

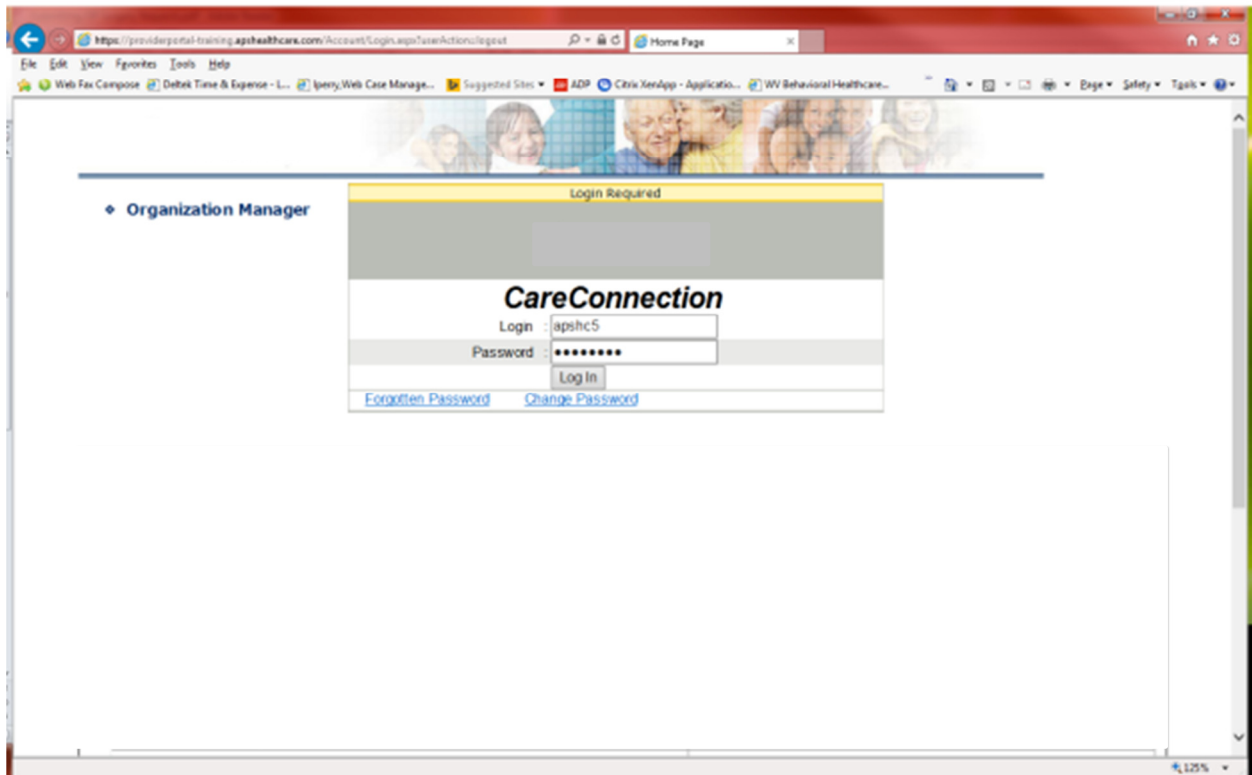
## Durable Medical Equipment Request

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 login, 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



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.

Home | AUM Manager

Version: WV/JM 2.4.0.1 | Contact Us | Logout (apshc5)

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

### Search Member Eligibility

Organization: Charleston Memorial

Medicaid ID/Eligibility ID: 0099982345

Member Last Name:

Member SSN:

Date of Birth:

Search

### Eligibility Search Results

APS ID	First Name	Last Name	Member DOB	Member SSN
56	Test	Brown	04-05-1945	999-88-2345

### Coverage Details

Subscriber Code	Product Name	Coverage ID	Group	Effective Date	Term Date	Elig. Status
<a href="#">0099982345</a>		1058	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">0099982345</a>		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.

Home | AUM Manager

Version: WV/JM 2.4.0.1 | Contact Us | Logout (apshc5)

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

Organization: Charleston Memorial

Member Name: Test Brown

Member ID: 0099982345

Member DOB: 04/05/1945

☒ View all Treatment Episodes

Episode/Episode	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Notes
5	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
6	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
7	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
8	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
9	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
10	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
11	<a href="#">Action</a>	856	Medical	Inpatient	Open	06/18/2012	None	
12	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
13	<a href="#">Action</a>	865	Medical	Rehabilitation	Open	06/18/2012	None	
14	<a href="#">Action</a>	917	Medical	Home Care	Open	09/24/2012	None	

Showing 1 to 10 of 22 entries

[Add New Medical Request](#)

First Previous [Next](#) Last

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 (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(Outpatient PT) scroll to the end of screen and click "Create Request"

Home | AUM Manager

Version: WV.UM 2.4.0.1 | Contact Us | Logout (apshc5)

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

Create New Request for Member: Test Brown (ID: 00999882345), Provider Organization: Charleston Memorial

Provider

Are you the: ☐ Referring Provider ☒ Servicing Provider ☐ Both

\* Authorization start date: 06/06/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: LINICARE INC (MORGANTOWN)

