# **Durable Medical Equipment Request**

Per Medicaid Policy, Durable Medical Equipment requires a prior authorization before placement unless equipment was given after a hospital discharge. Requests may be submitted within seven business days after a hospital discharge. Please note: The request must meet medical necessity and there is no guarantee the equipment will be authorized.

To request a Durable Medical Equipment authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Durable Medical Equipment 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 Durable Medical Equipment Request

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

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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.

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	00999852345		1086	State of West Virginia	01-01-2010	12-31-2016	Active
		New Search					

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.** 

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	Action	721	Medical	Rehabilitation	Open	02/20/2012	None	
	Action	834	Medical	Inpatient	Open	05/21/2012	None	
	Action	836	Medical	Inpatient	Open	05/21/2012	None	
	Action	837	Medical	Inpatient	Open	05/21/2012	None	
	Action	855	Medical	Inpatient	Open	00/18/2012	None	
	Action	857	Medical	Rehabilitation	Open	00/14/2012	None	
	Action	865	Medical	Rehabilitation	Open	00/18/2012	None	
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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

Next, enter the start date (the date of service) .If there is no scheduled date, use the date of service being submitted, the request category (Medical), the category of service (Rehabiltation), 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(Outpatient PT) scroll to the end of screen and click "Create Request"

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	Request Category:	Medical V	Medicaid ID: 0148172007
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			Type: ONE Suppler
* Red	questing Provider:	UNCARE INC (MORGANTOWN)	Specialty: Respiratory/Oxygen
	* Request Type:	Durable Medic al Equipment	Address: PO BOX 687
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particular sectors and the	Preview		Phone Number: 3342967209
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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**

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

## Provider

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

If you chose the servicing provider option, 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**

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Answer all questions with the red \*. Procedure Type=Durable Medical Equipment. Choose Type of Admission/Procedure. *Please* note: Emergency/Medically urgent should only be chosen if it meets BMS definition of medically urgent. The submitted date will automatically populate once you submit the request. Click Save and Continue.

## **Administrative**

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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.

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If you chose the servicing provider option, this will auto-populate. This information cannot be changed. If you chose the referring provider option, 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

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You are now ready to choose your service code. HCPCS can be chosen from the drop down. However, the easiest and most efficient way is to click SEARCH located to the right of service code line. In the dropdown box, key the HCPCS code in the Service Code/Group Name space and click Search. Click the paper click to attach code to request. The example shows a search for A4520. Units will auto generate. If you need more units, please indicate in the annotation box and then click save to save note. The service date span will be 180 days. Please DO NOT CHANGE service end date. Please answer all other questions with a red\* beside them. Repeat steps for any additional HCPCS codes that require authorization. Click ADD SERVICE

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"I certify that this patient meets the program eligibility criteria and that this equipment is a part of the course of treatment and is reasonable, medically necessary and is most cost effective and is not a convenience item for the recipient, family, attending practitioner or supplier. To my knowledge, the above information is accurate.	
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After choosing each code that you need, finish answering all of the questions on the page that have the red \*. (Some questions become mandatory depending on the answers you choose).

Biometrics Tab does not require information to be entered (no red \*) but you can complete information if you choose. Please be sure to click Save and Continue

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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.

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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. Click Save and Continue

### 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. <u>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.</u>

A warning box may be received. Click continue

And then Click OK, once the message that your request was successfully submitted has displayed.



**Orthotic/Prosthetics Equipment Request** 

Per Medicaid Policy, Orthotic/Prosthetics Equipment requires a prior authorization before placement. Request must be submitted within 10 business days. Please note: The request must meet medical necessity and there is no guarantee the equipment will be authorized.

To request an Orthotic/Prosthetics Equipment authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Orthotic/Prosthetics Equipment 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 an Orthotic Request

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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.

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00999882345		1086 St	tate of West Virginia	01-01-2010	12-31-2016	Active
	New Search					

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.

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	Action	721	Medical	Rehabilitation	Open	02/20/2012	None
	Action	834	Medical	Inpatient	Open	05/21/2012	None
	Action	836	Medical	Inpatient	Open	05/21/2012	None
	Action	837	Medical	Inpatient	Open	05/21/2012	None
	Action	856	Medical	Inpatient	Open	09/18/2012	None
	Action	857	Medical	Rehabilitation	Open	06/14/2012	None
	Action	865	Medical	Rehabilitation	Open	00/18/2012	None
	Action	917	Medical	Home Care	Open	09/24/2012	None
showing 1 to 10 c	t 22 entries						First Previous Next La
			Ac	ld New Medical Requ	est		

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

Next, enter the start date (the date the admission), 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(OrthoticsProsthetic) scroll to the end of screen and click "Create Request"

