



# PROVIDER MANUAL

MEDICAL SERVICES PRIOR AUTHORIZATION SUBMISSIONS

KEPRO  
100 CAPITOL STREET  
SUITE 600  
CHARLESTON, WV 25301

## TABLE OF CONTENTS

KEPRO Role .....	2
Inpatient Prior Authorization Request.....	8
Inpatient Requests Helpful Tips .....	25
Outpatient Surgery Requests .....	26
Outpatient Surgery Helpful Tips.....	34
Imaging/Radiology/Laboratory Requests .....	35
Imaging/Radiology/Lab Requests Helpful Tips.....	44
Durable Medical Equipment Request .....	45
Orthotic/Prosthetics Equipment Request .....	53
DMEPOS (Durable Medical/Prosthetic/Orthotic)Helpful Tips .....	70
Physical and Occupational Therapy .....	71
Physical and Occupational Therapy Helpful Tips .....	80
Speech Therapy and Audiology Services.....	81
Speech Therapy and Audiology Services Helpful Tips .....	90
Dental and Orthodontic Services .....	91
Dental/Orthodontic Helpful Tips .....	99
Podiatry Services.....	100
Cardiac Rehabilitation .....	110
Pulmonary Rehabilitation .....	119
Hospice .....	128
Hospice Helpful Tips .....	136
Private Duty Nursing .....	137
Private Duty Nursing Helpful Tips .....	145
Home Health Services .....	146
Home Health Services Helpful Tips .....	157
OON (Out of Network) Referral Processing .....	158
EPSDT Referral Processing.....	159
EPSDT Referral Processing continued.....	162
Searching for Determinations .....	163
Requesting a Reconsideration.....	171
Steps to Remove Auth Request from Save Mode.....	174
Modification Process .....	189
Copy for New Submission Instructions .....	190
Copy for Correction Instructions .....	195
Frequently Used Numbers and Contact Information .....	203

# KEPRO Role

KEPRO is the Medical ASO for the State of WV. KEPRO provides Utilization management for medical authorization requests, behavioral health authorization requests, Aged & Disabled Waiver management, I/DD waiver management and TBI waiver Management. This manual will cover Utilization management for the medical unit only.

## How to know what requires a prior authorization:

KEPRO receives notification from the Bureau for Medical Services of services provided that requires a prior authorization prior to billing. The services are given CPT coding and placed on a master code listing. The master code listing contains every CPT codes that require a prior authorization only. It does not contain NON-COVERED procedure codes. The listing is located and can be downloaded from the ASP website for Providers located here: <http://WVASO.KEPRO.COM>

This website is a useful tool for providers with announcements and downloadable materials such as request forms and FAQs.

## KEPRO (DDE) Direct Date Entry Provider Portal

Providers can requests prior authorization for services through our direct data entry portal (website). Utilization of this website allows the provider to check Medicaid eligibility, requests prior authorization for services, upload clinical information to aid in review of prior authorization requests, and submit appeal requests for services denied for not meeting medical necessity. It is also a good tool for checks and balances of some of the patient's medical history as the system will give warnings if services requested have been previously authorized.

## Registration Process

Prior authorization requests may be submitted via the KEPRO (DDE) Provider Portal. Providers must register in order to utilize the DDE system.

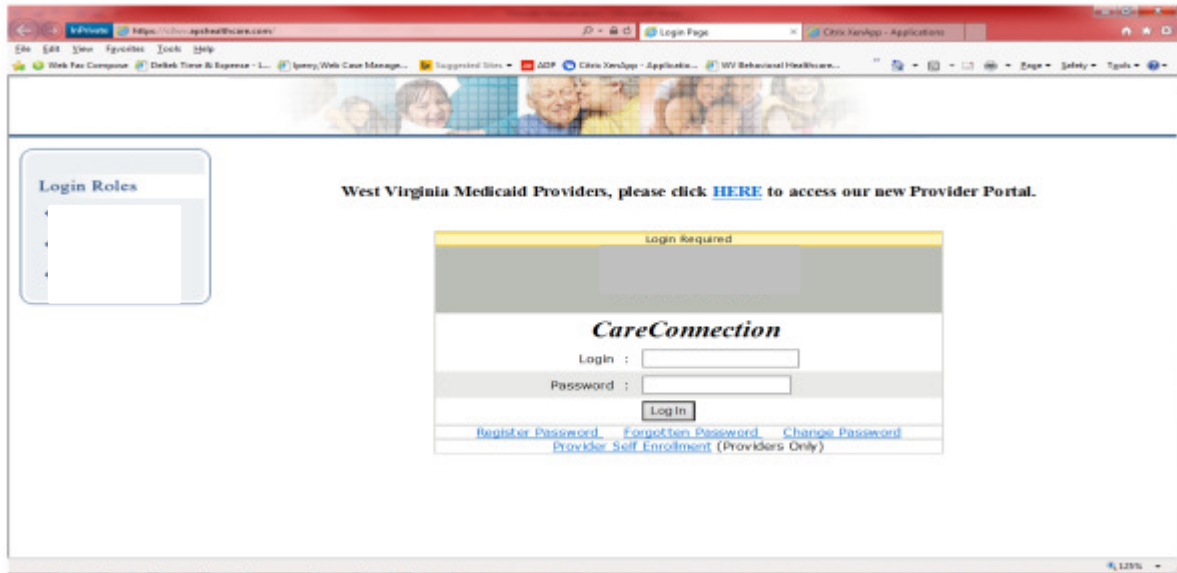
Due to the sensitive nature of the data stored within this web-based application, strict adherence to security and privacy, as mandated by HIPAA will be enforced. To register, Provider will access the portal at <https://c3wv.kepro.com>.

Prior to utilizing the KEPRO Medical CareConnection® Self Registration/Enrollment Portal, the Agency/Hospital/Facility registering must determine the members of the organization as well as what level of staff can make requests via KEPRO Medical CareConnection®. The members must be approved by the Executive Leadership or their designees within the Agency/Hospital/Facility.

This authorization will be reflected on the KEPRO Medical CareConnection® Provider Portal Signature Page which indicates that approval has been given to allow all individuals submitted as Users access to KEPRO Medical CareConnection® on the Agency/Hospital/Facility's behalf. The KEPRO Medical CareConnection® Provider Portal Signature Page must be returned to KEPRO Healthcare via fax 1.866.209.9632, or via email, [wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com).

Registration must be completed on our C3WV system.

To Register go to: <https://c3wv.kepro.com>



West Virginia Medicaid Providers, please click [HERE](#) to access our new Provider Portal.

**CareConnection**

Login :

Password :

[Register Password](#) [Forgotten Password](#) [Change Password](#)  
[Provider Self Enrollment \(Providers Only\)](#)

On the login screen, select the **Provider Self Enrollment (Providers Only)** link.



## Organization Registration Request

**\*\*Required fields are marked in red**

Organization Name :

Address 1 :  Address 2 :

City :  State :  Zip :

Country :

Phone :  Fax :

Desired Username :  Organization Admin Phone :

Organization Admin Last Name :  Organization Admin First Name :

Organization Admin Email :  Confirm Organization Admin Email :

☐ I have read and agree to the [terms and conditions](#)

A new screen opens to display the *Organization Registration/Enrollment Request Form*.



## How to Submit the Electronic Form

**Note: All fields in red are mandatory.**

- Enter the Organization Name.
- Enter the Organization Address1. (Address 2 is optional but maybe used to delineate APT #, Suite, etc.)
- Enter the Organization City
- Enter the Organization State
- Enter the Organization Zip
- Enter the Organization Country
- Enter the Organization Phone – Phone # including Area Code.
- Enter the Organization Fax - Fax # including Area Code.
- Enter the Desired Username - Organization Admin Username (This can be any ID the User chooses the first time they submit a request. Suggestion is to use the first initial of the User first name and the full User last name) **Note:** If the User has been issued a Username and are registering another Organization, they must enter that Username on the form.
- Enter the Organization Admin Phone – Phone # including Area Code.
- Enter the Organization Admin Last Name
- Enter the Organization Admin First Name
- Enter the Organization Admin Email (The Organization admin will receive important notifications regarding the Organization set up to this email address.)
- Enter the Organization Admin Confirm Email
- Click on the 'terms and conditions' hyperlink at the bottom of the page above the Submit button.
- A box will open detailing the Terms and Conditions of use of the system. Carefully review the terms and conditions and if you agree, close the screen by clicking the red x and check the box on the form stating that you have read and agree to the terms and conditions.
- Review all the information entered and Click SUBMIT
- **Note:** If the Organization Admin Confirm Email that is entered does not match the original Organization Admin Email entered, the form cannot be submitted. Notifications are sent to this email address when the request is completed.
- Once the Organization Registration Request Form is submitted, the Organization Manager receives a confirmation pop-up message on screen.

## Confirmation Screen

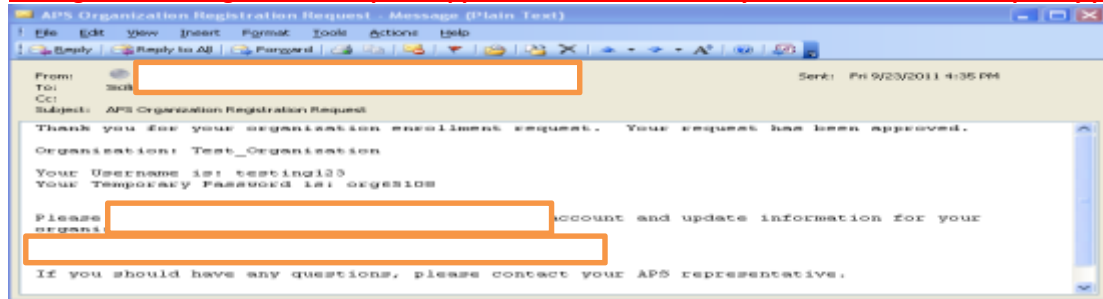
Thank you for your Organization Registration Request. Your request has been sent for approval and you will be notified by email when the request has been completed.

OK

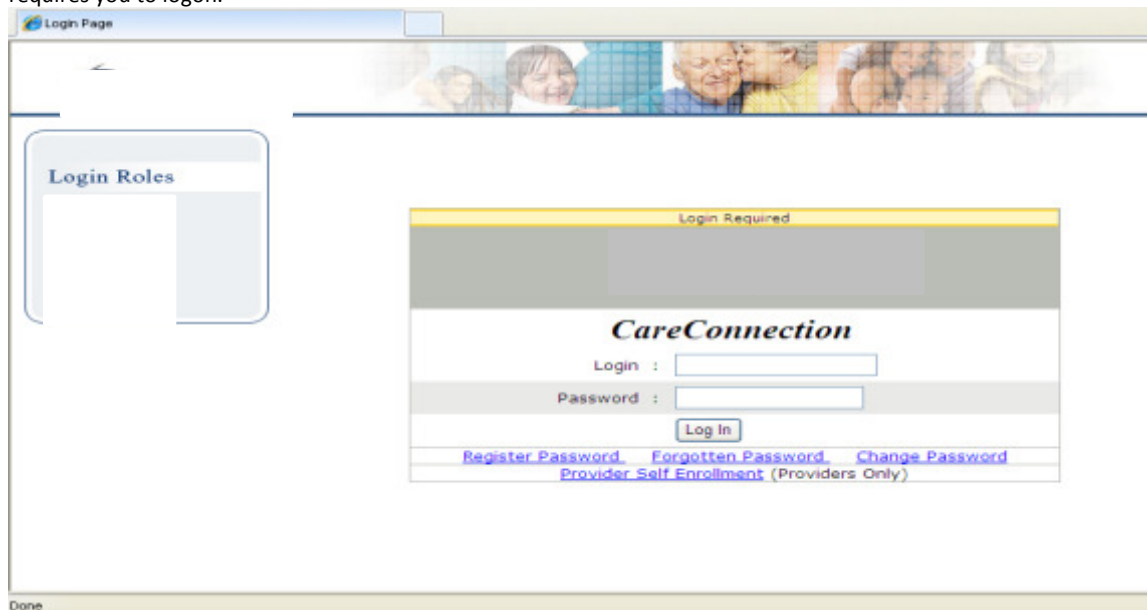
## Receiving an Organization Approval Email

The User will receive an email message when the Organization has been reviewed by KEPRO.

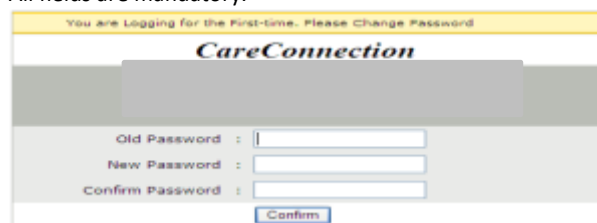
**An Organization Registration Request Approval Email will contain your Username and Temporary password.**



Upon arrival (please allow up to 2 business days), click on the link in the email to login. You will be directed to a page that requires you to login.



After you click "Log In" the following screen appears and prompts you to create a new password. All fields are mandatory.



Enter the old password.  
Enter the new password.  
Enter the new password in confirm new password field.  
Click **Confirm**. The password is successfully changed. The provider can use the new password to login to the system the next time he/she logs in.

### Note:

*If the old password entered does not match the current password, the password will not be changed.*

*If the values in the new password and confirm new password fields do not match, the password will not be changed.*

### **Organization Denial Email**

An Organization Registration Request **Denial Email** will contain the denial reason which could be any one of the following:

- Organization Record Already Exists
- User already exists
- Request Incomplete
- Other

Please contact your KEPRO representative if you need additional information pertaining to your request.

## User Roles Definition and Responsibilities

The structure of the KEPRO Medical CareConnection® application is designed to support provider Organizations within the Authorization process. An Organization in KEPRO Medical CareConnection® acts as an umbrella which allows the Agency/Hospital/Facility to designate the staff members that will be given access to the CareConnection® to request authorizations for a specified service site, provider ID (Medicaid ID, NPIN or Tax ID), or group of IDs depending on the size and needs of the organization related to prior authorization requests.

All Users under the umbrella of an Organization will have access to all of the requests that have been submitted to KEPRO Healthcare by the Organization. An Agency/Hospital/Facility can have more than one Organization within KEPRO Medical CareConnection®. The same Provider ID can be attached to more than one Organization. The Provider ID is the number used to enroll the Organization with West Virginia Medicaid (Medicaid Provider ID, Tax ID or NPIN).

Each organization created by the Agency/Hospital/Facility must have at least one designated Organization Manager. The same individual can serve in this role for multiple organizations.

Providers will need to designate an Organization Manager, AUM Manager, AUM Provider and/or (PP-Health Homes)

**(ORG)Organization Manager Role:** Organization Manager Role has permission to create Users under the organization(s) to which the person having the role belongs to. Each Organization must have at least one Organization Manager (preference is two per). An Organization Manager may also be assigned an AUM Role. Please remember, it is important to register for the correct role(s) to ensure the appropriate access is granted.

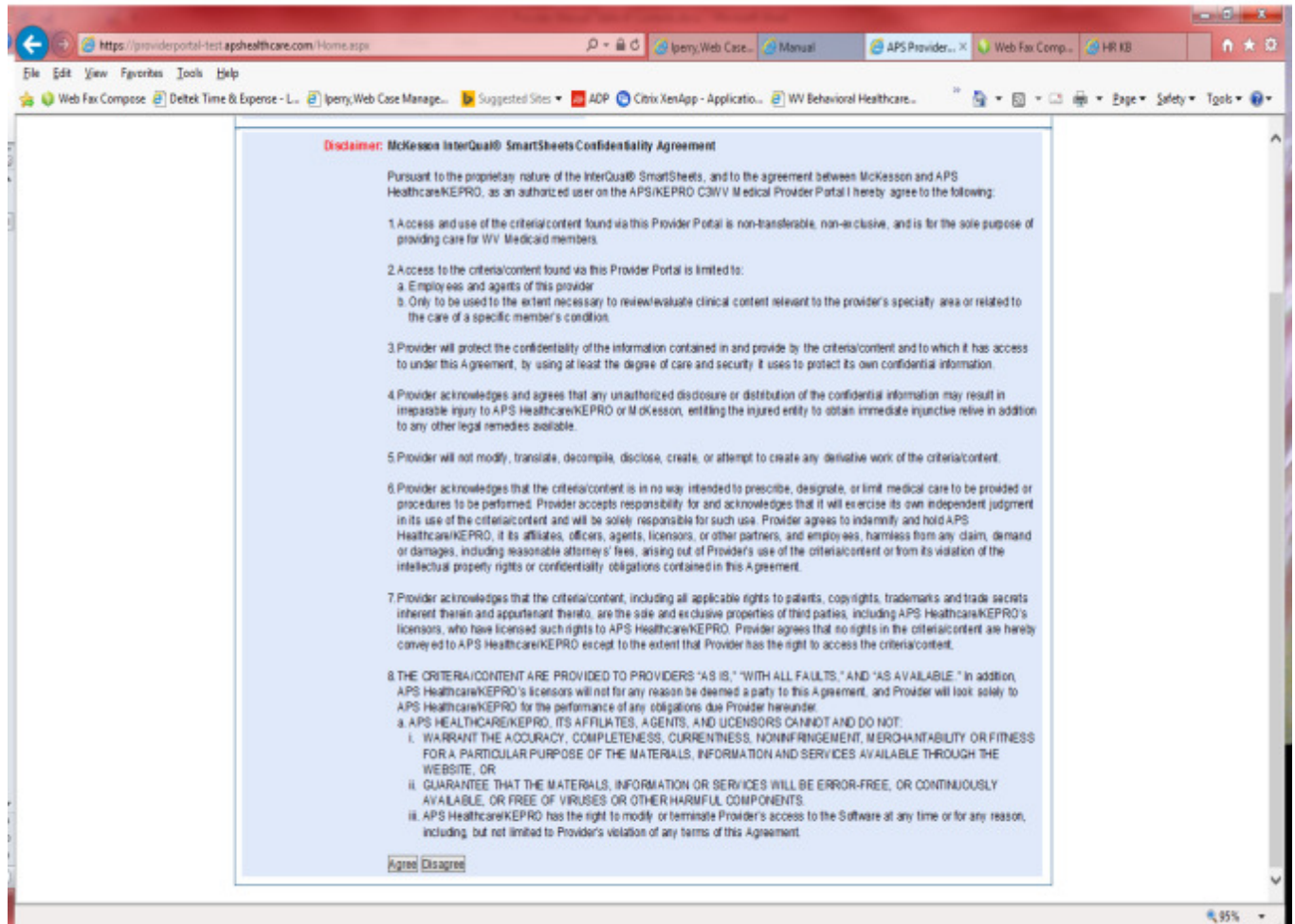
**(AUM)Utilization Manager Role:** Each Provider Organization must have at least one designated AUM Utilization Manager. A Utilization Manager will have the same rights and abilities as and AUM Provider and additional supervisory abilities. The AUM Utilization Manager may also create and submit requests directly to KEPRO. The AUM Utilization Manager may search for any request submitted for the organization(s) to which they have access. Each Provider Organization may have as many AUM Utilization Managers as they wish. A User may only have one AUM Role assigned across all the organizations to which they belong OR an AUM User may also be an Organization Manager and have the same Username and Password for BOTH roles.