\* Request Type: Durable Medical Equipment

Current Requesting Provider Information

Provider Name: LINICARE INC (MORGANTOWN)  
 Medicaid ID: 0148172007  
 Type: DME Supplier  
 Specialty: Respiratory/Oxygen  
 Address: PO BOX 687  
 FOREST, VA 245510687  
 Phone Number: 3042967209

Service Code	Service Description
A4206	1 CC sterile syringe&needle
A4207	2 CC sterile syringe&needle
A4208	3 CC sterile syringe&needle
A4209	5+ CC sterile syringe&needle
A4213	20+ CC syringe only
A4215	Sterile needle
A4221	Maint drug infus cath per wk
A4230	Infus insulin pump non needl
A4231	Infusion insulin pump needle
A4232	Syringe w/needle insulin 3cc
A4233	Alkaln batt for glucose mon
A4234	U-cell batt for glucose mon
A4235	Lithium batt for glucose mon
A4236	Silver oxide batt glucose mon
A4244	Alcohol or peroxide per pint
A4246	Betadine/phisohex solution
A4250	Urinary cathment cathm tablets

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 AUM Manager system. The form is titled 'Member Demographics' and includes a navigation menu on the left with options: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The main form area contains the following sections:

- Member Information:** Includes fields for Member Name (Test Brown), APS Member ID (0099002345), Auth Request ID (2591), Status (Saved), Reason (In Process), Request Category (Medical), Request Type (Durable Medical Equipment), Lifecycle (Original), Created by (Perry Alicia), and Auth Start Date (06/06/2016).
- Identification Numbers:** Includes fields for Eligibility ID / Medicaid ID (0099002345) and Member SSN (009-00-2345).
- Member Information:** Includes fields for First Name (Test), Last Name (Brown), Middle Name, Suffix, Gender (Male), and Date Of Birth (06/06/1945).
- Address Information:** Includes fields for Address Line1 (621 Coll Drive), Address Line2, City (Chesapeake), State (West Virginia), Zip Code (26302), and County.
- Phone Number:** A field for the member's phone number.
- Annotations:** A section for Status and 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 AUM Manager system. The form is titled 'Provider Information' and includes a navigation menu on the left with options: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The main form area contains the following sections:

- Referring Provider:** Includes a dropdown menu for Referring Provider and a Search Provider button.
- Referring Provider:** A section for Referring Provider.

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

The screenshot shows the AUM Manager web application. The top navigation bar includes links for Home, AUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The left sidebar contains links for Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnosis, and Summary And Submit. The main content area displays the Administrative section for a request. The request details are as follows:

Member Name	APS Member ID	Auth Request ID	Status	Reason	Request
Test Brown	00999882345	2592	Saved	In Process	

Category: Medical Request Type: Durable Medical Equipment Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

The Administrative section includes the following fields:

- Date of Referral: [Text Field]
- \* Procedure Type: Durable Medical Equipment (Dropdown)
- \* Authorization Type: Prior Authorization (Dropdown)
- \* Type of Admission/Procedure: [Select -] (Dropdown)
- \* Auth Start Date: 06/06/2016 (Text Field)
- Request Submitted Date: [Text Field]

Buttons at the bottom: << Previous, Save, Save & Continue >>

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

The screenshot shows the AUM Manager web application. The top navigation bar includes links for Home, AUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The left sidebar contains links for Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnosis, and Summary And Submit. The main content area displays the Administrative section for a request. The request details are as follows:

Member Name	APS Member ID	Auth Request ID	Status	Reason	Request
Test Brown	00999882345	2592	Saved	In Process	

Category: Medical Request Type: Durable Medical Equipment Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

The Administrative section includes the following fields:

- Date of Referral: [Text Field]
- \* Procedure Type: Durable Medical Equipment (Dropdown)
- \* Authorization Type: Retrospective Request (Dropdown)
- \* Type of Admission/Procedure: Non-urgent (Dropdown)
- \* Auth Start Date: 06/06/2016 (Text Field)
- Request Submitted Date: [Text Field]

Retrospective Request Details:

- \* Retro Request Reason: Failure to Request Prior Authorization (Radio Button), Medicaid Covered Service Denied by - Member's Primary Payer (Radio Button), OTH-GR (Radio Button), Retrospective Medicaid Eligibility (Radio Button)
- \* Date Equipment Placed: [Text Field]
- \* Date Equipment Placed Explanation: [Text Field]

Buttons at the bottom: << Previous, Save, Save & Continue >>

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 | AUM Manager

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

Member Demographics | Administrative | Service Selection | Biometrics | Diagnosis | Summary And Submit

Delete Request

Data Saved Successfully! << Previous Save Save & Continue >>

Member Name: Test Brown APS Member ID: 0099082345 Auth Request ID: 2592 Status: Saved Reason: In Process Request Category: Medical Request Type: Durable Medical Equipment Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Add Service

\* Servicing Provider: LINCOLN INC (MORGANTOWN) Search Show Address

\* Service Code: - Select - Search

\* CPT/HCPC-Quantity Ordered: [ ]

\* Service Start Date: 06/06/2016

\* Request Type: - Select -

\* Length of Time Needed: - Select -

\* Frequency of Use: [ ]

\* Date of Anticipated Equipment Placement: [ ]

\* Service End Date: [ ]