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Jearchin	lember   Search		UM Manager uthorization Request 1 Search P/	Number   My Inbox   Queue   Reports
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Provid	fer			
			0.00	
Are	you the: U Referri	ng Provider 🔹 Servicing Pro	wder U both	Current Requesting Provider Information
Autho	rization start date:	05/18/2016		Provider Name: Charliston Mamorial
	Request Category:		~	
			~	Medicaid ID: 0000001119
	stegory of Service:			Type: Hospital
" Re	questing Provider:	Charleston Memorial	~	Specialty:
	* Request Type:	Ortholics Prosthetics	~	Address: 44 Healing Lane Charleston, WV 25301
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Service Code	Service Descrip	tion		
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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**

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Provider Information Administrative Category: Medical Request Type: OrthotosProsthetics Unevenil: Original Created by: Peny Alica Auth Start Date: 02/28/2013 Service Selection	- 18
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If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

### Provider

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Member Demographice		
	Member Nam e: Test Brown APS Member ID: 00090882345 Auth Request ID: 2554 Status: Saved Reason: In Process Request Category: Medical Request Type: Ortholics Prosthetics Lifecycle: Original Created by: Peny Alicia Auth Start Date: 05/19/2010	
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This brings you to the Provider Information screen. If you are the physician's office and chose the referring provider option, 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**

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Answer all questions with the red \*. Procedure Type =Orthotics. Type of Admission/Procedure=Office. If your start date is within 10 business days of admission date, the authorization type will be Prior.

### **Administrative**

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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.

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Provider Information	Delete Request Save Save	& Continue >>
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Diagnosis	Add Service	
Evaluation		
Summary And Submit	* Servicing Provider Charleston Memorial V Search Show Address	
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	Clinical Indication(s) for Rem (s) Requested	
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	Please attach the Prescribing Practitioner Certification Statement (Signature and Date)*	
	Date Patient Last Dramined by Punctional Level - Select - Practicioner	~
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If you are the facility and chose that 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, for 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

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You are now ready to choose your service code. HCPCS can be chosen from the drop down. However, the easiest and most efficient way is to click SEARCH located to the right of service code line. In the dropdown box, key the HCPCS code in the Service Code/Group Name space and click Search. Click the paper click to attach code to request. The example shows a search for L0491. Place of Service=Office. Units will auto generate. Please DO NOT change units. If you need more units, please indicate in the annotation box and then click save to save note. The service date span will be 90 days. Please DO NOT CHANGE service end date. Choose Service type and complete clinical indications for time requested. Click **ADD SERVICE** 

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Functional level is required. Please answer physician order(s) question. If No, an explanation will need to be provided and the order will need to be faxed. Please answer all other questions with a red \*. <u>Supplier Information</u> <u>does not have a red \*, but should be completed</u>. Please note that a Signed CMN is required. Please fax or attach to request. Click SAVE and Continue

Biometrics does 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**

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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.

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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**

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		Oven Patient Have Impaired Hearing?	Ves O No	Medical Justification		0		
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		Does Patent Have Impaired Speech?	Yes D Ro	Mellon Justification		0		
		Does Patenti-law Impared Vision7	T Yes C No	* Medical Justification		0		
		Does Patient Have Restricted Advity?	Yes - Re	• Medical Justification		0		
		Oreo Patent Have Skin Break Down?	Yes O No	• Medical Justification		0		
		Does Pakesi Require Assistance with ACUY?	Yes No	* Medical Justification		0		
		Does patter//Laregiver demonstrate willingness and ability is use ex.4pment?	Yes H No O N	A Medical Justification		0		

Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

#### **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. <u>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.</u>

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.



# How to submit a Prosthetics Request

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

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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.

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Eligibility Search Rest	ults					
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56	Test	Brown		04-05-1945	999-1	55-2345
Coverage Details						
Subscriber Code	Product Name	Coverage ID	Group	Effective Date	Term Date	Elig. Status
00999082345		1056	State of West Virginia	01-01-2010	12-31-2016	Active
00999882345		1088	State of West Virginia	01-01-2010	12-31-2018	Active
	New Search					

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.

Search Member	Search Tx Epis		UM Manager uthorization Requ	est I Search PA N	mber I My inb	cx   Queue   Rep	ats.	
				zation: Charleston M				
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	Action	857	Medical	Rehabilitation	Open	00/14/2012	None	
	Action	005	Medical	Rehabilitation	Open	00/10/2012	None	
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howing 1 to 10	of 22 entries						First Previo	us Next Lo
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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

Next, enter the start date (the date the admission), 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(OrthoticsProsthetic) scroll to the end of screen and click "Create Request"

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Create	New Request f	or Member: Test Brown (ID: 00999882345),	Provider Organization: Charleston Memorial			
Provid	der					
Are	you the: O meterny	ng Provider 🛞 Servicing Provider 🔿 Both				
			Current Requesting Provider Information			
	rization start date:		Provider Name: Charleston Memorial			
	Request Category:		Medicaid ID: 0000001119			
	Category of Service: [Fenalestation // ]     Requesting Provider: Characton Memoria // ]		Type: Hospial			
* Par			Specialty:			
	* Request Type:	OrtholicsProsthetics	Address: 44 Heating Lane Charleston, VW 25001			
	Preview		Phone Number: 3045551212			
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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**

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

## **Provider**

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This brings you to the Provider Information screen. If you chose the referring provider option, 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**

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Answer all questions with the red \*. Procedure Type will be Prosthetics. Type of Admission/Procedure=Office. If your start date is within 10 business days of admission date, the authorization type will be Prior.