**AUM Provider Role:** AUM Provider role will have all the functionalities of Advanced Utilization Management (AUM) except that the User role will not have the accessibility to submit a request directly to KEPRO. The AUM Provider may only search and view those prior authorization requests they create. This role was designed primarily for Users who are orienting to the system and/or may need a supervisory approval for each submission. **Please DO NOT CHOOSE this role if the user is expected to key and submit request into the DDE system.** This user role will cause the authorization request to be in a SUBMITTED role which is like a limbo status. In the SUBMITTED role, the request does not go through the system. You will see more about this later in a different section of the manual.

### User Names and Password Requirements:

- All Passwords must be changed by the User the first time the system is accessed.
- Usernames may contain both alpha and numeric characters and are case sensitive.
- Passwords are case sensitive.
- Passwords must be a minimum of eight and contain a capital alpha (a-z), a number (0-9) and a symbol (\$, %).
- Passwords will automatically expire after 30 calendar days, regardless of activity.
- When changing a Password, the new password must be different than the current/expiring password.
- The current Password must always be supplied when creating a new password.
- New Passwords must be entered into the system twice identically to ensure accuracy.
- A new Password can be created by the User on demand and anytime by choosing Change Password from the menu given when logged on.

The first time a User logs on to the system, the disclaimer below will be received. Please click Agree to continue



Clicking agree gives the User access to Interqual Smartsheets PDF files. These smartsheets cannot be printed or faxed by KEPRO staff and can only be accessed via the DDE system.

The next sections of the manual have instructions on utilizing the DDE (direct data entry) portal for each review area. These sections also contain helpful hints for each review area.

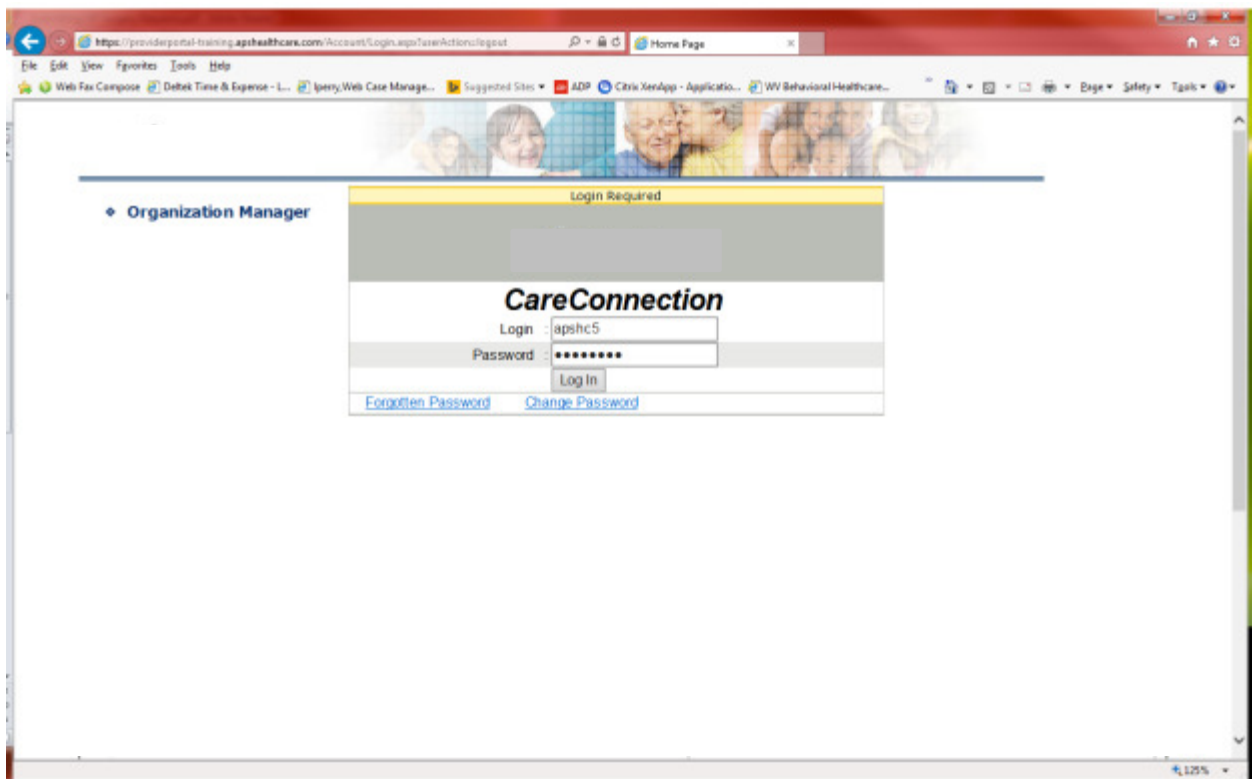
# Inpatient Prior Authorization Request

Inpatient services always require a prior authorization for WV Medicaid. An authorization request is considered prior if submitted within 10 business days of service. Observation stays only do not require a prior authorization, but some services performed during an observation stay may require an outpatient authorization.

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

Search Member Eligibility

Organization: Charleston Memorial

Medical ID/Eligibility ID: 0099882345

Member Last Name: D

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
0099882345		1058	State of West Virginia	01-01-2010	12-31-2016	Active
0099882345		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.

Organization: Charleston Memorial

Member Name: Test Brown

Member ID: 0099882345

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	850	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/18/2012	None	
+	Action	885	Medical	Rehabilitation	Open	06/18/2012	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- If you are an office that will be performing and billing for the service, this is the best option to use. (ex. Facility submitting for emergent hospital admission)

Next, enter the start date (the date the admission), the request category (Medical), the category of service (Inpatient), 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(Inpatient Services) 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: 05/17/2016

\* Request Category: Medical

\* Category of Service: Inpatient

\* Requesting Provider: Charleston Memorial

\* Request Type: Inpatient Services

Service Preview

Service Code	Service Description
EPSDT	EPSDT Service
WV001	Medical Inpatient Hospital

If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependent on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.

Create Request Cancel

Current Requesting Provider Information

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

https://providerportal-training.apshhealthcare.com/AUM.aspx

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 titled 'Member Demographics' and includes a sidebar with navigation links: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main form area contains the following sections:

- Member Information:** Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2553, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Inpatient Services, Lifecycle: Original, Created by: Perry Alicia, Auth Start Date: 05/17/2016.
- Identification Numbers:** Rigidity ID/ Medicaid ID: 0099882345, Member SSN: 999-88-2345.
- Member Information:** First Name: Test, Last Name: Brown, Middle Name: , Suffix: , Gender: Male, Date Of Birth: 04/05/1945.
- Address Information:** Address Line1: 821 COT Drive, Address Line2: , City: Wheeling, State: West Virginia, Zip Code: 26003, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider' form in the AUM Manager application. The form is titled 'Provider' and includes a sidebar with navigation links: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main form area contains the following sections:

- Referring Provider:** Referring Provider: Charleston Memorial, Search Provider: NPI: 000000.
- Contact Information:** Address Line1: 44 Hocking Lane, Address Line2: , City: Charleston, State: West Virginia, Zip Code: 26031, Phone Number: 3045561212, Office Contact: , Contact Phone (if different): , Fax: .

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

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

To find physician:

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



## Administrative

The screenshot shows the 'Administrative' section of the AUM Manager web application. The interface includes a top navigation bar with links like 'Home', 'AUM Manager', and 'Search'. A left sidebar contains a menu with options such as 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnoses', 'Labs', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays a form for a 'Delete Request' with the following details: Member Name: Test Brown, APS Member ID: 00999882345, Auth Request ID: 2553, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Inpatient Services, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/17/2016. The 'Administrative' section contains fields for 'Date of Referral', 'Procedure Type' (General and Acute), 'Authorization Type' (Prior Authorization), 'Type of Admission/Procedure' (Elective), 'Admission Date' (05/17/2016), and 'Request Submitted Date'. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

Answer all questions with the red \*, so date of referral is not needed. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If an admission is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

## Administrative

The screenshot shows the 'Retrospective Request Details' section of the AUM Manager web application. The interface is similar to the previous screenshot, but the 'Administrative' section is expanded to show 'Retrospective Request Details'. This section includes a 'Retro Request Reason' dropdown with options: 'Failure to request Prior Authorization', 'Medicaid Covered Service Denied by - Member's Primary Payer', 'OTHER', and 'Retrospective Medicaid Eligibility'. There is also a 'Retro Request Discharged' section with 'Yes' (selected) and 'No' radio buttons, and a 'Retro Request Date of Discharge' field. 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.

If member has been discharged, please enter date of discharge.

## Service Selection

Home | AUM Manager

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

Delete Request | Previous | Save | Save & Continue

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/17/2016

**Add Service**

Serving Provider: Charleston Memorial Search Show Address

Service Code: WV001 - Medical Inpatient Hospital Search

Units: 30

Place Of Service: 21 - Inpatient Hospital

Service Start Date: 05/17/2016

Service End Date: 06/15/2016

Add Service Reset

**Requested Services**

**Supplemental Information**

Admission Follows Observation: No

Type Of Unit: Medical/Surgical

Surgical Procedures: 00999-Test for observation

Orthopedic Procedures: Select

**Annotations**

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

Home | AUM Manager

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

Delete Request | Previous | Save | Save & Continue

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/17/2016

**Add Service**

Serving Provider: Charleston Memorial Search Show Address

Service Code: WV001 - Medical Inpatient Hospital Search

Units: 30

Place Of Service: 21 - Inpatient Hospital

Service Start Date: 05/17/2016

Service End Date: 06/15/2016

Add Service Reset

**Requested Services**

**Supplemental Information**

Admission Follows Observation: No

Type Of Unit: Medical/Surgical

Surgical Procedures: 00999-Test for observation

Orthopedic Procedures: Select

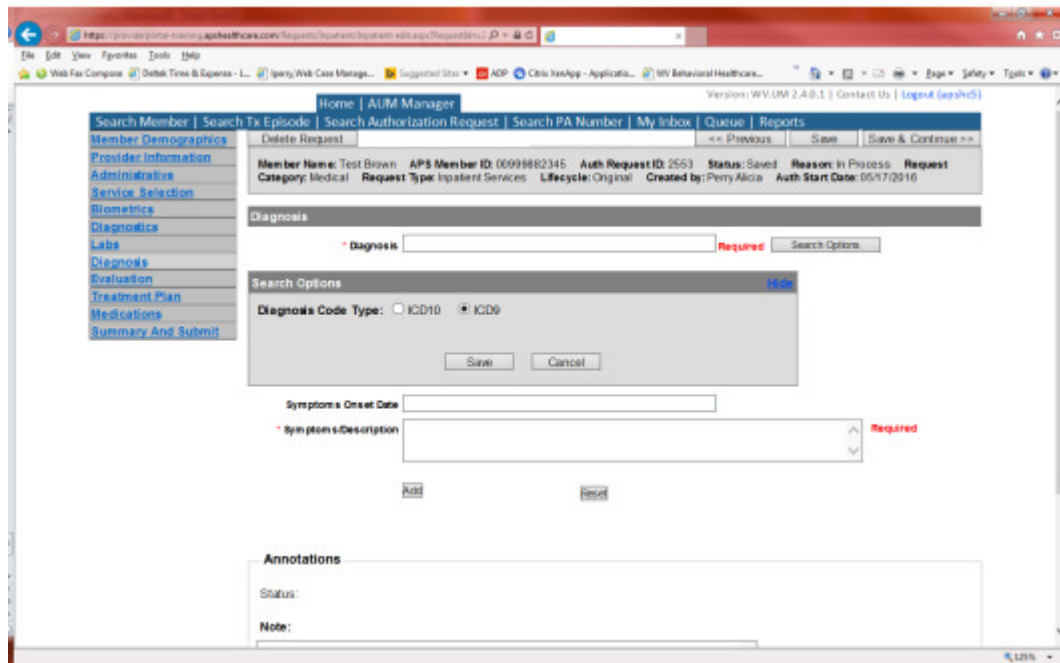
**Annotations**

You are now ready to choose your service code. For inpatient requests, you will choose WV001. Please note: If this request is a surgical admission, the surgeon does not need a separate authorization number. If approved, the authorization number needs to be under the facility name only. The units will automatically populate to 30 and you will notice the service end date allows for a 30 day date span. This is because all inpatient authorizations are issued on a 30 day DRG basis. Please do not change service end date. Click ADD SERVICE

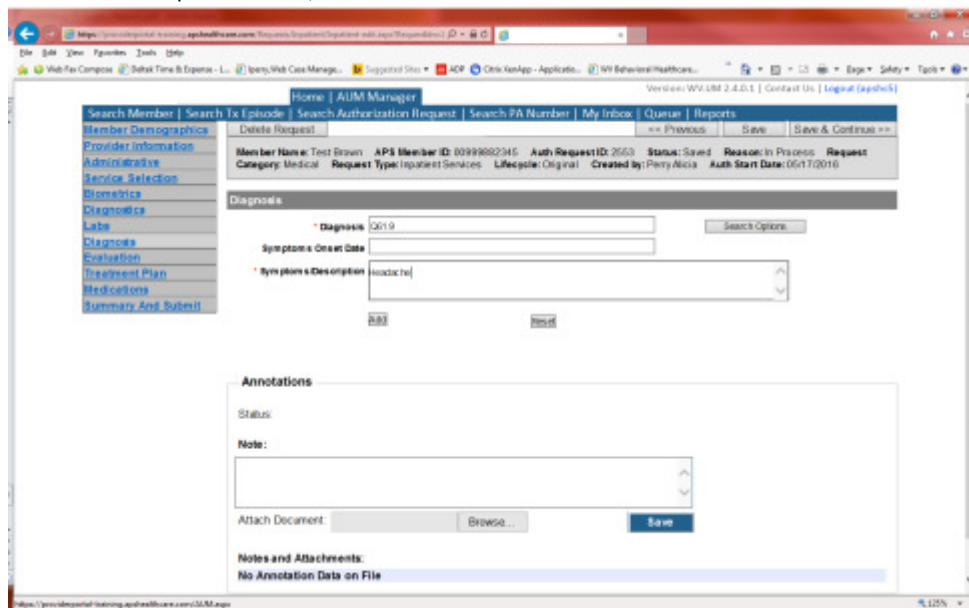
Answer question if admission follows observation. If so, click yes and then enter the date observation began. If no, click no. Enter the CPT code of the surgery in the Surgery Procedures box. If the request is for an orthopedic surgery, click yes to that question and then click Save and Continue.

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

## Diagnosis



The Diagnosis screen is the next mandatory screen. 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 letter and 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.

Evaluation and Treatment Plan tabs do not require information to be entered (no red \*) but you can complete information if you choose. Please be sure to click Save and Continue after each screen.