\* Number of: [ ]

Add Service Reset

Requested Services

Physician's Orders and Certification

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

Administrative | Service Selection | Biometrics | Diagnosis | Summary And Submit

Category: Medical Request Type: Durable Medical Equipment Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Add Service

\* Servicing Provider: LINCOLN INC (MORGANTOWN) Search Show Address

\* Service Code: - Select - Search

Service Code Search

Search Type: All

Service Code/Group Name: A4520 Any words

Service Code/Service Group Description: Incontinence garment anytype Any words

Results per page: 25 Search

Attach Service Code / Group Description

A4520 Incontinence garment anytype

\* CPT/HCPC-Quantity Ordered: [ ]

\* Service Start Date: 06/06/2016

\* Service End Date: [ ]

\* Request Type: - Select -

\* Length of Time Needed: - Select -

\* Frequency of Use: [ ]

\* Date of Anticipated Equipment Placement: [ ]

\* Number of: [ ]

Add Service Reset

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**

## Service Selection

The screenshot shows a web browser window displaying the 'Physician's Orders and Certification' form. The form includes several sections with red asterisks indicating mandatory fields:

- Are Physician's Order(s) Attached?** (Dropdown menu)
- 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.** (Text area)
- Durable Medical Equipment** (Section header)
- Surface** (Radio button)
- Medical Equipment** (Radio button)
- Medical Supplies** (Radio button)
- Mobility and Bathroom Safety Aids** (Section header)
- Mobility Device** (Section header)
- Repairs/Warranty** (Section header)

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

## Diagnosis

The screenshot shows the 'Diagnosis' form in the APMH system. The form includes a sidebar with navigation links: Home, ALUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnosis, and Summary And Submit. The main form area displays the following information:

- Delete Request** (Button)
- Data Saved Successfully!** (Message)
- Member Name:** Test Brown **APS Member ID:** 0099002345 **Auth Request ID:** 2593 **Status:** Saved **Reason:** In Process **Request**
- Category:** Medical **Request Type:** Durable Medical Equipment **Lifecycle:** Original **Created by:** Perry Alicia **Auth Start Date:** 06/06/2016
- Diagnosis** (Section header)
- \* Diagnosis** (Text field)
- Search Options** (Section header)
- Diagnosis Code Type:** ☐ ICD10 ☒ ICD9
- Symptoms Onset Date** (Text field)
- \* Symptoms Description** (Text field)
- Annotations** (Section header)
- Status:** (Text field)
- Note:** (Text field)

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.

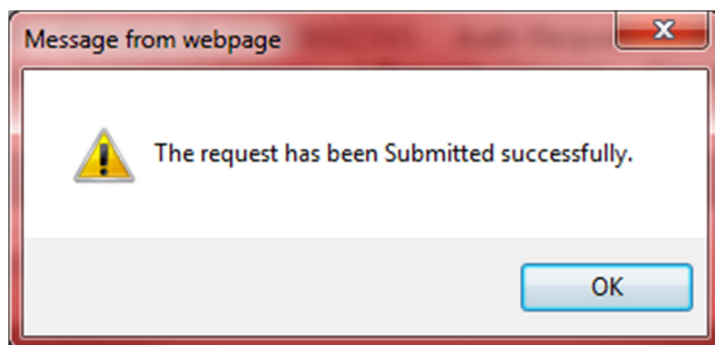
Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have. Click Save and Continue

### **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. **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. Click continue

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



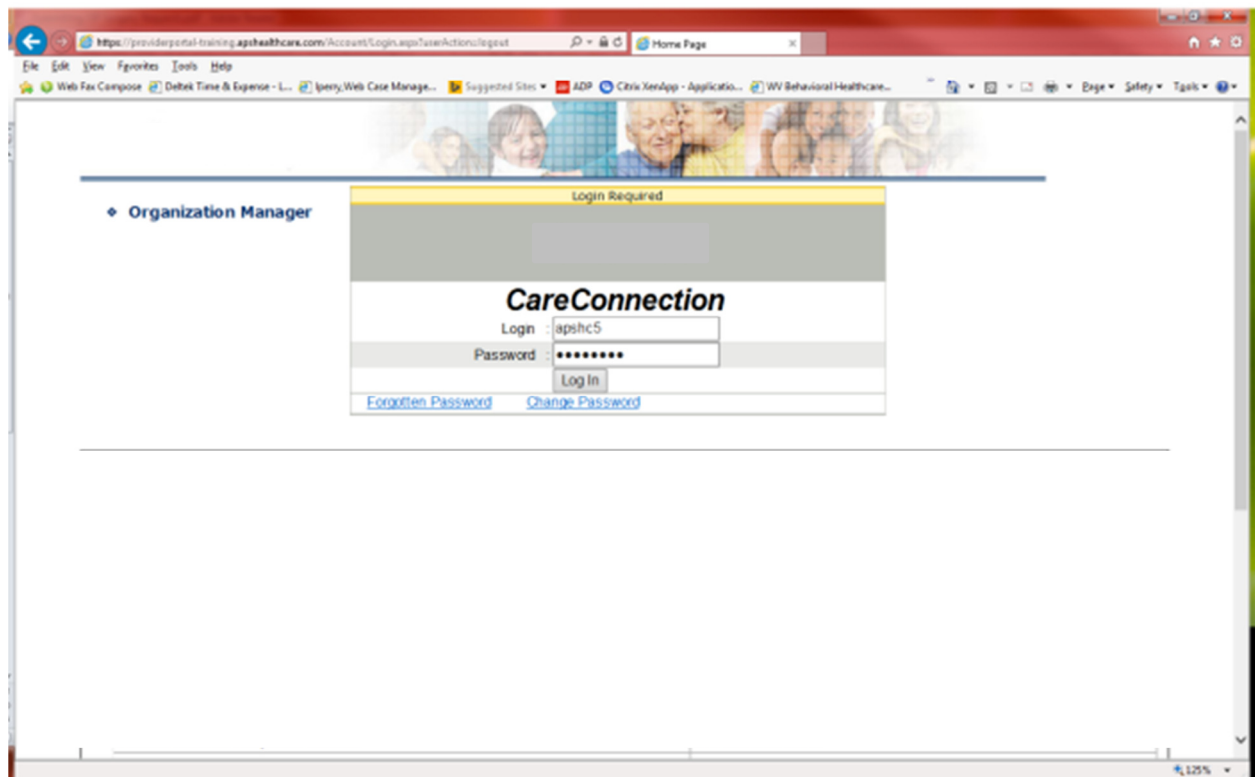
### **Orthotic/Prosthetics Equipment Request**