#### **Administrative**

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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.

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If you chose the servicing provider option, 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**

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You are now ready to choose your service code. HCPCS can be chosen from the drop down. However, the easiest and most efficient way is to click SEARCH located to the right of service code line. In the dropdown box, key the HCPCS code in the Service Code/Group Name space and click Search. Click the paper click to attach code to request. The example shows a search for L5618. Place of Service=Office. Depending on HCPCS code the units will auto generate. If units are auto-generated, please DO NOT change units. If you need more units, please indicate in the annotation box and then click save to save note. Please indicate units needed if not auto populate. The service date span will be 90 days. Please DO NOT CHANGE service end date. Choose Service type and complete clinical indications for time requested. Click **ADD SERVICE** 

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Functional level is required. Please answer physician order(s) question. If No, an explanation will need to be provided and the order will need to be faxed. Please answer all other questions with a red \*. <u>Supplier Information</u> <u>does not have a red \*, but should be completed</u>. Please note that a Signed CMN is required. Please fax or attach to request. Click SAVE and Continue

Biometrics does 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**

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	2:00999876543 Auth Request ID: 2582 Status: Saved Reason: In Process Request Prosthetics Lifeopole: Original Created by: Peny Alicia Auth Start Date: 02/26/2013	
Biometrics		10
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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.

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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**

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		Does Patient Require Assistance with ( Yes ) No. • Medical Justification	0
		Does patient/caregiver demonstrate wellingness and ablets to use equationers	

Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

# **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. <u>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.</u>

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.



# Helpful Tips for Submitting DMEPOS requests

- The "potential need to exceed service limits" is NOT adequate justification
- After the capped rental timeframe, an item is considered purchased.
- Manufacturer's warranty is required for not less than one year and begins on the delivery date. If the item is under warranty, the provider is responsible for the repair or replacement. The quantities for each item must be submitted (whether it is documented in C3 notes, or, preferably listed on the CMN) because C3 defaults the quantities to a specific amount which may be greater or less than the amount needed.
- For codes requiring Cost invoices- the cost invoice must be non-altered and specify the individual Medicaid member. We cannot accept quotes or screen-shots of shopping carts as invoices.
- The cost calculation form should match the pricing on the cost invoice.
- The requested codes should also be listed on the cost invoice.
- Medical Supplies are purchase items only.
- DME requests must contain a written order or prescription that includes the member's name, HCPCS description, diagnosis, date of face to face encounter, the physician's signature and date.
- Wheelchairs: Height and Weight are required.
- Home evaluations are required for all wheelchair requests, and hoyer lifts. This is part of InterQual criteria for these requests. Also, the DMEPOS manual **Updated January 1, 2016** requires: "A face-to-face encounter justifying the medical necessity and a written order by the prescribing practitioner for the DMEPOS services requested is required. Documentation must be maintained in the member's record and be available to BMS or their designee upon request "We do request this face to face encounter information if we need more clinical information for review of a request.
- When selecting the length of time needed on the prior authorization form please provide the actual number or days, weeks or months needed.
- If you circle yes on what documents are to be submitted please provide the date for each one on the authorization form.
- There must be a 2nd page of the authorization form for every single CPT code. If multiple DME codes are listed on the same 2nd page the request will be faxed back because the 2nd page has specific questions for each code that must be answered.
- We are Unable to accept clinical information older than 6 months (ex: sleep studies, oxygen saturations, office notes, hospital records, etc). To support a request for prior authorization.
- If requests for equipment exceed service limits, medical documentation/justification is required as to why the limit needs exceeded.
- For DMEPOS equipment and supplies that require prior authorization beyond service limits No request needs to be submitted until the initial member benefit specified in has been used. Codes with pa required and Required beyond service limits are indicated on the KEPRO MASTER code list (codes requiring prior authorization)
- Please be sure to provide the supplier vendor information and cost invoices when the HCPCS code requires.
- Orthotic/Prosthetic requests must contain a written order or prescription that includes the member's name, HCPCS description, diagnosis, date of face to face encounter, the physician's signature and date.
- Providers can go to <u>http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment%2c-Prosthetics%2c-Orthotics-and-Supplies-%28DMEPOS%29.aspx</u> to access the BMS manual and also a listing of covered and non-covered supplies.