## Medications

The screenshot shows the 'Medications' section of the AUM Manager web application. The interface includes a top navigation bar with links like 'Home', 'AUM Manager', and 'Logout'. A left sidebar contains a menu with options such as 'Search Member', 'Search Ex Episode', 'Search Authorization Request', and 'Medications'. The main content area displays a form for entering medication information. At the top, it shows member details: 'Member Name: Test Brown', 'APS Member ID: 0099882345', 'Auth Request ID: 2553', 'Status: Saved', 'Reason: In Process', and 'Request Category: Medical'. Below this, there's a section for 'Medications' with a dropdown menu for 'Is member currently taking Medications?' set to 'No'. The 'Annotations' section shows a status message 'Note was successfully saved' and a text area for notes. Below the notes is a table for 'Notes and Attachments' with columns for Date, Entered By, Note, Documents, Action, and Deletion Comment. The table contains one entry: Date '5/17/2016', Entered By 'Perry Alicia', Note 'Will Fax', and an 'Edit' link in the Action column. At the bottom of the form are buttons for '<< Previous', 'Save', and 'Save & Continue >>'.

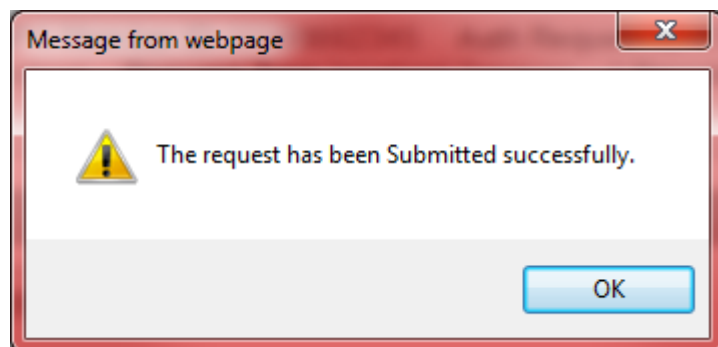
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, click continue.

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



Some Inpatient authorization request will be for Organ Transplants, Bariatric Surgery or Orthopedic Surgery. For Bariatric Surgery and Orthopedic Surgery, the providers will indicate and list the CPT codes under the Service Selection Screen.

**For Organ Transplants, the Provider will need to indicate what organ and location.**

The screenshot shows a web browser window with the URL <https://providerportal-training.apshealthcare.com/Requests/Inpatient/Inpatient-edit.aspx?RequestId=1>. The browser's address bar and tabs are visible. The page has a sidebar on the left with navigation links: [Diagnosis](#), [Evaluation](#), [Treatment Plan](#), [Medications](#), and [Summary And Submit](#). The main content area is a form for an inpatient request. It includes fields for: 

- Service Code:** WV001 - Medical Inpatient Hospital (with a search button)
- Units:** 30
- Place Of Service:** 21 - Inpatient Hospital
- Service Start Date:** 06/16/2016
- Service End Date:** 06/16/2016
- Buttons:** Add Service, Reset

Below these fields are sections for **Requested Services**, **Supplemental Information**, and **Organ Transplant**. The **Supplemental Information** section contains: 

- Admission Follows Observation:** No
- Type Of Unit:** Medical/Surgical
- Surgical Procedures:** Test Demonstration
- Orthopedic Procedures:** - Select -

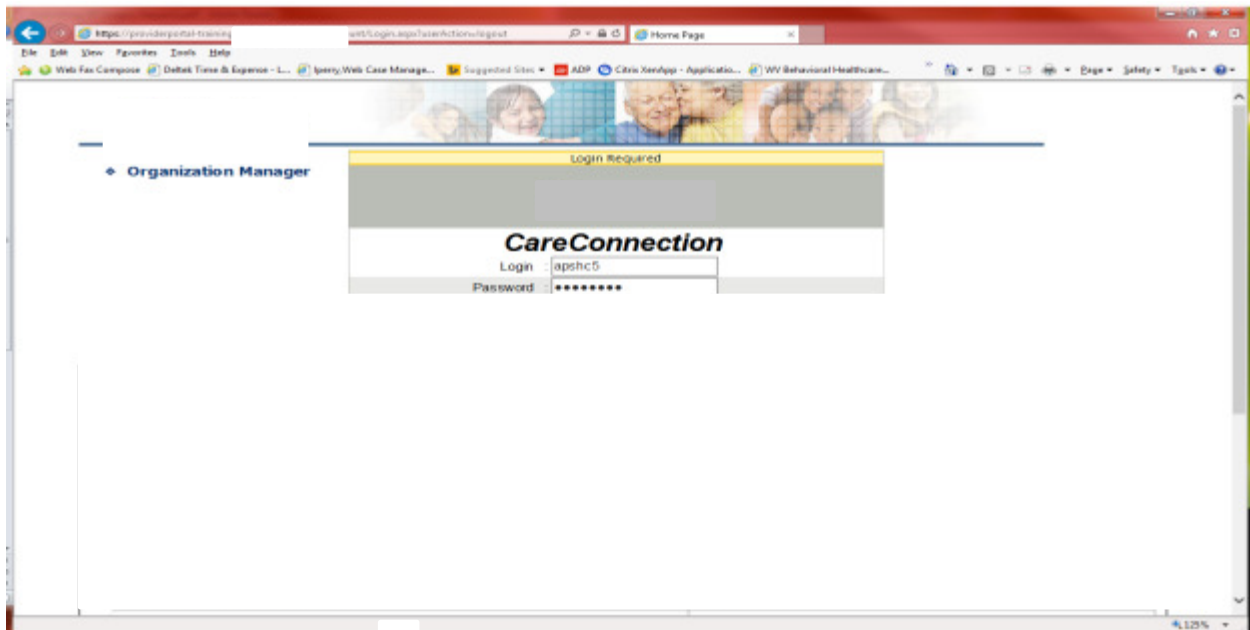
The **Organ Transplant** section has a dropdown menu for **Organ Transplant** with the following options: - Select -, Adult Liver Transplant, Bone Marrow Transplant, Cornea Transplant, Heart Transplant, Kidney Transplant, Lung Transplant, Pancreas Transplant, Pediatric Transplant, and Small Intestine Transplant. There is a **Reset** button next to this dropdown. At the bottom of the form are fields for **Annotations**, **Status:**, and **Note:**. The browser's status bar at the bottom right shows a zoom level of 125%.

Inpatient Rehabilitation under age 21 requires a prior authorization. The authorizations are generally only for 14 day admission. If the Member stay is longer, an authorization request will need to be submitted every 14 days. Please Note: Inpatient Rehabilitation is a NON COVERED benefit for ages over 21.



## How to submit an Inpatient Rehab<21 Request

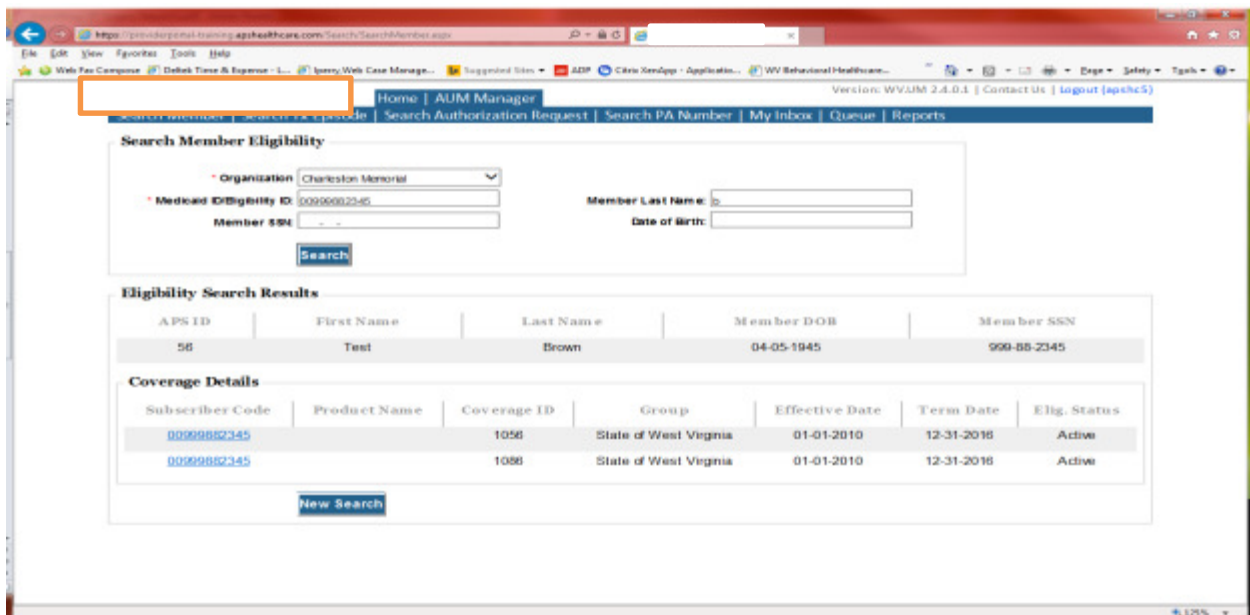
Go to <https://providerportal.kepro.com> and enter you login ID and password



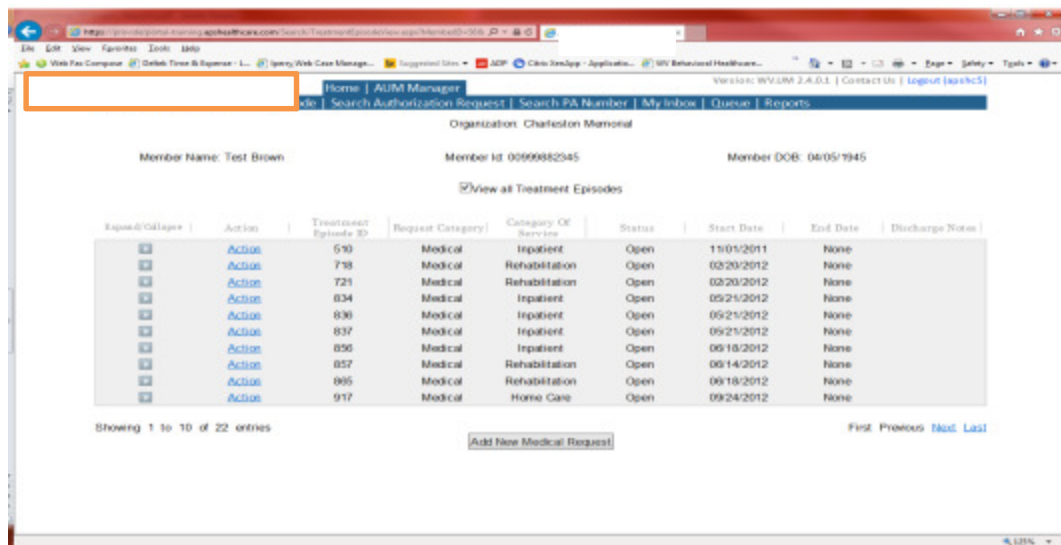
Click on AUM Manager Tab

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

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



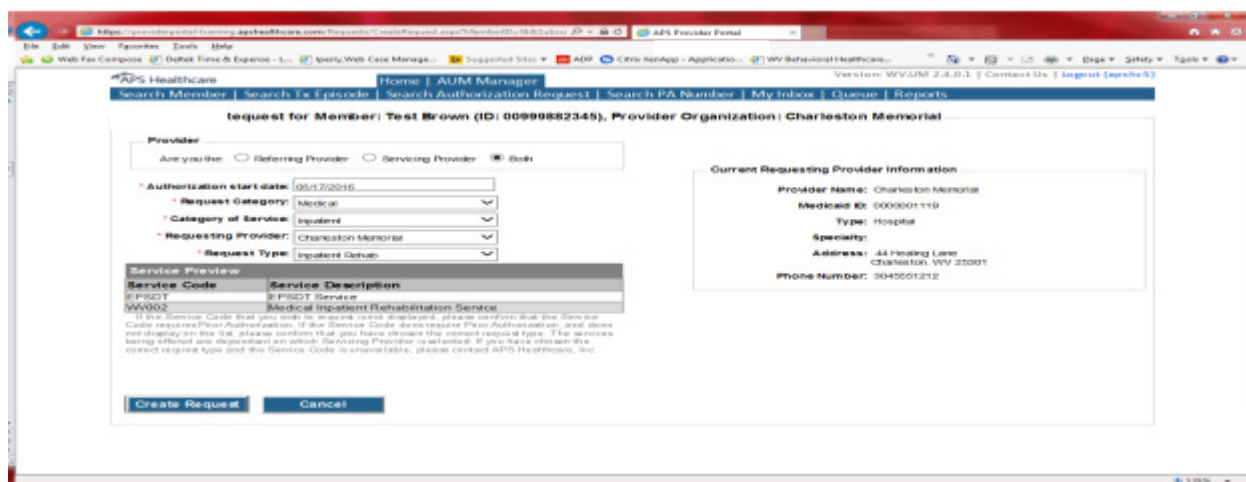
This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the **ADD NEW MEDICAL REQUEST** button.



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

- Referring- Choose if requestor will **NOT** be billing WV Medicaid for requested service.
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service
- Both- If you are an office that will be performing and billing for the service, this is the best option to use. (ex. Facility submitting for emergent hospital admission)

Next, enter the start date (the date the admission), the request category (Medical), the category of service (Inpatient), 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 (Inpatient Rehab) scroll to the end of screen and click "Create Request"



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

**You are now ready to begin the application.**

## Member Demographics

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

**Member Demographics**

Member Name: Test Brown APS Member ID: 0099982345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/17/2016

**Identification Numbers**

Eligibility ID/ Medicaid ID: 0099982345 Member SSN: 999-88-2345

**Member Information**

First Name: Test Last Name: Brown  
Middle Name: Suffix:  
Gender: Male Date Of Birth: 04/05/1945

**Address Information**

Address Line1: 821 Colt Drive Phone Number:  
Address Line2:  
City: Wheeling  
State: West Virginia  
Zip Code: 26003  
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

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

**Provider Information**

Member Name: Test Brown APS Member ID: 0099982345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/17/2016

**Referring Provider**

Referring Provider: Charleston Memorial Search Provider Hide Address

**Contact Information**

Address Line1: 44 Healing Lane Phone Number: 3045561212  
Address Line2: Office Contact:  
City: Charleston Contact Phone (if different):  
State: West Virginia Fax:  
Zip Code: 25005

Previous Save Save & Continue

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 AUM Manager web application interface. 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 a menu with options: Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnostics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays the 'Administrative' section for a request. It includes fields for Date of Referral, Procedure Type (General and Acute), Authorization Type (Prior Authorization), Type of Admission/Procedure (Elective), Admission Date (05/17/2016), and Request Submitted Date. The status is 'Saved' and the reason is 'In Process'. The request is for a medical inpatient service, created by Perry Alicia on 05/17/2016. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

Answer all questions with the red \*, so date of referral is not needed. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If an admission is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

## Administrative

The screenshot shows the 'Retrospective Request Details' section of the AUM Manager web application. It includes fields for Retro Request Reason (Failure to Request Prior Authorization, Medicaid Covered Service Denied By - Member's Primary Payer, OTHER, or Retrospective Medicaid Eligibility), Retro Request Discharged (Yes or No), and Retro Request Date of Discharge. The status is 'Saved' and the reason is 'In Process'. The request is for a medical inpatient service, created by Perry Alicia on 05/17/2016. 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.

If member has been discharged, please enter date of discharge.

## Service Selection

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

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Penny Ables Auth Start Date: 05/17/2016

**Add Service**

Serving Provider: Charleston Memorial

Service Code: WV001 - Medical Inpatient Hospital

Units: 30

Place Of Service: 21 - Inpatient Hospital

Service Start Date: 06/17/2016

Service End Date: 06/15/2016

**Requested Services**

**Supplemental Information**

Admission Policies Observation: No

Type of Unit: Medicare/Bridge

Surgical Procedures: 00000 - Test for demonstration

Orthopedic Procedures: Select 1

**Annotations**

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

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

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Penny Ables Auth Start Date: 05/17/2016

**Add Service**

Serving Provider: Charleston Memorial

Service Code: WV001 - Medical Inpatient Hospital

Units: 30

Place Of Service: 21 - Inpatient Hospital

Service Start Date: 06/17/2016

Service End Date: 06/15/2016

**Requested Services**

**Supplemental Information**

Admission Policies Observation: No

Type of Unit: Medicare/Bridge

Surgical Procedures: 00000 - Test for demonstration

Orthopedic Procedures: Select 1

**Annotations**

You are now ready to choose your service code. For inpatient rehabilitation requests, you will choose WVOO2. Inpatient Rehabilitation authorizations units automatically populates to 14. This is because all initial inpatient rehabilitation authorizations are only given a 14 day approval. Please do not change service end date. Click ADD SERVICE

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

## Diagnosis

The screenshot shows the AUM Manager interface. 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 main content area displays a 'Diagnosis' section with a 'Diagnosis' field, a 'Search Options' dialog box, and an 'Annotations' section. The 'Search Options' dialog box is open, showing 'Diagnosis Code Type' with radio buttons for ICD10 and ICD9. The 'Diagnosis' field is empty, and the 'Symptoms Description' field is also empty. The 'Annotations' section includes a 'Status' field, a 'Note' field, and an 'Attach Document' button.