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

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.

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshc5)

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

### Search Member Eligibility

Organization: Charleston Memorial

Medicaid Eligibility ID: 00999882345

Member Last Name: [Text Box]

Member SSN: [Text Box]

Date of Birth: [Text Box]

Search

### Eligibility Search Results

APS ID	First Name	Last Name	Member DOB	Member SSN
56	Test	Brown	04-05-1945	999-88-2345

### Coverage Details

Subscriber Code	Product Name	Coverage ID	Group	Effective Date	Term Date	Elig. Status
00999882345		1056	State of West Virginia	01-01-2010	12-31-2016	Active
00999882345		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.

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshc5)

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

Organization: Charleston Memorial

Member Name: Test Brown      Member Id: 00999882345      Member DOB: 04/05/1945

☒ View all Treatment Episodes

Expand/Collapse	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Notes
[-]	Action	510	Medical	Inpatient	Open	11/01/2011	None	
[-]	Action	718	Medical	Rehabilitation	Open	02/20/2012	None	
[-]	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	896	Medical	Inpatient	Open	09/18/2012	None	
[-]	Action	897	Medical	Rehabilitation	Open	09/18/2012	None	
[-]	Action	917	Medical	Home Care	Open	09/24/2012	None	

Showing 1 to 10 of 22 entries

Add New Medical Request

First Previous Next Last

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 (Orthotics/Prosthetic) scroll to the end of screen and click "Create Request"

Home | AUM Manager

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

Create New Request for Member: Test Brown (ID: 00999882345), Provider Organization: Charleston Memorial

Provider

Are you the: ☐ Referring Provider ☒ Servicing Provider ☐ Both

\* Authorization start date: 05/18/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: Charleston Memorial

\* Request Type: Orthotics/Prosthetics

Current Requesting Provider Information

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

Service Preview

Service Code	Service Description
A5500	Diab shoe for density insert
A5501	Diabetic custom molded shoe
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INS
A5503	Diabetic shoe w/roller/rockr
A5504	Diabetic shoe with wedge
A5505	Diab shoe w/metatarsal bar
A5506	Diabetic shoe w/off set heel
A5507	Modification diabetic shoe
A5512	Multi den insert direct form
A5513	Multi den insert custom mold
EPSDT	EPSDT Service
L0112	Cranial cervical orthosis
L0113	Cranial cervical torticollis
L0430	DeWall posture protector
L0456	TLSO flex prefab
L0466	TLSO rigid frame pre soft ap
L0468	TLSO rigid frame prefab nuch

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

Home | AUM Manager  
 Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports  
 Delete Request | Save | Save & Continue >>  
 Member Name: Test Abbot APS Member ID: 00998876543 Auth Request ID: 2582 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 02/26/2013

Identification Numbers  
 Eligibility ID / Medicaid ID: 00998876543 Member SSN: 999-87-6543

Member Information  
 First Name: Test Last Name: Abbot  
 Middle Name: Suffix:  
 Gender: Male Date Of Birth: 01/01/1960

Address Information  
 Address Line1: po box 154 Phone Number:  
 Address Line2:  
 City: Charleston  
 State: West Virginia  
 Zip Code: 25310  
 County:

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

Home | AUM Manager  
 Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports  
 Delete Request | Save | Save & Continue >>  
 Member Name: Test Brown APS Member ID: 00998882345 Auth Request ID: 2564 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider  
 Referring Provider: Search Provider

Provider Search  
 Name: Any word Client: State of West Virginia Medicaid  
 Address: Any word Medicaid ID:  
 City: NPI:  
 State: Select Tax ID:  
 Zip: Type: Select  
 Specialty: Select  
 Results per page: 25 Search

