 Code

Waker

\* Waiver Letter Notes

Please attach Waiver Letter from parent or guardian (for school aged children)

Annotations

Status:

Note:

Attach Document Browse Save

Local Intranet Protected Mode Off 100%

Internet Explorer

http://www.aplhealthcare.com/RequestType

File Edit View Favorites Tools Help

Home | AUM Manager

Version: W2 UM 2.4.1 | Domain: PL | Logout [username]

Search Member | Search Tx Episodes | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports

Member Demographics  
 Provider Information  
 Administration  
 Service Selection  
 Diagnosis  
 Evaluation  
 Treatment Plan  
 Summary And Submit

Delete Request

Data Saved Successfully!

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Search Lifecycle: Original Created by: Perry Alton Auth Start Date: 05/18/2016

Treatment Plan

\* Speech Pathologist Treatment Care Plan

Annotations

Status:

Note:

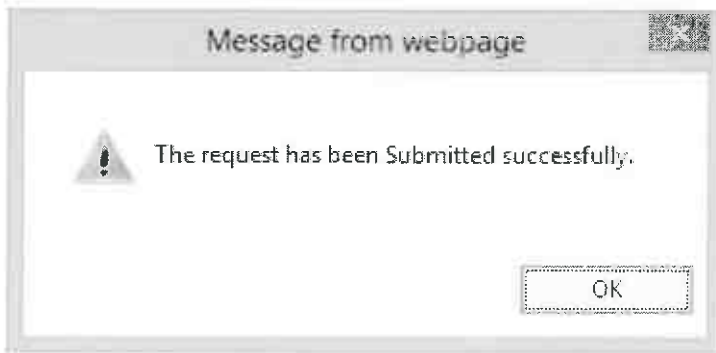
Attach Document Browse Save

Notes and Attachments:  
 No Annotation Data on File

Local Intranet Protected Mode Off 100%

The Summary and Submit is the final page. This 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, and then click SUBMIT at top of screen. It may give you some warnings about the member's coverage, or about the service code you selected, just click Continue. Some warnings require the user to correct the issue before the request can be submitted. These will not give the option to Continue.

Then click OK, once the message that your request was successfully submitted has displayed.



#### Helpful Tips for Speech Therapy and Audiology Services

- Provider must submit a treatment plan of care that documents measureable goals, objectives and prognosis.
- There is a documentation section for parent waiver letters that should be utilized.
- Patient is considered school aged if they are between the ages of 3-21.
- For all school aged children, a copy of the IEP must be submitted
- Please do not put "See Attached" if a parent waiver is not included. This will cause the case to be pended and if no information is provided, the case will be closed and delaying patient care.
- If the patient is not enrolled or not currently in school, this information can be documented in Waiver Letter Notes.
- If the reason given is N/A (Not Applicable), reason must be given (example: Patient has graduated, patient is homeschooled, or patient is currently not enrolled).
- Orders must include diagnosis or diagnosis codes, and must be for speech therapy services.
- Supporting documentation must not be more than six months old.
- A referral that includes type of service requested, frequency and duration, diagnosis and a signature from the prescriber must be included.
- Signed progress notes are required
- Audiology evaluations with audiometric results cannot be more than six months old.