The Diagnosis screen is the next mandatory screen. 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 letter and numbers before the decimal, click the search options button, select ICD-9 and click save.

This screenshot shows the 'Diagnosis' section of the AUM Manager interface. The 'Diagnosis' field now contains the code 'J61.9'. The 'Symptoms Description' field contains the text 'headache'. The 'Search Options' dialog box remains open, with 'Diagnosis Code Type' set to ICD9. The 'Annotations' section is visible at the bottom, including a 'Status' field, a 'Note' field, and an 'Attach Document' button.

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

The screenshot shows the AUM Manager web application interface. 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 a menu with options: Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnostics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays the 'Evaluation' section. It includes a header with member information: Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2555, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Inpatient Rehab, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/17/2016. Below this is the 'Medical History' section with a dropdown menu for 'Medical History' and a 'Relation' dropdown set to 'Self'. There is a text area for 'Description' and buttons for 'Add' and 'Reset'. The 'Inpatient Rehab' section has a text area for 'Justification of Medical Necessity' with a red asterisk indicating a required field. The 'Annotations' section has a 'Status' dropdown and a 'Note' text area.

Answer all questions with the red \*. The justification of medical necessity will need to be completed. Click Save and Continue

## Treatment Plan

The screenshot shows the AUM Manager web application interface with the 'Treatment Plan' section selected. The top navigation bar and left sidebar are the same as in the previous screenshot. The main content area displays the 'Treatment Plan' section. It includes a header with the same member information as the previous screenshot. Below this is the 'Treatment Plan' section with a dropdown menu for 'Type Of Treatment' and buttons for 'Add' and 'Reset'. The 'Inpatient Rehab' section has two text areas: 'Current Plan Of Care' and 'Previous Course Of Treatment', both with red asterisks indicating required fields. The 'Annotations' section has a 'Status' dropdown and a 'Note' text area. At the bottom, there is an 'Attach Document' button, a 'Browse...' button, and a 'Save' button.

Answer all questions with the red \*. The current plan of care and previous course of treatment will need to be completed. Click Save and Continue

## Medications

The screenshot shows the 'Medications' section of the AUM Manager application. The left sidebar contains a navigation menu with options like 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays a form for adding or editing medications. It includes a 'Delete Request' button, a 'Member Name' field (Test Brown), an 'APS Member ID' (0099882345), an 'Auth Request ID' (2553), and a 'Status' (Saved). Below this, there's a 'Medications' section with a dropdown menu for 'Is member currently taking Medications?' set to 'No'. The 'Annotations' section has a 'Status' (Note was successfully saved), a 'Note' text area, and an 'Attach Document' button. At the bottom, there's a 'Notes and Attachments' table with columns for Date, Entered By, Note, Documents, Action, and Deletion Comment. The table shows one entry: Date 5/17/2016, Entered By Perry Alicia, Note Will Fax, Documents, Action Edit, and Deletion Comment. Navigation buttons like '<< Previous', 'Save', and 'Save & Continue >>' are visible at the bottom of the form.

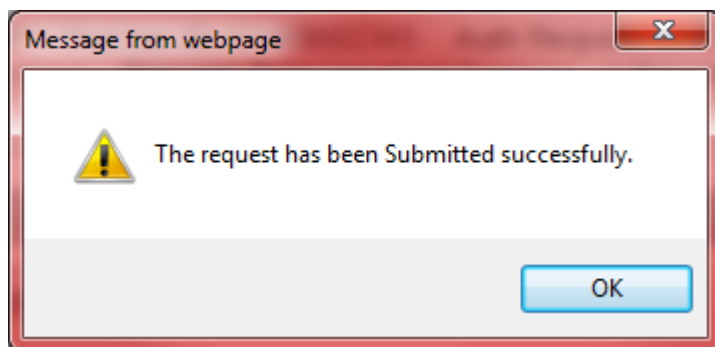
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, click continue.

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



## **Inpatient Requests Helpful Tips**

- Please remember the facility name has to be attached to the authorization request. Physicians who perform services during an Inpatient admission do not need an authorization and should not be part of your request.
- The diagnosis code submitted should be the Primary code and not the admitting diagnosis code. This is very important to not delay payment of your claim
- If the facility is Active with WV Medicaid, it does not mean that the treating physician is considered active and In-Network with WV Medicaid. If the treating physician is not In-Network and their services will be billed separately, an authorization is required and an OON request form will have to be submitted for review.
- Clinical information is not accepted when faxed alone and must be accompanied by the Inpatient Prior authorization form
- Faxed requests must be completed in its entirety including Provider names and NPI numbers, Diagnosis codes, all boxes checked regarding admission, etc. Our staff will not key from clinical. If the form is not completed correctly, the submitter will receive a fax back form.
- If you receive a fax back indicating that there were issues with your fax, the entire form will need to be resubmitted along with any documentation that could've been sent with the first submission.
- A facility's IQ review does not replace clinical documentation. It is fine to include this with a request but we must receive the appropriate clinical information to conduct a review
- Remember when submitting clinical information to include specific treatments and clinical information relevant to the admitting diagnosis (e.g. Baseline O2 saturation and ABG, if applicable for respiratory issues; IV rates/HR, Vital signs; Neuro checks, assessments, etc. as these are often part of iq criteria and can save the nurse having to call for the information and delaying your result);
- Please be sure to include a clinical contact in case additional clinical information is needed



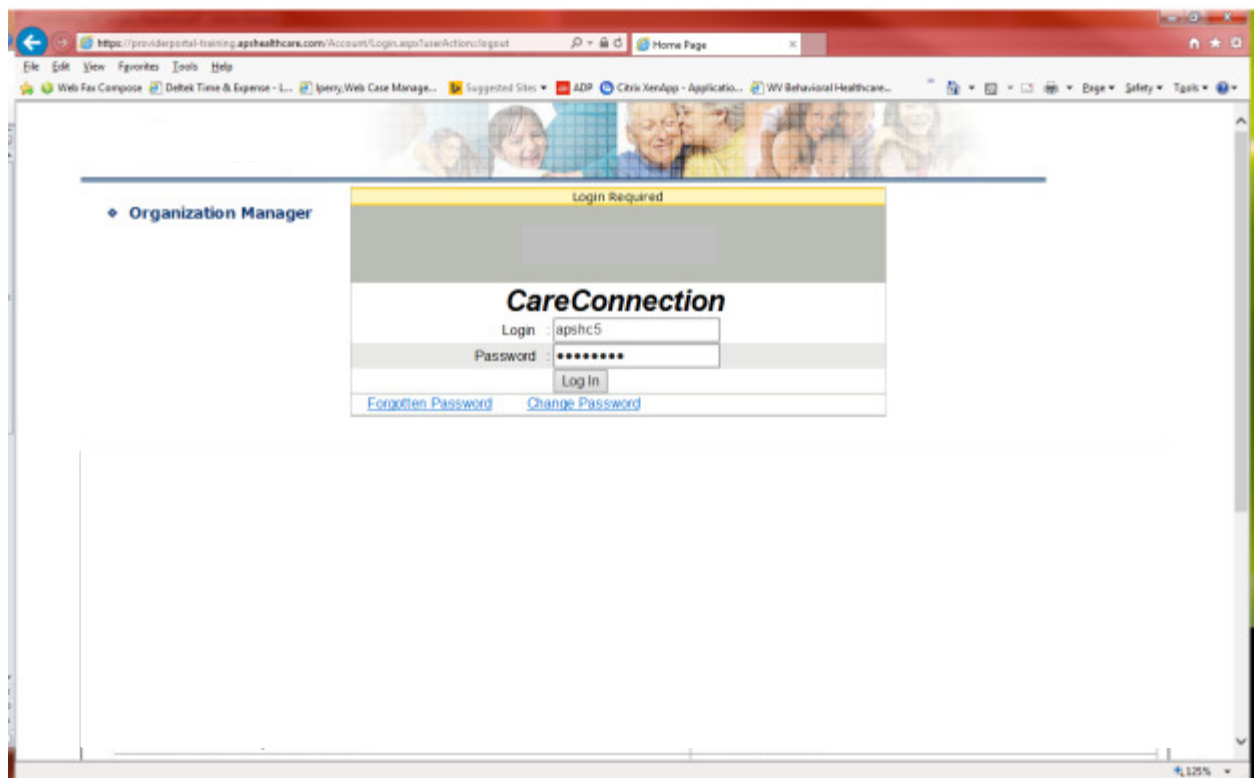
# Outpatient Surgery Requests

There are certain surgical procedures that when performed in an outpatient setting requires prior authorization prior to billing and should be submitted within 10 business days. If a surgery is performed prior to obtaining an authorization, a request can be submitted up to 10 business days after the service. Please note: The request must meet medical necessity and there is no guarantee the procedure will be authorized.

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

Go to <https://providerportal.KEPROhealthcare.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 [apshe5]

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: 0099882345

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="#">0099882345</a>		1058	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">0099882345</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: WVJUM 2.4.0.1 | Contact Us | Logout [apshe5]

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

Organization: Charleston Memorial

Member Name: Test Brown

Member ID: 0099882345

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
+	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
+	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	06/18/2012	None	
+	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	<a href="#">Action</a>	805	Medical	Rehabilitation	Open	06/18/2012	None	
+	<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. **Note: When submitting outpatient request, the referring could bill for services if Surgeon's office.**
- Servicing- Choose if requestor WILL bill WV Medicaid for requested service
- Both- If you are an office that will be performing and billing for the service, this is the best option to use.

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

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

\* Authorization start date: 05/06/2016

\* Request Category: Medical

\* Category of Service: Outpatient

\* Requesting Provider: Charleston Memorial

\* Request Type: Outpatient Surgery

**Service Preview**

Service Code	Service Description
100	Integumentary, Skin Subcutaneous & Accessory Structures, Incision and Drainage - Surgeon
105	Integumentary, Nails - Surgeon
106	Integumentary, Introduction - Surgeon
108	Integumentary, Repair (Closure), Adjacent Tissue Transfer or Rearrangement - Surgeon
109	Integumentary - Flaps (Skin and/or Deep Tissues) - Surgeon
110	Integumentary, Repair (Closure), Other Procedures - Surgeon
113	Integumentary, Destruction, Mohs Micrographic Surgery - Surgeon
115	Integumentary, Breast Repair &/or Reconstruction - Surgeon
116	Integumentary, Breast, Other Procedures - Surgeon
118	Musculoskeletal, Head, Repair Revision &/or Reconstruction - Surgeon
119	Musculoskeletal, Head, Other Procedures - Surgeon
120	Musculoskeletal, Head, Fracture &/or Dislocation - Surgeon
121	Musculoskeletal, Neck, Repair Revision &/or Reconstruction - Surgeon
122	Musculoskeletal, Spine, Vertebral Body Embolization or Injection - Surgeon
126	Musculoskeletal, Forearm & Wrist, Incision - Surgeon
127	Musculoskeletal, Forearm & Wrist, Excision - Surgeon
128	Musculoskeletal, Forearm & Wrist, Repair Revision &/or Reconstruction - Surgeon
129	Musculoskeletal, Hand & Fingers, Incision - Surgeon
130	Musculoskeletal, Hand & Fingers, Excision - Surgeon

**Current Requesting Provider Information**

Provider Name: Charleston Memorial  
Medicaid ID: 000001119  
Type: Hospital  
Specialty:  
Address: 44 Healing Lane  
Charleston, WV 25301  
Phone Number: 3045551212

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

Member Name: Test Brown APS Member ID: 0009082345 Auth Request ID: 2589 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Surgery Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Identification Numbers

Eligibility ID / Medicaid ID: 0009082345 Member SSN: 000-00-2345

Member Information

First Name: Test Last Name: Brown Middle Name: Suffix: Gender: Male Date Of Birth: 01/01/1980

Address Information

Address Line1: 121 CHE Drive Address Line2: City: Wheeling State: West Virginia Zip Code: 26003 County: Phone Number:

Annotations

Status: Note:

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

## Provider

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: 0009082345 Auth Request ID: 2589 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Surgery Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Referring Provider

Referring Provider: Charleston Memorial Search Provider: H000000000

Contact Information

Address Line1: 44 Hooper Lane Address Line2: City: Charleston State: West Virginia Zip Code: 25301 Phone Number: 3045501212 Office Contact: Contact Phone (if different): Fax:

Data Saved Successfully!

<< Previous Save Save & Continue >>

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

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apch5)

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

Member Name: Test Brown APS Member ID: 0099882345 Auth Request ID: 2589 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Surgery Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Administrative

Date of Referral

\* Procedure Type: Outpatient Surgery

\* Authorization Type: Prior Authorization

\* Type of Admission/Procedure: Elective

\* Auth Start Date: 06/06/2016

Request Submitted Date

<< Previous Save Save & Continue >>

Answer all questions with the red \*. Procedure Type=Outpatient Surgery. Choose Type of Admission/Procedure. **Please note: Emergency/Medically urgent should only be chosen if it meets BMS definition of medically urgent.** If the surgical procedure has already taken place and the start date is within 10 business days of admission date, the authorization type will still be Prior.

## Administrative

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apch5)

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

Member Name: Test Brown APS Member ID: 0099882345 Auth Request ID: 2589 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Surgery Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

Administrative

Date of Referral

\* Procedure Type: Outpatient Surgery

\* Authorization Type: Retrospective Request

\* Type of Admission/Procedure: Elective

\* Auth Start Date: 06/06/2016

Request Submitted Date

Retrospective Request Details

\* Retro Request Reason: Failure to request Prior Authorization

Medicaid Covered Service Denied by - Member's Primary Payer

OTHER

Retrospective Medicaid Eligibility

<< 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

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

To find your service code, click the Search link beside Service Code and enter your CPT (procedure) code in the Service Code/Group Name field and click search. The service code that your CPT code falls under will appear, for both the surgeon and facility. All surgeon codes will populate 1 unit and all facility codes will populate 16 units. Make sure if you are the facility, choose the facility codes first then go back to Search Provider, as above, and search for your surgeon. If you are the surgeon's office, choose the code for the surgeon first and then go back and search for the facility. Click ADD SERVICE after each addition. In the description, you can place your cursor over the DETAILS link to make sure that your CPT code is actually in the group that appears. If it is correct, click the paper clip to attach it. The example shows a search for CPT(procedure) code 58558.



## Service Selection

Choose the place of service, and click Add Service under the Service Start Date. You have to do this twice, once for the surgeon and once for the facility. Units will auto generate. Please DO NOT change units. If there will be an assistant surgeon, please indicate in the annotation 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.

Answer question if admission follows observation. If so, click yes, if no, click no. You would then enter the CPT code of the surgery in the Surgery Procedures box, and if the request is for an orthopedic surgery, click yes to that question and click Save and Continue.

Please document the CPT code being performed in the Surgical Procedure box. If there is just a description entered, this will cause your requests to be pended by the reviewer for the CPT code.

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

## Diagnosis

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

Evaluation and Treatment Plan tabs do not require information to be entered (no red \*) but you can complete information if you choose. Please be sure to click Save and Continue after each screen.

## Medications

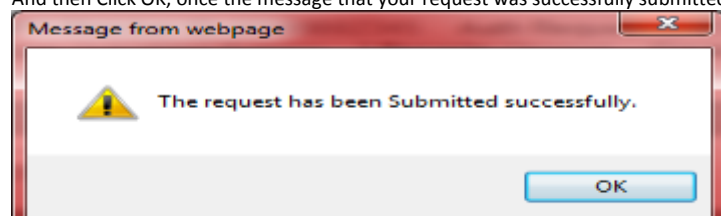
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. Click continue

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



## Outpatient Surgery Helpful Tips

- Please update the contact information for your office under the Referring provider section, including extensions in case of questions from the reviewers.
- Do not guess by searching the description given. CPT codes can be searched.
  - Beside the service selection box, there is a blue hyperlink that says search
  - Click search, a gray box will appear
  - Type the CPT code being requested in the first box
  - Click the Search hyperlink in the gray box
  - The code should appear below
- Click the paperclip to select the service code
- For each surgical code there must two lines in the service selection screen, one for the surgeon and another for the facility.
- Document CPT code being performed. OP Surgery codes are in bucket lists but some have different criteria.
- Double check the services selected by clicking details under the service selection.
- Include units for Botox
- Include the facility, as well as the surgeon.
- Indicate if the request is for bilateral.
- The Master Code list contains CPT and HCPCS codes that require a prior authorization and is available to providers. Please check the list first to determine if the procedure requires a prior authorization. If you do not have a copy of the MCL (master code list), it can be downloaded here:  
[http://KEPROhealthcare.com/publicprograms/west\\_virginia/WV\\_Medical\\_Prov.htm](http://KEPROhealthcare.com/publicprograms/west_virginia/WV_Medical_Prov.htm)
- Code changes need to be submitted within 10 business days of the procedure.
- Be sure diagnosis code is appropriate (example: ICD-9 prior to 10/01/2015 and ICD-10 after 10/01/2015).
- If clinical is being faxed, please document in an annotations box.
- When faxing additional documentation be sure to include the Authorization Request ID on the coversheet. Elective procedures require the clinical documentation to support the elective procedure: exam findings, labs, imaging, previous interventions etc.
- The requested surgery should correlate to the patient diagnosis and clinical documentation. For example, a request for a hysterectomy for a diagnosis of epilepsy where 100 pages of documentation is provided related to the member's epileptic history and various health issues does not correlate. The documentation submitted should be relevant to the request and support the medical necessity of the request.