<< Previous Save Save & Continue >>

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

The screenshot shows the 'Administrative' section of the AUM Manager. The top navigation bar includes links for Home, AUM Manager, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. A sidebar on the left lists various menu items: Search Member, Search Tx Episode, Delete Request, Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnosis, Evaluation, and Summary And Submit. The main content area displays a form for a new request. At the top, a summary bar shows: Member Name: Test Brown, APS Member ID: 0099982345, Auth Request ID: 2564, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Orthotics/Prosthetics, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/18/2016. Below this, the 'Administrative' section contains fields for Date of Referral, Procedure Type (Orthotics), Authorization Type (Prior Authorization), Type of Admission/Procedure (Office), Auth Start Date (05/18/2016), and Request Submitted Date. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

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

The screenshot shows the 'Administrative' section of the AUM Manager for a retrospective request. The top navigation bar and sidebar are identical to the previous screenshot. The main content area displays a form for a retrospective request. The summary bar at the top shows: Member Name: Test Abbott, APS Member ID: 00999876543, Auth Request ID: 2582, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Orthotics/Prosthetics, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 02/26/2013. Below this, the 'Administrative' section contains fields for Date of Referral, Procedure Type (Orthotics), Authorization Type (Retrospective Request), Type of Admission/Procedure (Office), Auth Start Date (02/26/2013), and Request Submitted Date. A 'Retrospective Request Details' section follows, with a 'Retro Request Reason' field containing four radio button options: Failure to request Prior Authorization, Medicaid Covered Service Denied by - Member's Primary Payer, OTHER, and Retrospective Medicaid Eligibility. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

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 | AUM Manager

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

Member Demographics | Provider Information | Administrative | Service Selection | Biometrics | Diagnosis | Evaluation | Summary And Submit

Delete Request

Data Saved Successfully! << Previous Save Save & Continue >>

Member Name: Test Brown APS Member ID: 0099082345 Auth Request ID: 2565 Status: Saved Reason: In Process Request Category: Medical Request Type: Orthotics/Prosthetics Lifecycle: Original Created by: Penny Alicia Auth Start Date: 05/18/2016

Add Service

Servicing Provider: Charleston Memorial Search Show Address

Service Code: - Select - Search

Place Of Service: - Select -

Units:

Service Start Date: 05/18/2016

Service End Date:

Service Type: - Select -

Clinical Indication(s) for item(s) Requested:

Add Service Cancel

Requested Services

Supplemental

Please attach the Prescribing Practitioner Certification Statement (Signature and Date):

Date Patient Last Examined by Practitioner:

Functional Level: - Select -

Supplier Information

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

Category: Medical Request Type: Orthotics/Prosthetics Lifecycle: Original Created by: Penny Alicia Auth Start Date: 05/18/2016

Add Service

Servicing Provider: Charleston Memorial Search Show Address

Service Code: - Select - Search

Search Type: All

Service Code/Group Name: 10491 Any Words

Service Code/Service Group: Any Words

Results per page: 10 Search

Attach	Service Code / Group	Description
	10491	TLSO 2 piece rigid shell

Place Of Service: - Select -

Units:

Service Start Date: 05/18/2016

Service End Date:

Service Type: - Select -

Clinical Indication(s) for item(s) Requested:

Add Service Cancel

Requested Services

Supplemental

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 clip 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**

## Service Selection

The screenshot shows a web browser window with the URL <https://providerportal-training.aphealthcare.com/Requests/Orthotic/Prosthetics/Orthotic/Prosthetics>. The form contains the following fields and sections:

- Date Patient Last Examined by Practitioner:** A text input field.
- \* Functional Level:** A dropdown menu with "Level I" selected.
- Supplier Information:** A section header followed by several input fields:
  - Supplier Name
  - Supplier Contact Name
  - Supplier Phone Number
  - Supplier Address Line 1
  - Supplier Address Line 2
  - Supplier City
  - Supplier Zip Code
  - Supplier Provider ID
  - Supplier Fax Number
  - Supplier State: A dropdown menu with "Select" as the placeholder.
- Physician's Orders and Certification:** A section header followed by:
  - \* Are Physician's Order(s) Attached?** A dropdown menu with "No" selected.
  - \* Explanation:** A text area with "VBI FAX" entered.
  - \* 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.** A statement followed by a "Yes" button.
- Please attach Certificate of Medical Necessity or appropriate documentation including signature in Annotation Section** (at the bottom).

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 \*. **Supplier Information does not have a red \*, but should be completed.** 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

Home | AUM Manager

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

Member Name: Test Abbot APS Member ID: 00960870543 Auth Request ID: 2582 Status: Saved Reason: In Process Request Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 02/26/2013

Diagnosis

Diagnosis

Search Options

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

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

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

Member Name: Test Abbot APS Member ID: 00960870543 Auth Request ID: 2582 Status: Saved Reason: In Process Request Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 02/26/2013

Diagnosis

Diagnosis J60.9

Symptoms Onset Date

Symptoms Description Test Demonstration

Annotations

Status:

Note:

Attach Document Browse...