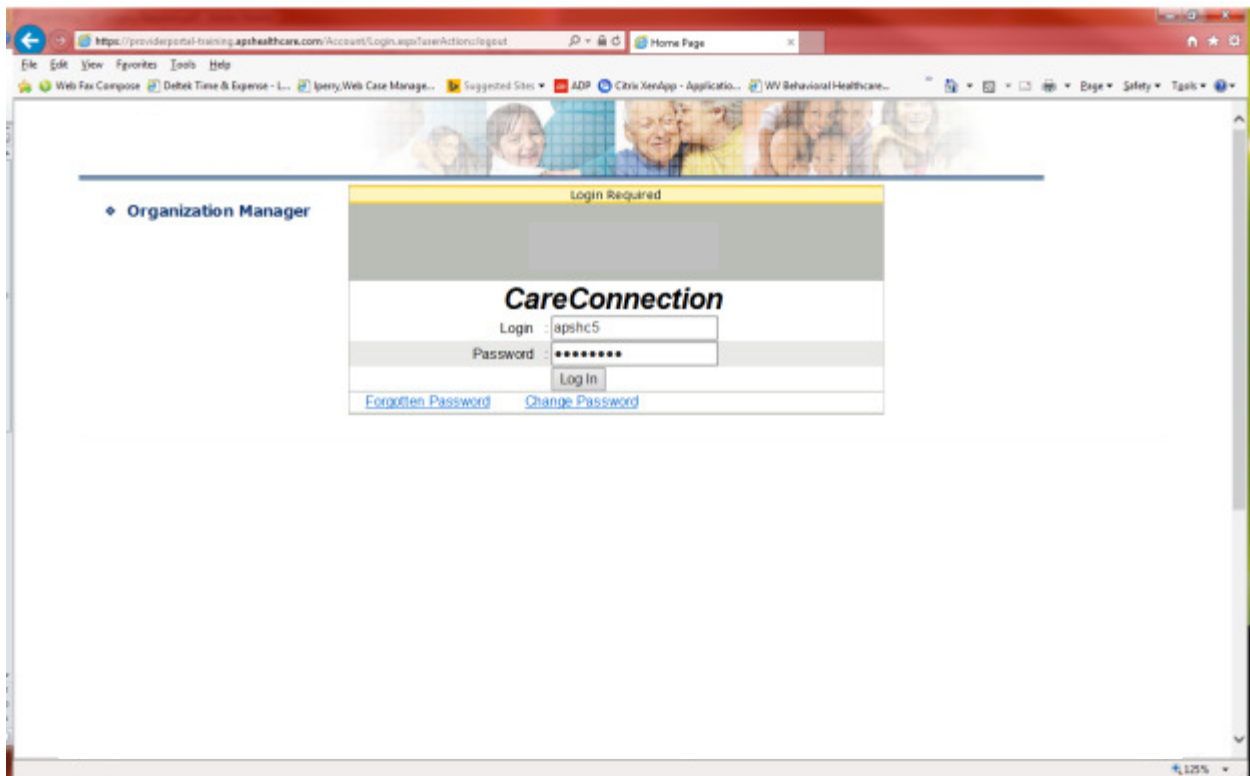
# Imaging/Radiology/Laboratory Requests

There are certain Imaging, Radiology and Lab services that require prior authorization prior to billing and should be submitted within 10 business days. If the service is performed prior to obtaining an authorization, a request can be submitted up to 10 business days after the service. Please note: The request must meet medical necessity and there is no guarantee the procedure will be authorized.

To request an authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Imaging/Radiology/Lab 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 Lab/Imaging/Radiology 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 terminated.

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 ID/Eligibility ID: 0099882345

Member Last Name: [b]

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="#">0099882345</a>		1058	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">0099882345</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: 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: 0099882345

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	836	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	Action	805	Medical	Rehabilitation	Open	06/18/2012	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- If you are an office that will be performing and billing for the service, this is the best option to use.

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 (Lab and Radiology), 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 Image Radiology Lab) 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: 06/06/2016

\* Request Category: Medical

\* Category of Service: Lab and Radiology

\* Requesting Provider: Charleston Memorial

\* Request Type: Outpatient Image Radiology Lab

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 Code	Service Description
322	CT ABDOMEN
323	CT ABDOMEN & OR PELVIS (PEDIATRIC)
324	CT BRAIN
325	CT CARDIAC/CHEST
326	CT CERVICAL SPINE
327	CT EXTREMITY LOWER
328	CT EXTREMITY UPPER
329	CT LUMBAR SPINE
330	CT NECK
331	CT ORBIT
332	CT PELVIS
333	CT SINUSES
334	CT THORACIC SPINE
335	CT UNLISTED PROCEDURE
336	CTA ABDOMEN
337	CTA CAROTID
338	CTA HEAD
339	CTA PELVIS

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: 'Member Information', 'Identification Numbers', 'Address Information', and 'Annotations'. The 'Member Information' section includes fields for First Name, Last Name, Middle Name, Suffix, Gender, and Date of Birth. The 'Identification Numbers' section includes fields for Eligibility ID/Medicare ID and Member SIN. The 'Address Information' section includes fields for Address Line1, Address Line2, City, State, Zip Code, and County. The 'Annotations' section includes a Status field. The form is titled 'Delete Request' and has buttons for 'Save' and 'Save & Continue'.

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' form in the AUM Manager application. The form is divided into several sections: 'Referring Provider' and 'Provider Search'. The 'Referring Provider' section includes a dropdown for 'Referring Provider' and a 'Search Provider' button. The 'Provider Search' section includes fields for Name, Address, City, State, and Zip, and a 'Search' button. The form is titled 'Delete Request' and has buttons for 'Save' and 'Save & Continue'.

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 'Administrative' tab in the AUM Manager. The top navigation bar includes links for Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. A status bar at the top right indicates 'Version: WVJAM 2.4.0.1' and 'Contact Us | Logout [apshs5]'. The main content area displays a 'Delete Request' button and a 'Data Saved Successfully!' message. Below this, a summary table shows: Member Name: Test Brown, APS Member ID: 0099982345, Auth Request ID: 2588, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Outpatient Image Radiology Lab, Lifecycle: Original, Created by: Perry Alice, and Auth Start Date: 06/06/2016. The 'Administrative' section contains several dropdown menus: Date of Referral (Set to 06/06/2016), Procedure Type (set to Imaging), Authorization Type (set to Radiology), Type of Admission/Procedure (set to Non-urgent), and Auth Start Date (set to 06/06/2016). A 'Request Submitted Date' field is also present. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

Answer all questions with the red \*. Choose your Procedure Type. Choose Type of Admission/Procedure. **Please note: Emergency/Medically urgent should only be chosen if it meets BMS definition of medically urgent.** If the testing has already taken place and the start date is within 10 business days of admission date, the authorization type will be Prior.

## Administrative

This screenshot shows the 'Retrospective Request Details' section of the AUM Manager. It includes the same top navigation and summary information as the previous screenshot. The 'Administrative' section is partially visible. The 'Retrospective Request Details' section contains a 'Retro Request Reason' dropdown menu with four radio button options: 'Failure to request Prior Authorization', 'Medicaid Covered Service Denied by - Member's Primary Payer', 'OTHER', and 'Retrospective Medicaid Eligibility'. The 'OTHER' option is selected. 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

The screenshot shows the 'Service Selection' page in the AUM Manager application. The page has a sidebar on the left with links: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection (highlighted), Diagnosis, Labs, Orders, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area includes a 'Delete Request' button, a 'Data Saved Successfully!' message, and a form for adding services. The form fields include: Member Name (Test Brown), APS Member ID (0000002345), Auth Request ID (2588), Status (Saved), Reason (In Process), Request Category (Medical), Request Type (Outpatient Image Radiology Lab), Lifecycle (Original), Created by (Perry Alicia), and Auth Start Date (06/06/2016). Below these are fields for Servicing Provider (Charleston Memorial), Service Code (Select), Units, Service Start Date (06/06/2016), Place Of Service (Select), and Service End Date. There are 'Add Service' and 'Print' buttons. Below the form are sections for 'Requested Services', 'Physician's Orders' (with a dropdown for 'Are Physician's Orders, Evaluation and Treatment Plan Attached?'), and 'Annotations' (with fields for Status and Note).

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

This screenshot shows the 'Service Selection' page with a 'Service Code Search' modal open. The modal has fields for Search Type (All), Service Code/Group Name (70542), and Service Code/Service Group Description. It also has dropdowns for 'Any Words' and 'Any Words'. Below these are 'Results per page' (20) and a 'Search' button. The modal also displays a table with columns 'Attach', 'Service Code / Group', and 'Description'. The table shows one result: '307' with description 'MRI HEAD/HEAD Details...'. Below the modal are the same form fields as in the previous screenshot, including 'Units', 'Service Start Date', 'Place Of Service', and 'Service End Date', along with 'Add Service' and 'Print' buttons.

You are now ready to choose your service code. CPT (procedure) codes are grouped under several service codes. Choosing by the description attached to group service codes can cause errors in your request. The most efficient way is to click SEARCH located to the right of service code line. In the dropdown box, key the CPT (procedure) 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 CPT(procedure) code 70542. Choose Place of Service. 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. Click ADD SERVICE

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



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

## Diagnosis

The screenshot shows the 'Diagnosis' screen in the AUM Manager application. The left sidebar contains a navigation menu with options: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Diagnostics, Labs, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area has a 'Diagnosis' tab selected. At the top, there is a 'Delete Request' button and a 'Data Saved Successfully!' message. Below this, a table displays request details: Member Name: Test Brown, APS Member ID: 0099682345, Auth Request ID: 2588, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Outpatient Image Radiology Lab, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 06/06/2016. The 'Diagnosis' section includes a 'Diagnosis' input field, a 'Search Options' button, and a 'Search Options' dialog box. The dialog box has 'Diagnosis Code Type' with radio buttons for ICD10 (selected) and ICD9, and 'Save' and 'Cancel' buttons. Below the dialog, there is a 'Symptoms Onset Date' input field, a 'Symptoms Description' input field, and 'Add' and 'Reset' buttons. At the bottom, there is an 'Annotations' section with a 'Status' input 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.

This screenshot shows the 'Diagnosis' screen with the 'Search Options' dialog box open. The 'Diagnosis' input field now contains '110'. The 'Search Options' dialog box has 'Diagnosis Code Type' with radio buttons for ICD10 and ICD9. The 'Symptoms Onset Date' input field is empty. The 'Symptoms Description' input field is empty. Below the input fields, there are 'Add' and 'Reset' buttons. The 'Annotations' section at the bottom has a 'Status' input field, a 'Note' input field, an 'Attach Document' button, a 'Browse...' button, and a 'Save' button. The 'Notes and Attachments' section at the bottom shows '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 you have. Click Save and Continue



## Evaluation

Delete Request

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2588 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Image Radiology Lab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

**Cancer Evaluation**

\* Cancer Diagnosis: [Select]

Family History of Cancer: [Select]

Personal History of Breast Cancer: [Select]

Family Member with a known BRCA1/BRCA2 Mutation: [Select]

Suspected Findings: [Text Field]

Diagnosis Ruled Out: [Text Field]

Service is Related To:

- ☐ Disease Progression
- ☐ Metastasis
- ☐ New Diagnosis
- ☐ New Symptoms
- ☐ Recurrence
- ☐ Re-staging
- ☐ Treatment Planning

Annotations

Status: [Text Field]

Note: [Text Field]

Please answer Cancer Diagnosis. If the answer is Yes, the Date of Cancer Diagnosis and what service related to questions will require an answer. If no, choose no. Click Save and Continue.

## Treatment Plan

Home | AUM Manager

Version: WV UM 2.4.0.1 | Contact Us | Logout (apahc5)

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

Data Saved Successfully!

Delete Request

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2588 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Image Radiology Lab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/06/2016

**Treatment Plan**

\* Current Course of Treatment: [Text Field]

\* Justification of Medical Necessity: [Text Field]

\* Conservative Treatment History: [Text Field]

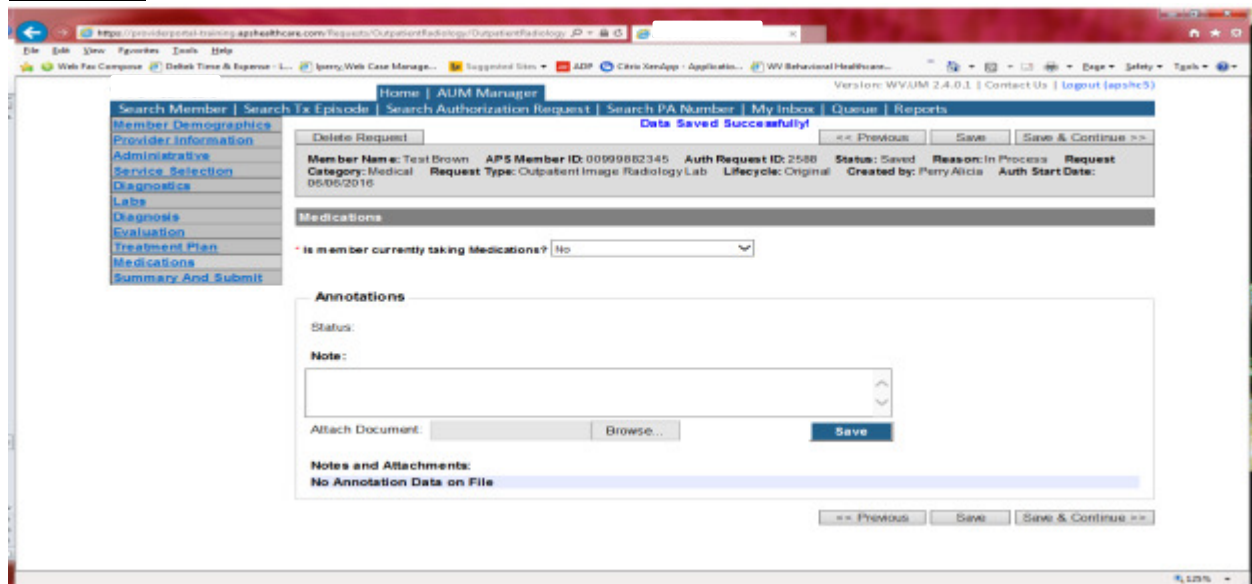
Annotations

Status: [Text Field]

Note: [Text Field]

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

## Medications



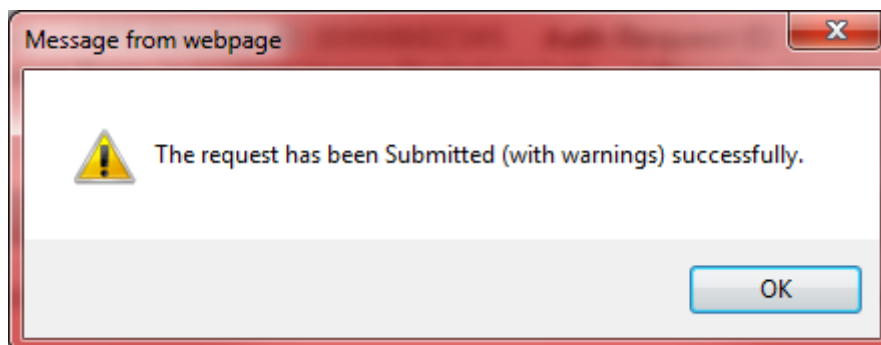
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box will be received. Click continue

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



## **Imaging/Radiology/Lab Requests Helpful Tips**

- Please update the contact information for your office under the Referring provider section, including extensions in case of questions from the reviewers.
- A written or electronic order which includes the provider signature, the date of the testing, a diagnosis and the type of procedure requested is REQUIRED!
- Do not choose 323 CT abdomen and pelvis for adults. This is used for pediatrics.
- Do not guess by searching the description given. CPT codes can be searched.
- Document CPT code being performed.
- Double check the services selected by clicking details under the service selection.
- If multiple codes are being requested under the same service code, please indicate codes and units needed.
- The Master Code list is available to providers.
- Code changes need to be submitted within 10 business days of the procedure.
- Be sure diagnosis code is appropriate (example: ICD-9 prior to 10/01/2015 and ICD-10 after 10/01/2015).
- If clinical is being faxed, please document in an annotations box.
- When faxing additional documentation be sure to include the Authorization Request ID on the coversheet.
- Remember to report conservative treatment history (e.g. physical therapy/duration; home exercise/duration) and NSAIDS history (duration/dosages)- these are the two most commonly omitted items that are required for review. If these interventions are contraindicated specify reason in medical justification.
- Include previous imaging (MRI, CT, X-RAY) results and date(s) of procedures