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

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

Member: Martin, Trent Brown APS Member ID: 0000002345 Auth Request ID: 2554 Status: Saved Reason: In Process Request Category: Medical Request Type: Orthotics/Prosthetics Lifecycle: Original Created by: Perry, Heidi Auth Start Date: 05/18/2015

Previous Save Save & Continue

**Evaluation:**

Does Patient Have Impaired Endurance?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Hearing?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Mobility?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Respiration?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Speech?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Vision?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Restricted Activity?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Skin Break Open?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Require Assistance with ADL's?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does patient/caregiver demonstrate willingness and ability to use equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Medical Justification

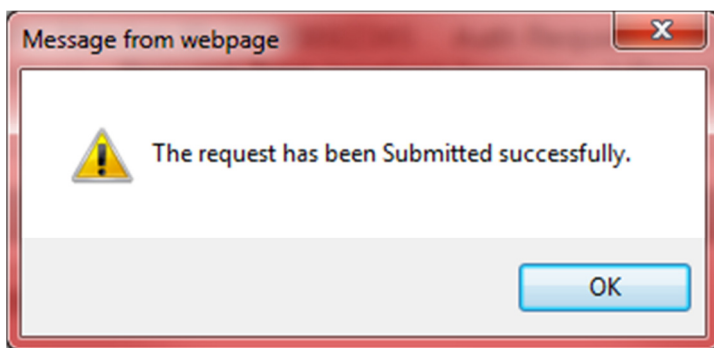
Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

## 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. **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.

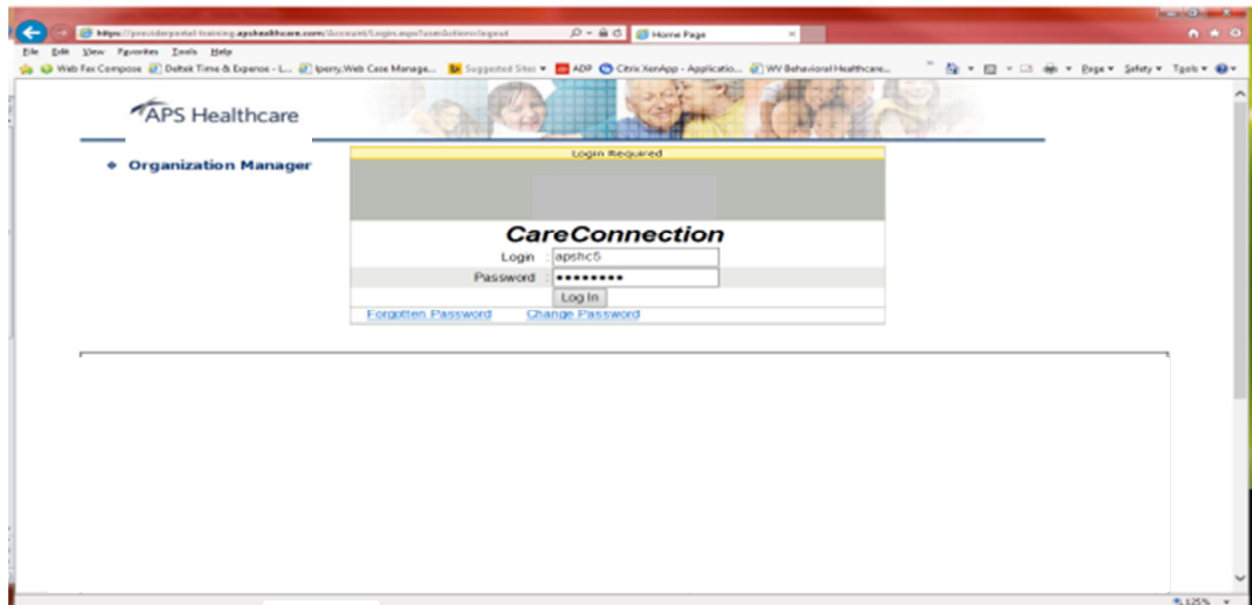
And then Click OK, once the message that your request was successfully submitted has displayed.





## How to submit a Prosthetics Request

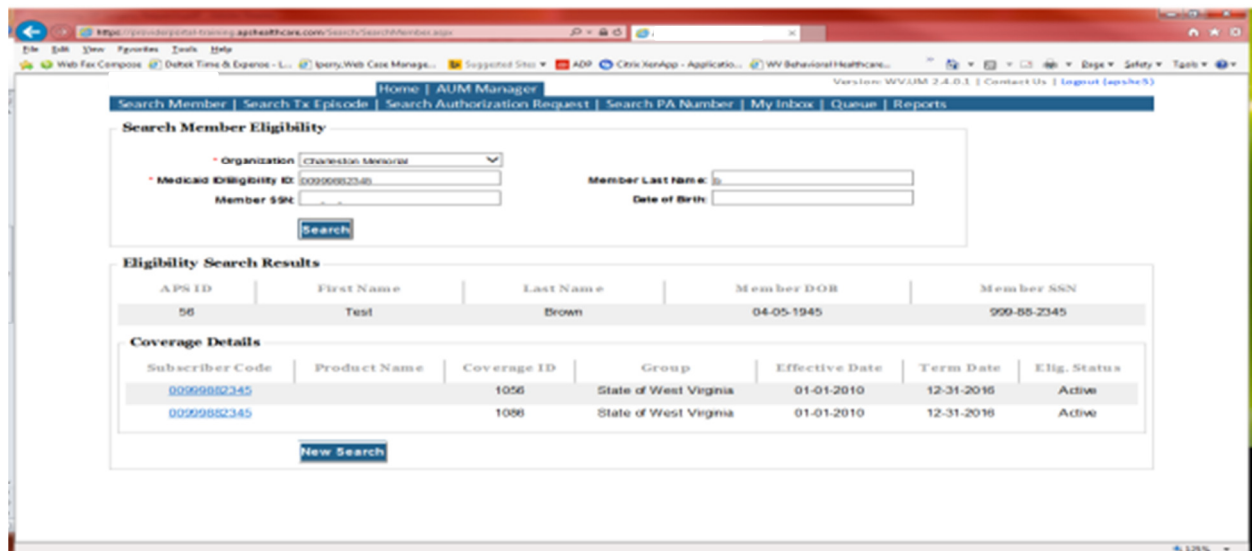
Go to <https://providerportal.kepro.com> and enter you login ID and password



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.



Request Category	Category of Service	Status	Start Date	End Date	Discharge Notes
Medical	Inpatient	Open	11/05/2011	None	
Medical	Rehabilitation	Open	02/20/2012	None	
Medical	Rehabilitation	Open	02/20/2012	None	
Medical	Inpatient	Open	05/21/2012	None	
Medical	Inpatient	Open	05/21/2012	None	
Medical	Inpatient	Open	05/21/2012	None	
Medical	Inpatient	Open	09/18/2012	None	
Medical	Rehabilitation	Open	09/14/2012	None	
Medical	Rehabilitation	Open	09/18/2012	None	
Medical	Home Care	Open	09/24/2012	None	

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”

**Create New Request for Member: Test Brown (ID: 0099982345), Provider Organization: Charleston Memorial**

**Provider**  
Are you the: ☐ Referring Provider ☒ Servicing Provider ☐ Both

**Authorization start date:** 05/18/2016

**Request Category:** Medical

**Category of Service:** Rehabilitation

**Requesting Provider:** Charleston Memorial

**Request Type:** OrthoticsProsthetics

**Current Requesting Provider Information**  
**Provider Name:** Charleston Memorial  
**Medicaid ID:** 0000001119  
**Type:** Hospital  
**Specialty:**  
**Address:** 44 Hoising Lane  
 Charleston, WV 25301  
**Phone Number:** 3045551212

**Service Preview**

Service Code	Service Description
A5500	Diab shoe for density insert
A5501	Diabetic custom molded shoe
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INS
A5503	Diabetic shoe w/rollerheeler
A5504	Diabetic shoe with wedge
A5505	Diab shoe w/unilateral bar
A5506	Diabetic shoe w/ul set heel
A5507	Modification diabetic shoe
A5512	Multi den insert direct form
A5513	Multi den insert custom mold
LP501	LP501 Service
L0112	Cranial cervical orthosis
L0113	Cranial cervical torticollis
L0430	Neck posture protector
L0450	TLSO flex prefab
L0460	TLSO rigid frame pre soft ap
L0465	TLSO rigid frame, custom

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 AUM Manager application. The form is divided into several sections: Identification Numbers, Member Information, Address Information, and Annotations. The Identification Numbers section contains fields for Eligibility ID / Medicaid ID (00999882345) and Member SSN (999-88-2345). The Member Information section includes fields for First Name (Test), Middle Name, Last Name (Brown), Suffix, Gender (Male), and Date of Birth (04/05/1945). The Address Information section includes fields for Address Line1 (621 Oak Drive), Address Line2, City (Winchell), State (West Virginia), Zip Code (26060), and County. The Annotations section has fields for Status and Note. The form is titled 'Delete Request' and 'Save & Continue >>'. The application version is WV Behavioral Healthcare... Version: WV/UM 2.4.0.1.

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 Search' form in the AUM Manager application. The form is titled 'Referring Provider' and 'Search Provider'. It includes a dropdown menu for 'Referring Provider' and a 'Search Provider' button. The 'Provider Search' section contains fields for Name, Address, City, State, and Zip. It also includes a 'Client' dropdown menu (State of West Virginia Medicaid) and a 'Medicaid ID' dropdown menu. The 'Type' dropdown menu is set to 'NPI'. The 'Specialty' dropdown menu is set to 'Select'. The 'Results per page' is set to 25. The form is titled 'Provider Search' and 'Search'. The application version is WV Behavioral Healthcare... Version: WV/UM 2.4.0.1.

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

The screenshot shows the 'Administrative' section of the AUM Manager web application. The top navigation bar includes links for Home, AUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. A sidebar on the left contains a menu with options like Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnosis, Evaluation, and Summary And Submit. The main content area displays a form for a request. At the top, a summary bar shows: Member Name: Test Brown, APS Member ID: 00999882345, Auth Request ID: 2565, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Orthotics/Prosthetics, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/18/2016. Below this, the 'Administrative' section contains fields for Date of Referral, Procedure Type (Prosthetics), Authorization Type (Prior Authorization), Type of Admission/Procedure (Office), and Auth Start Date (05/18/2016). A 'Request Submitted Date' field is also present. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'. The browser's address bar shows the URL: https://www.aummanager.com/Request/Orthotics/Prosthetics/Orthotics/Prosthetics/2565.