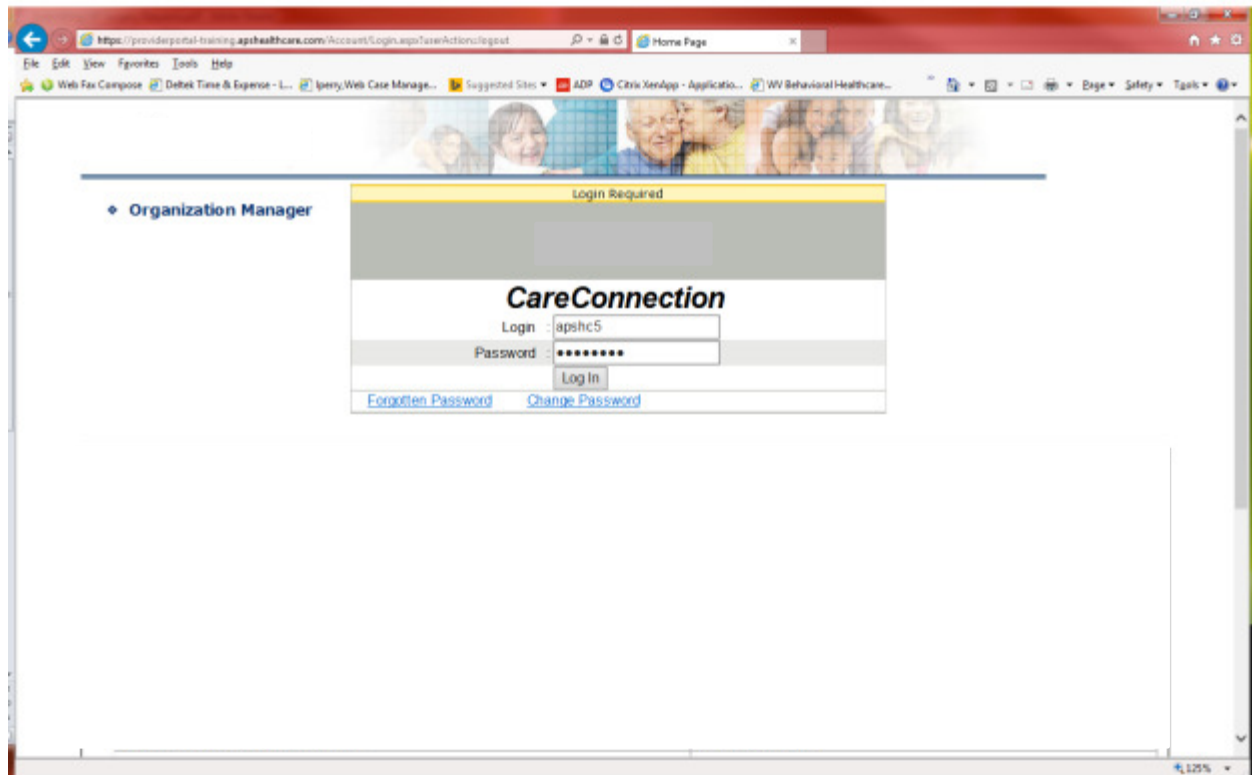
# Durable Medical Equipment Request

Per Medicaid Policy, Durable Medical Equipment requires a prior authorization before placement unless equipment was given after a hospital discharge. Request 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



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 terminated.

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout [apshe5]

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: Test

Member SSN: - - - - -

Date of Birth: 04-05-1945

[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: WVJUM 2.4.0.1 | Contact Us | Logout [apshe5]

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

Expand/Collapse	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Notes
+	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
+	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	06/18/2012	None	
+	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	<a href="#">Action</a>	805	Medical	Rehabilitation	Open	06/18/2012	None	
+	<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

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

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

### 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: LINCARE INC (MORGANTOWN)

\* Request Type: Durable Medical Equipment

**Service Preview**

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	J-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/povidone solution
A4250	Urinary incontinent contin tablets

**Current Requesting Provider Information**

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

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 titled 'Delete Request' and includes a 'Save' button and a 'Save & Continue' button. The form contains the following sections:

- Member Information:** 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, Auth Start Date: 06/06/2016.
- Identification Numbers:** Eligibility ID / Medicaid ID: 0099002345, Member SSN: 009-00-2345.
- Member Information:** First Name: Test, Last Name: Brown, Middle Name: , Suffix: , Gender: Male, Date Of Birth: 04/05/1945.
- Address Information:** Address Line1: 621 Coll Drive, Address Line2: , City: Wheelock, State: West Virginia, Zip Code: 26060, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider Information' form in the AUM Manager application. The form is titled 'Delete Request' and includes a 'Save' button and a 'Save & Continue' button. The form contains the following sections:

- Member Information:** Member Name: Test Brown, APS Member ID: 0099002345, 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.
- Referring Provider:** Referring Provider: , Search 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 left sidebar contains a navigation menu with the following items: 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 content area is titled 'Administrative' and contains the following fields:

- Date of Referral: [Empty text box]
- \* Procedure Type: Durable Medical Equipment (dropdown menu)
- \* Authorization Type: Prior Authorization (dropdown menu)
- \* Type of Admission/Procedure: - Select - (dropdown menu)
- \* Auth Start Date: 06/06/2016 (text box)
- Request Submitted Date: [Empty text box]

At the bottom of the form, there are three buttons: '<< Previous', 'Save', and '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 left sidebar contains a navigation menu with the following items: 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 content area is titled 'Administrative' and contains the following fields:

- Date of Referral: [Empty text box]
- \* Procedure Type: Durable Medical Equipment (dropdown menu)
- \* Authorization Type: Retrospective Request (dropdown menu)
- \* Type of Admission/Procedure: Non-urgent (dropdown menu)
- \* Auth Start Date: 06/06/2016 (text box)
- Request Submitted Date: [Empty text box]

Below the 'Administrative' section, there is a 'Retrospective Request Details' section with the following fields:

- \* Retro Request Reason: [Radio button] Failure to Request Prior Authorization, [Radio button] Medicaid Covered Service Denied by - Member's Primary Payer, [Radio button] OTH-ER, [Radio button] Retrospective Medicaid Eligibility
- \* Date Equipment Placed: [Empty text box]
- \* Date Equipment Placed Explanation: [Empty text box]

At the bottom of the form, there are three buttons: '<< 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 Name: Test Brown APS Member ID: 0099882345 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: LINCARE 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 Post

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

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

**Add Service**

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

\* Service Code: - Select - Search

Search Type: All Service Code/Group Name: A4520 Any Words Any Words

Service Code/Group Description: Incontinence garment anytype

Results per page: 25 Search

Attach Service Code / Group Description

A4520 Incontinence garment anytype

\* 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 Post

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 the 'Physician's Orders and Certification' form. It includes a dropdown for 'Are Physician's Order(s) Attached?' with a red asterisk. Below this is a certification statement with a red asterisk. There are several sections with red asterisks: 'Durable Medical Equipment' (with sub-sections for Surface and Medical Equipment), 'Mobility and Bathroom Safety Aids', 'Mobility Device', and 'Repairs/Warranty'. Each section has a corresponding input field.

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. It includes a 'Search Options' dialog box with 'Diagnosis Code Type' set to ICD9. The main form has a 'Diagnosis' field with a red asterisk, a 'Symptom's Onset Date' field, and a 'Symptom's Description' field with a red asterisk. There are 'Add' and 'Reset' buttons below the symptom description field. The 'Annotations' section at the bottom has 'Status' and 'Note' fields. A 'Data Saved Successfully!' message is displayed at the top right.

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.

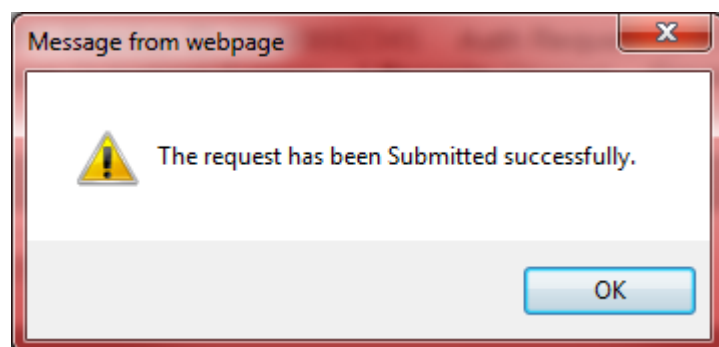
Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have. Click Save and Continue

### **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.



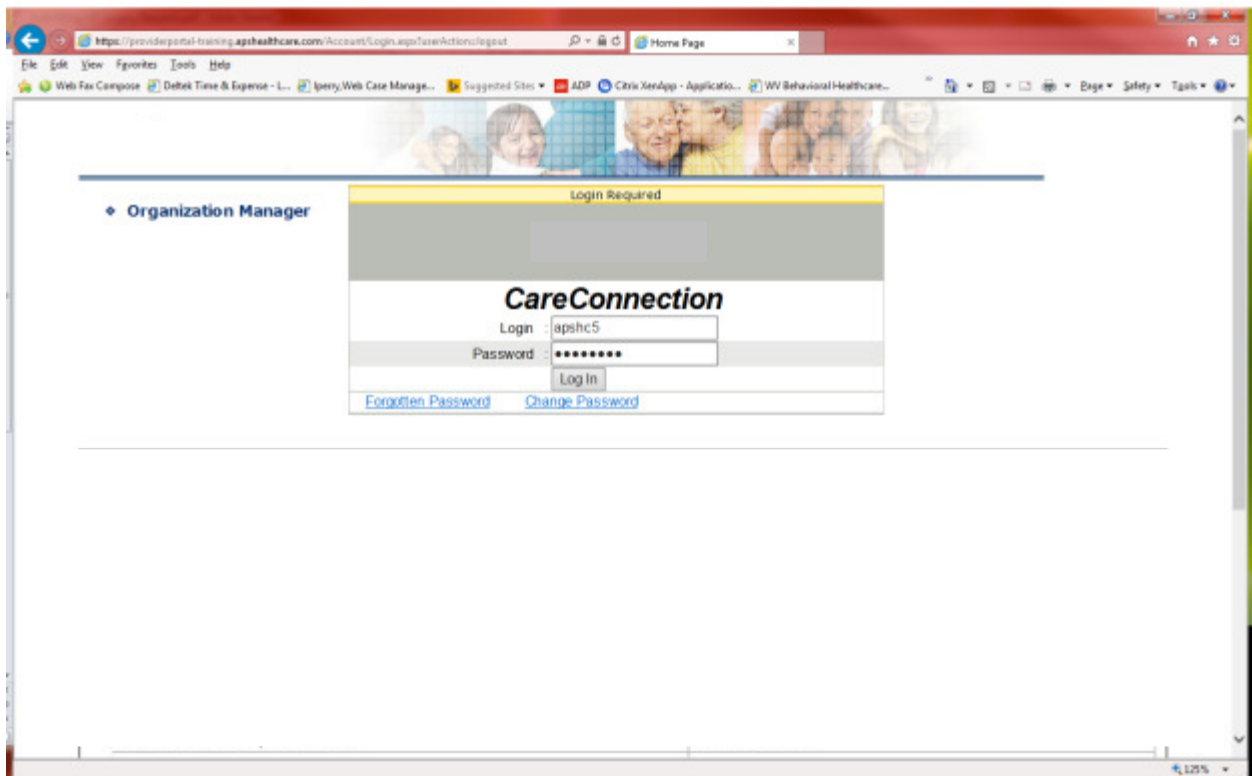
# Orthotic/Prosthetics Equipment Request

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 ID/Eligibility ID: 00999882345

Member Last Name: B

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
00999882345		1058	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	836	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	Action	805	Medical	Rehabilitation	Open	06/18/2012	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(OrthoticsProsthetic) 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: OrthoticsProsthetic

Current Requesting Provider Information

Provider Name: Charleston Memorial  
 Medicaid ID: 0000001119  
 Type: Hospital  
 Specialty:  
 Address: 44 Healing Lane  
 Charleston, WV 25301  
 Phone Number: 3045661212

Service Code	Service Description
A6500	Diab shoe for density insert
A6501	Diabetic custom molded shoe
A6502	FOR DIABETICS ONLY, MULTIPLE DENSITY INS
A6503	Diabetic shoe w/roller/hockr
A6504	Diabetic shoe with wedge
A6505	Diab shoe w/metatarsal bar
A6506	Diabetic shoe w/off set heel
A6507	Modification diabetic shoe
A6512	Mults den insert direct form
A6513	Mults den insert custom mold
EPSDT	EPSDT Service
L0112	Cranial cervical orthosis
L0113	Cranial cervical torticollis
L0430	Dewall posture protector
L0456	TLSOflex prefab
L0466	TLSOngid frame pre soft ap
L0468	TLSOngid frame prefab mesh

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 titled 'Member Demographics' and includes a sidebar with navigation links: 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:** Member Name: Test Abbott, APS Member ID: 00998876543, Auth Request ID: 2582, Status: Saved, Reason: In Process, Request: Request, Category: Medical, Request Type: OrthoticsProsthetics, Lifecycle: Original, Created by: Penny Akola, Auth Start Date: 02/28/2013.
- Identification Numbers:** Eligibility ID / Medicaid ID: 00998876543, Member SSN: 999-87-6543.
- Member Information:** First Name: Test, Last Name: Abbott, Middle Name: , Suffix: , Gender: Male, Date Of Birth: 01/01/1960.
- Address Information:** Address Line1: po box 154, Address Line2: , City: Charleston, State: West Virginia, Zip Code: 25310, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider' form in the AUM Manager application. The form is titled 'Provider' and includes a sidebar with navigation links: 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:** Referring Provider: , Search Provider: .
- Provider Search:** Name: , Any word, Client: State of West Virginia Medicaid, Address: , Any word, Medicaid ID: , NPI: , Tax ID: , City: , State: , Zip: , Type: , Specialty: .
- Results:** Results per page: 20, Search.

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 a request form in the APS Provider Portal. The form is for a request for Orthotics. The member name is Test Brown, APS Member ID is 0099882345, and the auth request ID is 2564. The status is 'Saved' and the reason is 'In Process'. The request was created by Perry Alicia on 05/18/2016. The form includes fields for Date of Referral, Procedure Type (Orthotics), Authorization Type (Prior Authorization), Type of Admission/Procedure (Office), and Auth Start Date (05/18/2016). The request submitted date is also present. Navigation buttons 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 'Retrospective Request Details' section of a request form in the APS Provider Portal. The form is for a request for Orthotics. The member name is Test Abbott, APS Member ID is 00998876543, and the auth request ID is 2582. The status is 'Saved' and the reason is 'In Process'. The request was created by Perry Alicia on 02/26/2013. The form includes fields for Date of Referral, Procedure Type (Orthotics), Authorization Type (Retrospective Request), Type of Admission/Procedure (Office), and Auth Start Date (02/26/2013). The request submitted date is also present. The 'Retro Request Reason' section has four options: Failure to request Prior Authorization, Medicaid Covered Service Denied by - Member's Primary Payer, OTHER, and Retrospective Medicaid Eligibility. Navigation buttons 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

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

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

https://providerportal-training.aphealthcare.com/Requests/Orthotics/Prosthetics/Orthotics/Prosthetics

Date Patient Last Examined by Practitioner  \* Functional Level

**Supplier Information**

Supplier Name  Supplier Provider ID

Supplier Contact Name

Supplier Phone Number  Supplier Fax Number

Supplier Address Line 1

Supplier Address Line 2

Supplier City  Supplier State

Supplier Zip Code

**Physician's Orders and Certification**

\* Are Physician's Order(s) Attached?

\* Explanation

\* 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.