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

The screenshot shows the 'Retro Request Details' section of the AUM Manager web application. The top navigation bar and sidebar are identical to the previous screenshot. The main content area displays a form for a request. At the top, a summary bar shows: Member Name: Test Brown, APS Member ID: 00999882345, Auth Request ID: 2565, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Orthotics/Prosthetics, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/18/2016. Below this, the 'Administrative' section contains fields for Date of Referral, Procedure Type (Prosthetics), Authorization Type (Retrospective Request), Type of Admission/Procedure (Office), and Auth Start Date (05/18/2016). A 'Request Submitted Date' field is also present. Below the 'Administrative' section, the 'Retro Request Details' section contains a 'Retro Request Reason' field with four radio button options: 'Failure to request Prior Authorization', 'Medicaid Covered Service Denied by - Member's Primary Payer', 'OTHER', and 'Retrospective Medicaid Eligibility'. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'. The browser's address bar shows the URL: https://www.aummanager.com/Request/Orthotics/Prosthetics/Orthotics/Prosthetics/2565.

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

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

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**

## Service Selection

The screenshot shows a web browser window with the URL <https://providerportal-training.aphealthcare.com/Requests/Orthotic/Prosthetics/Orthotic/Prosthetics>. The form is titled "Service Selection" and contains the following sections:

- Date Patient Last Examined by Practitioner:** A text input field.
- \* Functional Level:** A dropdown menu with "Level I" selected.
- Supplier Information:** A section with the following fields:
  - Supplier Name
  - Supplier Contact Name
  - Supplier Phone Number
  - Supplier Address Line 1
  - Supplier Address Line 2
  - Supplier City
  - Supplier Zip Code
  - Supplier Provider ID
  - Supplier Fax Number
  - Supplier State (dropdown menu)
- Physician's Orders and Certification:** A section with the following fields:
  - \* Are Physician's Order(s) Attached? (dropdown menu with "No" selected)
  - \* Explanation (text area with "VBI FAX" entered)
- \* 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.** (Text with a "Yes" dropdown menu)
- Please attach Certificate of Medical Necessity or appropriate documentation including signature in Annotation Section** (Text at the bottom)

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 \*. **Supplier Information does not have a red \*, but should be completed.** 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

Home | AUM Manager

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

Member Demographics | Provider Information | Administrative | Service Selection | Biometrics | Diagnosis | Evaluation | Summary And Submit

Delete Request

Data Deleted Successfully!

Member Name: Test Abbot APS Member ID: 00060870543 Auth Request ID: 2582 Status: Saved Reason: In Process Request Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 02/26/2013

Diagnosis

\* Diagnosis

Search Options

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

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

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

Member Demographics | Provider Information | Administrative | Service Selection | Biometrics | Diagnosis | Evaluation | Summary And Submit

Delete Request

Data Deleted Successfully!

Member Name: Test Abbot APS Member ID: 00060870543 Auth Request ID: 2582 Status: Saved Reason: In Process Request Category: Medical Request Type: OrthoticsProsthetics Lifecycle: Original Created by: Perry Alicia Auth Start Date: 02/26/2013

Diagnosis

\* Diagnosis

Symptoms Onset Date

\* Symptoms Description

Annotations

Status:

Note:

Attach Document: Browse...

Save

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

Home | AUM Manager | Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports

Member Name: Test Brown APS Member ID: 0006662345 Auth Request ID: 2554 Status: Saved Reason: In Process Request Category: Medical Request Type: Orthotic/Prosthetic Lifecycle: Original Created By: Perry Alida Auth Start Date: 05/18/2015

Previous Save Save & Continue

Member Information  
Administrative  
Decision Information  
Diagnosis  
Medications  
Prosthetics  
Evaluation  
Summary And Submit

Evaluation:

Does Patient Have Impaired Endurance?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Hearing?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Mobility?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Respiration?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Speech?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Impaired Vision?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Restricted Activity?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Have Skin Break Down?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does Patient Require Assistance with ADL's?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Justification
Does patient/caregiver demonstrate willingness and ability to use equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Medical Justification

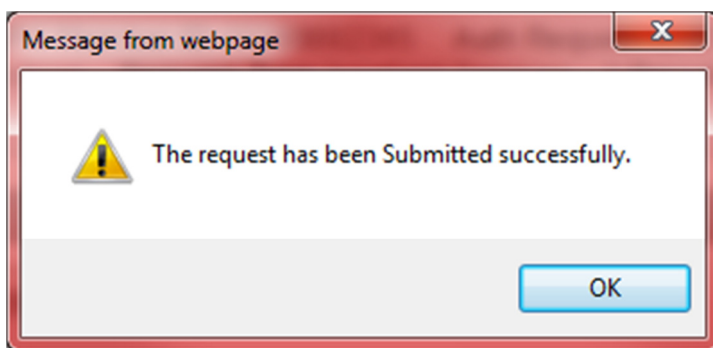
Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

## 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. **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.





## 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 hooyer 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 <http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment%2c-Prosthetics%2c-Orthotics-and-Supplies-%28DMEPOS%29.aspx> to access the BMS manual and also a listing of covered and non-covered supplies.