Please attach Certificate of Medical Necessity or appropriate documentation including signature in Annotation Section

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: 00966876543 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

Save Cancel

Symptoms Onset Date

\* Symptoms Description

Add Reset

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

Member Name: Test Abbot APS Member ID: 00966876543 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 c40.0

Search Options

Symptoms Onset Date

\* Symptoms Description Test Demonstration

Add Reset

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 | ADJ Manager | Search Member | Search Tx Episode | Search Authorization Request | Search PA Number | My Inbox | Close | Reports

Member: Martin, Tina Brown | JPS Member ID: 0000002345 | Auth Request ID: 2004 | Status: Saved | Reason: In Process | Request Category: Medical | Request Type: Orthotics/Prosthetics | Lifespan: Original | Created by: Perry, Aida | Auth Start Date: 05/18/2015

Delete Request | 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 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

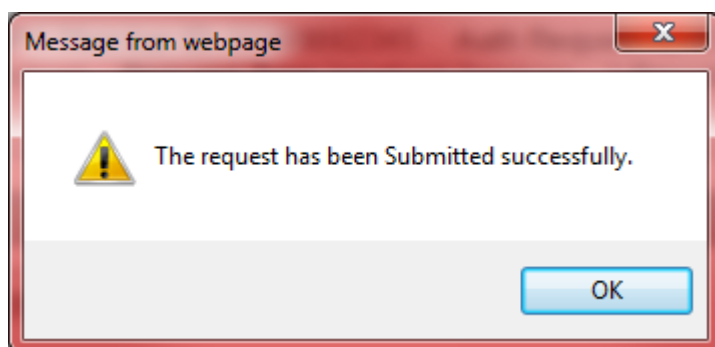
Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

## 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.**

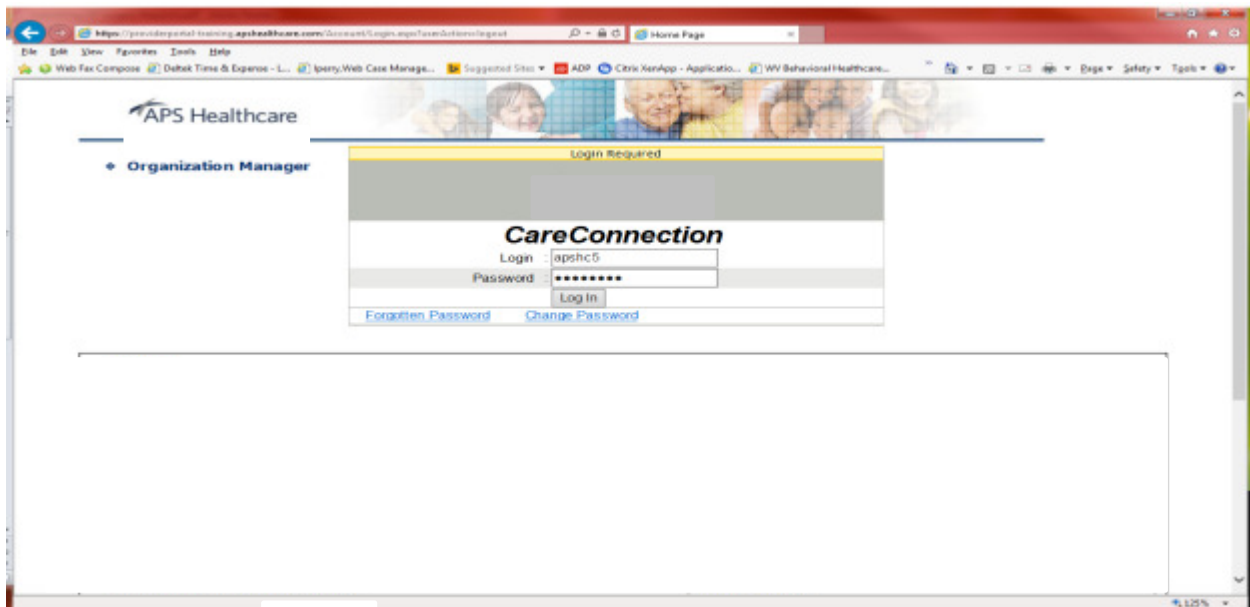
A warning box may be received. If so, click continue.

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



## How to submit a Prosthetics Request

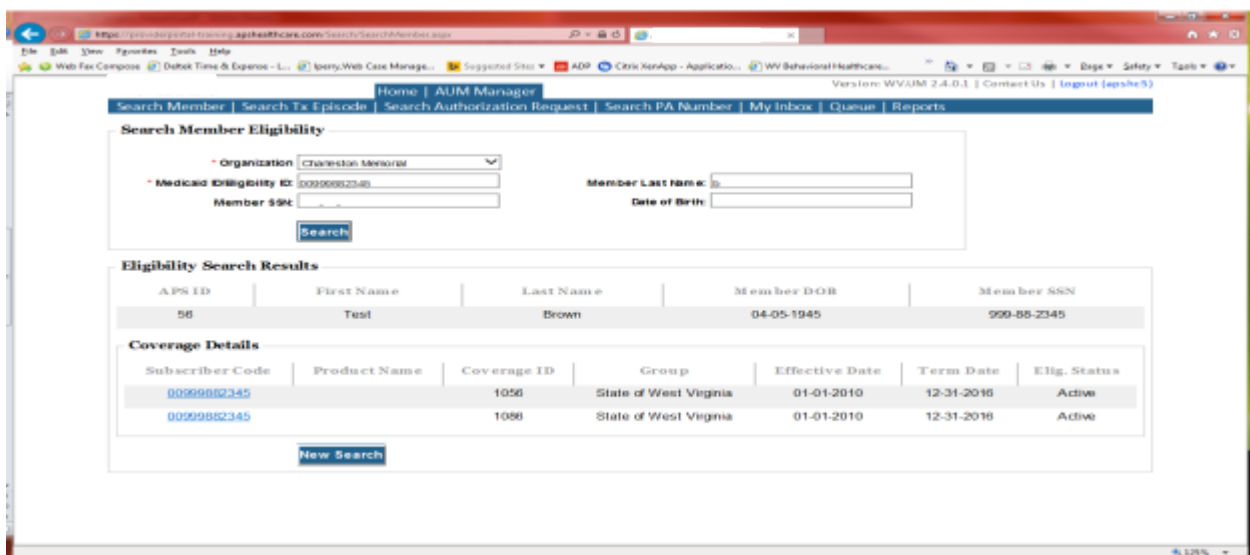
Go to <https://providerportal.kepro.com> and enter you login ID and password



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.

Home | AUM Manager | 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

Squad/College	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Notes
	<a href="#">Action</a>	530	Medical	Inpatient	Open	11/05/2011	None	
	<a href="#">Action</a>	798	Medical	Rehabilitation	Open	02/20/2012	None	
	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
	<a href="#">Action</a>	634	Medical	Inpatient	Open	05/21/2012	None	
	<a href="#">Action</a>	636	Medical	Inpatient	Open	05/21/2012	None	
	<a href="#">Action</a>	637	Medical	Inpatient	Open	05/21/2012	None	
	<a href="#">Action</a>	656	Medical	Inpatient	Open	09/18/2012	None	
	<a href="#">Action</a>	657	Medical	Rehabilitation	Open	09/18/2012	None	
	<a href="#">Action</a>	665	Medical	Rehabilitation	Open	09/18/2012	None	
	<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 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: 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: Orthotics/Prosthetics

**Current Requesting Provider Information**

Provider Name: Charleston Memorial  
Medicaid ID: 0050001119  
Type: Hospital  
Specialty:  
Address: 44 Hosing 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/heeler
A5504	Diabetic shoe with wedge
A5505	Diab shoe w/metatarsal bar
A5506	Diabetic shoe w/ylt set heel
A5507	Modification diabetic shoe
A5512	Mult den insert direct form
A5513	Mult den insert custom mold
L0501	EPSOT Service
L0112	Cranial cervical orthoses
L0113	Cranial cervical torticollis
L0430	Neck posture protector
L0450	TLSCO flex prefab
L0468	TLSCO rigid frame pre soft ap
L0469	TLSCO 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 system. 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 (0099882345) 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 (Winchester), 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' buttons are visible. 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 bottom status bar shows 'Version: WVUM 2.4.0.1' and 'Contact Us | Logout (apshc5)'.

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' form in the AUM Manager system. The form is divided into several sections: Referring Provider, Provider Search, and a bottom section with navigation buttons. The Referring Provider section includes a dropdown for Referring Provider and a Search Provider button. The Provider Search section includes fields for Name, Address, City, State, and Zip, along with a Client dropdown (State of West Virginia Medicaid) and a Medicaid ID dropdown. The bottom section includes a Results per page dropdown (25) and a Search button. The form is titled 'Delete Request' and 'Save' buttons are visible. 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 bottom status bar shows 'Version: WVUM 2.4.0.1' and 'Contact Us | Logout (apshc5)'.

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 a request form in the WV Behavioral Healthcare AUM Manager. The form is for a member named Test Brown, with APS Member ID 00999882345, Auth Request ID 2565, Status: Saved, Reason: In Process, and Request Auth Start Date: 05/18/2016. The form fields are as follows:

Field	Value
Date of Referral	
Procedure Type	Prosthetics
Authorization Type	Prior Authorization
Type of Admission/Procedure	Office
Auth Start Date	05/18/2016
Request Submitted Date	

Navigation buttons: << Previous, Save, Save & Continue >>

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 'Retroactive Request Details' section of a request form in the WV Behavioral Healthcare AUM Manager. The form is for a member named Test Brown, with APS Member ID 00999882345, Auth Request ID 2565, Status: Saved, Reason: In Process, and Request Auth Start Date: 05/18/2016. The form fields are as follows:

Field	Value
Date of Referral	
Procedure Type	Prosthetics
Authorization Type	Retrospective Request
Type of Admission/Procedure	Office
Auth Start Date	05/18/2016
Request Submitted Date	

**Retroactive Request Details**

Field	Value
Retro Request Reason	<input type="radio"/> Failure to request Prior Authorization <input type="radio"/> Medicaid Covered Service Denied by - Member's Primary Payer <input type="radio"/> OTHER <input type="radio"/> Retrospective Medicaid Eligibility

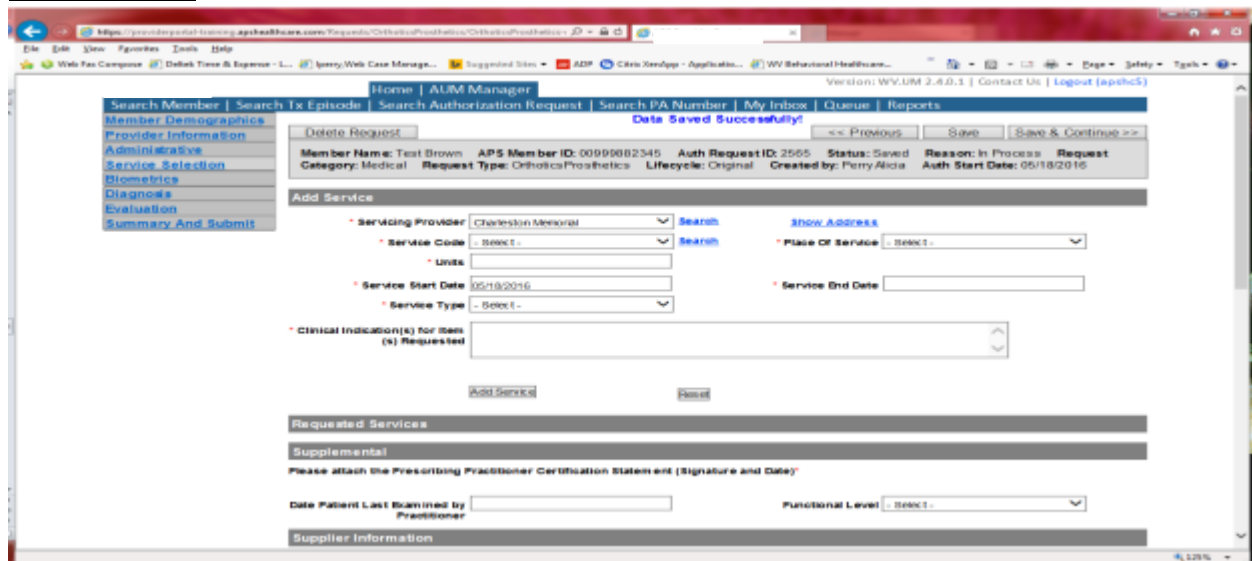
Navigation buttons: << Previous, Save, Save & Continue >>

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

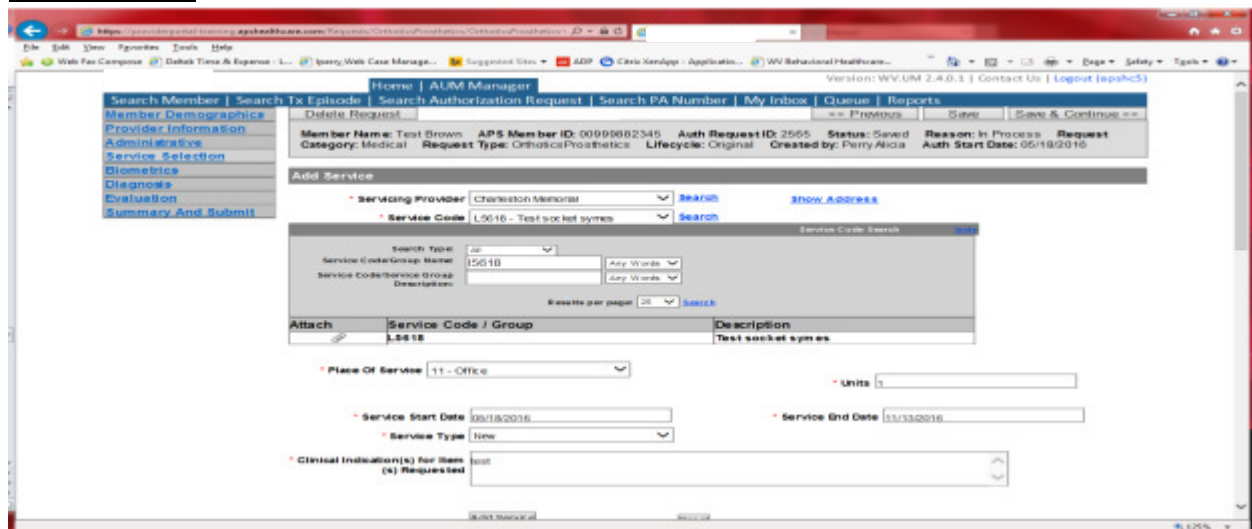


If you chose the servicing provider option, this will auto-populate. This information cannot be changed. If you are the referring provider, you will need to attach the Servicing Provider information to the request.

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 clip 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

https://providerportal-training.aphealthcare.com/Requests/Orthotics/Prosthetics/Orthotics/Prosthetics

Date Patient Last Examined by Practitioner

\* Functional Level

**Supplier Information**

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

**Physician's Orders and Certification**

\* Are Physician's Order(s) Attached?

\* Explanation

\* 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.

Please attach Certificate of Medical Necessity or appropriate documentation including signature in Annotation Section

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: 00956870543 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: 00956870543 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

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 | Closure | Reports

Member Name: Test Brown APS Member ID: 00000002345 Auth Request ID: 2554 Status: Saved Reason: In Process Request Category: Medical Request Type: Orthotics/Prosthetics Lifecycle: Original Created by: Perry Aida Auth Start Date: 05/18/2015

Does Patient Have Impaired Endurance? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Impaired Hearing? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Impaired Mobility? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Impaired Respiration? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Impaired Speech? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Impaired Vision? ☒ Yes ☐ No \* Medical Justification

Does Patient Have Restricted Activity? ☒ Yes ☐ No \* Medical Justification

Does Patient Have One Knee/Ankle? ☒ Yes ☐ No \* Medical Justification

Does Patient Require Assistance with ADL's? ☒ Yes ☐ No \* Medical Justification

Does patient/caregiver demonstrate willingness and ability to use equipment? ☐ Yes ☒ No ☐ N/A \* Medical Justification

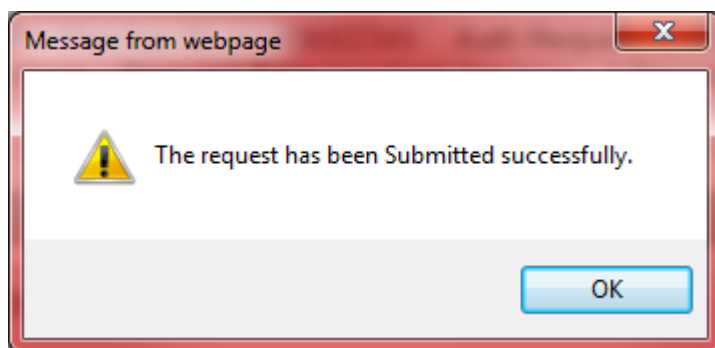
Please answer all Questions. Medical Justification information is required for each Yes answer. If answer to the last two questions is NO, please provide information in the medical justification space. Click Save and Continue

## 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.



## DMEPOS (Durable Medical/Prosthetic/Orthotic) Helpful Tips

- 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.

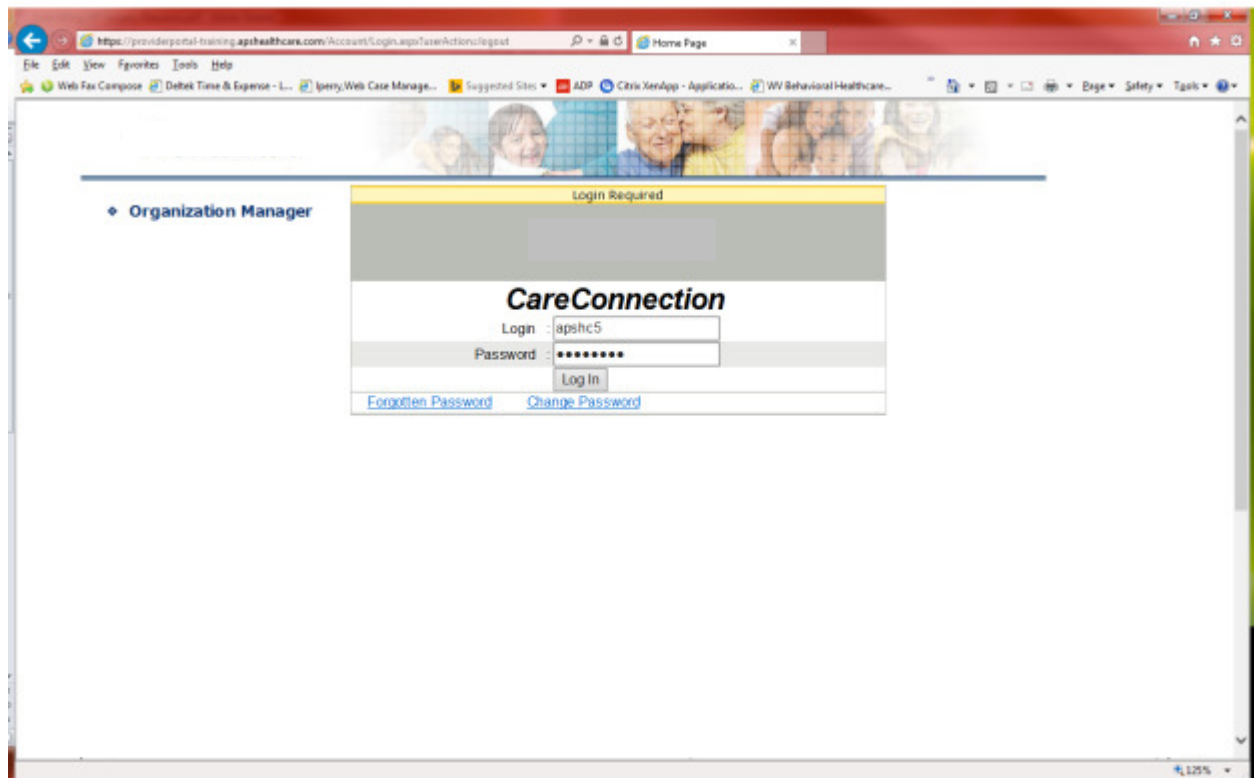
# Physical and Occupational Therapy

Per Medicaid Policy, Members with traditional Medicaid can receive up to 20 visits for PT and OT therapy WITHOUT an authorization. Prior authorization is required for therapeutic services after the 20<sup>th</sup> visits. Request must be submitted within 10 business days BEFORE the 21<sup>st</sup> visit. Please note: The request must meet medical necessity and there is no guarantee additional therapeutic services will be approved. It is STRONGLY advised that no therapeutic treatment be given prior to authorization.

To request a Physical and/or Occupational Therapy authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Physical and/or Occupational Therapy 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 Physical Therapy 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 ID/Eligibility ID: 00999882345

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="#">00999882345</a>		1058	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">00999882345</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: 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
+	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
+	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	06/18/2012	None	
+	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	<a href="#">Action</a>	805	Medical	Rehabilitation	Open	06/18/2012	None	
+	<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"

APS Provider Portal - Internet Explorer

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

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: 05/19/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: Charleston Memorial

\* Request Type: Outpatient PT

\* Patient Status: Initial

Current Requesting Provider Information

Provider Name: Charleston Memorial

Medicaid ID: 0090001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

Service Preview

Service Code	Service Description
95831	LIMB MUSCLE TESTING, MANUAL
95832	HAND MUSCLE TESTING, MANUAL
95833	BODY MUSCLE TESTING, MANUAL
95834	BODY MUSCLE TESTING, MANUAL
95851	RANGE OF MOTION MEASUREMENTS
95852	RANGE OF MOTION MEASUREMENTS
97001	PT EVALUATION
97002	PT RE-EVALUATION
97012	MECHANICAL TRACTION THERAPY
97014	ELECTRIC STIMULATION THERAPY
97016	NASOPNEUMATIC DEVICE THERAPY
97018	PARAFFIN BATH THERAPY
97022	WHIRLPOOL THERAPY
97024	DIATHERMY E.G. MICROWAVE
97026	INFRARED THERAPY

Local intranet | Protected Mode: Off | 100%

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout [epshc5]

Member Name: Test Brown APS Member ID: 00099882345 Auth Request ID: 2590 Status: Saved Reason: In Process Request

Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Identification Numbers

Logevity ID / Medicare ID: 0000002345 Member SSN: 000-00-2345

Member Information

First Name: Test Last Name: Brown

Middle Name: Suffix:

Gender: Male Date of Birth: 04/05/1945

Address Information

Address Line1: 801 CURE DRIVE Phone Number:

Address Line2:

City: Wheeling

State: West Virginia

Zip Code: 26060

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout [epshc5]

Member Name: Test Brown APS Member ID: 00099882345 Auth Request ID: 2590 Status: Saved Reason: In Process Request

Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider

Referring Provider: A. RAMAN Search Provider: Hide address

Contact Information

Address Line1: 1704 PITTSBURGH ST Phone Number: 7242744320

Address Line2: 5 GROVER RD DBA LUNG ASD

City: CHESWICK

State: Pennsylvania

Zip Code: 188241026

Office Contact:

Contact Phone (if different):

Fax:

Data Saved Successfully!

Save Save & Continue >> Request

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

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

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

**Data Saved Successfully!**

Member Name: Test Brown APS Member ID: 0089882345 Auth Request ID: 2590 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Administrative**

Date of Referral:

\* Procedure Type:

\* Authorization Type:

\* Type of Admission/Procedure:

\* Auth Start Date:

Request Submitted Date:

<< Previous Save Save & Continue >>

Answer all questions with the red \*. Procedure Type=Physical Therapy. Choose Type of Admission/Procedure. **Please note: Emergency/Medically urgent should only be chosen if it meets BMS definition of medically urgent.** If the initial evaluation has already taken place and the start date is within 10 business days of admission date, the authorization type will still be Prior.

## Administrative

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

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

**Data Saved Successfully!**

Member Name: Test Brown APS Member ID: 0089882345 Auth Request ID: 2590 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Administrative**

Date of Referral:

\* Procedure Type:

\* Authorization Type:

\* Type of Admission/Procedure:

\* Auth Start Date:

Request Submitted Date:

**Retrospective Request Details**

\* Retro Request Reason: ☐ Failure to request Prior Authorization  
☐ Medicaid Covered Service Denied by - Member's Primary Payer  
☐ OTHER  
☐ Retrospective Medicaid Eligibility

<< 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.

[Home](#) | [AUM Manager](#) | [Search Member](#) | [Search Tx Episode](#) | [Search Authorization Request](#) | [Search PA Number](#) | [My Inbox](#) | [Queue](#) | [Reports](#)

Version: WV UM 2.4.0.3 | [Contact Us](#) | [Logout \(apsh03\)](#)

**Data Deleted Successfully!**

[Delete Request](#) | [Previous](#) | [Save](#) | [Save & Continue](#)

**Member Name:** Test Brown    **APS Member ID:** 0099002545    **Auth Request ID:** 2590    **Status:** Saved    **Reason:** In Process    **Request Category:** Medical    **Request Type:** Outpatient PT    **Lifecycle:** Original    **Created by:** Perry, Alicia    **Auth Start Date:** 05/18/2016

**Add Service**

\* **Servicing Provider:** Charleston Memorial  [Show address](#)  
 \* **Service Code:** - Select -   
 \* **Units:**   
 \* **Place Of Service:** - Select -   
 \* **Service Start Date:** 05/18/2016    
 \* **Service End Date:**

**Requested Services**

**Request Information**

**Patient Status:** Initial    \* **Period of Request:** 30 Days   
**Emergency Request:** - Select -   
**Date of Service - Current Calendar Year:**  
 From  To   
**Progress Notes for Past Treatments:**

**Physician's Orders**

- 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.

[Home](#) | [AUM Manager](#) | [Search Member](#) | [Search Tx Episode](#) | [Search Authorization Request](#) | [Search RA Number](#) | [My Inbox](#) | [Queue](#) | [Reports](#)

[Member Demographics](#) | [Provider Information](#) | [Administrative](#) | [Service Selection](#) | [Diagnosis](#) | [Evaluation](#) | [Summary And Submit](#)

[Delete Request](#) | [Data Deleted Successfully!](#) | [Previous](#) | [Save](#) | [Save & Continue >>](#)

**Member Name:** Test Brown    **APS Member ID:** 0099692545    **Auth Request ID:** 2590    **Status:** Saved    **Reason:** In Process    **Request Category:** Medical    **Request Type:** Outpatient PT    **Lifecycle:** Original    **Created by:** Perry Alicia    **Auth Start Date:** 05/10/2016

**Add Service**

**Servicing Provider:** Charleston Memorial    [Search](#)    [Show Address](#)

**Service Code**

**Units**

**Service Start Date**

**Requested Services**

**Request Information**

**Patient Status:**

**Emergency Request**

**Date of Service - Current Calendar**

**Progress Notes for Past Treatments**

**Physician's Orders**

Choose your service code from the dropdown box. Choose place of service (office). For initial requests, each modality entered units will have to total to 40 units. For established requests, change units to number you are requesting for each service, and then click the "Add Service" button.



## Service Selection

Patient Status: Initial

Emergency Request: select

Date of Service - Current Calendar Year: From To

Progress Notes for Past Treatments

Physician's Orders

Are Physician's Order(s), Evaluation and Treatment Plan Attached? Yes

Annotations

Status:

Note:

Attach Document: Browse Save

Notes and Attachments: No Annotation Data on File

Previous Save Save & Continue

Choose your period of request. Answer the question if the physician's order(s) evaluation and treatment plan are attached. If yes, please attach documentation in the annotations box below. If no, please indicate reason why. This documentation is required so if planning to fax, indicate "Will Fax" and Click SAVE and Continue

## Diagnosis

Home | AUM Manager

Version: WV-UM 2.4.0.1 | Contact Us | Logout (perrya)

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

Member Name: Test Brown APS Member ID: 00996602345 Auth Request ID: 2590 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

Diagnosis

Search Options

Diagnosis Code Type: ICD10 ICD9

Save Cancel

Symptoms Onset Date

Symptoms Description

Add Reset

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.



Member Name: Test Brown APS Member ID: 00996682345 Auth Request ID: 2590 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Diagnosis**

\* Diagnosis: t10 Search Options

Symptoms Onset Date

\* Symptoms Description

Add Reset

**Annotations**

Status:

Note:

Attach Document: Browse... Save

Notes and Attachments: No Annotation Data on File

<< Previous Save Save & Continue >>

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

### Evaluation

Data Saved Successfully!

Member Name: Test Brown APS Member ID: 00996682345 Auth Request ID: 2590 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Evaluation**

\* Subjective Complaints

\* History Of Injury and/or Surgical procedure for current diagnosis

**Annotations**

Status:

Note:

Attach Document: Browse... Save

Notes and Attachments: No Annotation Data on File

<< Previous Save Save & Continue >>

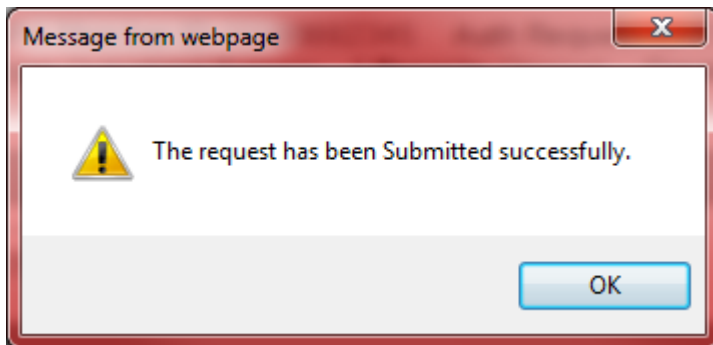
Please answer all questions with red \*. Click Save and Continue

### **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.



## Physical and Occupational Therapy Helpful Tips

- Initial requests for PT/OT have a 40 unit cap for service codes. For PT/OT requests, please include the following with each request: a physician order that is signed and dated, the initial evaluation, recent progress notes indicating progress toward treatment goals and a treatment plan including long and short term goals and the number of visits anticipated to meet established goals.
- For school-aged children, submit a signed document from parent/guardian that they have notified the school district that they cannot seek Medicaid reimbursement for the service Or an IEP or notification from the school district that the required services are not available or are insufficient to meet the member's needs (this is required for speech therapy services as well).
- If a member is/has received BOTH ot/pt in the calendar year, please note that in the documentation. Remember both ot/pt combined count for the 20 initial visits a member may receive without full clinical review.
- If multiple codes are being requested, the total of these codes cannot exceed 40.
- Under the Requested Services, change the unit amount to 1. This allows multiple codes to be selected without exceeding the service limitations. When service limitations are exceeded, the C3 system will produce an error code, and will not allow the case to be submitted.
- After all the codes are selected and units changed from 40 to 1, documentation can be made in the annotations box regarding what code and how many units are being requested for each.
- This information can also be attached via uploading to the case, or by fax.
- If clinical is being faxed, please document in an annotations box.
- When faxing additional documentation be sure to include the Authorization Request ID on the coversheet.
- When faxing the request please make sure that all information requested about the provider is on the prior authorization form, including name, NPI number and address of the provider. This helps ensure that the proper provider is on your authorization request.
- There is a master code list available at: <http://wvaso.kepro.com>
- The master code list can tell you if a code requires and how many visits per year are allowed.
- If the member has alternative benefit plan coverage their initial visits require an authorization and must be submitted within timeliness guidelines
- With PT/OT each unit requested equals 15 minutes.
- To ensure a request can be entered into the KEPRO portal the 2<sup>nd</sup> page of the authorization must be fully filled out, for example fields such as Period of Request, Frequency of Visits and Subjective Complaints.

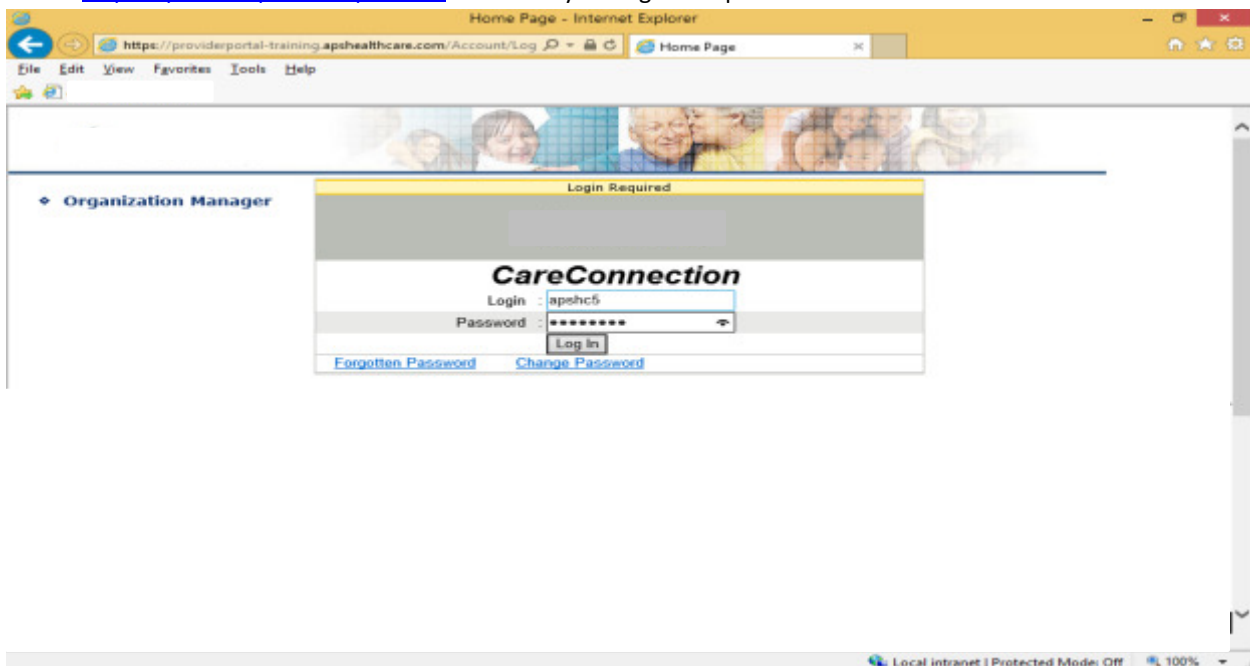
# Speech Therapy and Audiology Services

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

To request a Speech Therapy or Audiology service authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Speech Therapy or Audiology Prior authorization request form to the fax number included on the form. Please Note: the system will need to be accessed to obtain the status of your request.

## Submitting Speech/Audiology Requests

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



Click on the AUM Manager tab.

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

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

APS Provider Portal - Internet Explorer

https://providerportal-training...ch/Search

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

**Search Member Eligibility**

\* Organization: Charleston Memorial

\* Medicaid ID/Eligibility ID: 00999882345

Member Last Name: Brown

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
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

Local intranet | Protected Mode: Off | 100%

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

This brings you to the Create New Request Screen. Under ‘Provider’, if you are the physician’s office, you will click “Referring Provider”; if you are the hospital, you will click “Servicing Provider”; if you are an office where the procedure will be completed, you will click “both”, for referring and servicing provider. (The below example is a hospital requesting the procedure, so “Servicing” is chosen). Enter the start date, (the date the procedure is scheduled), the request category, (medical), the category of service, (rehabilitation), choose the requesting provider (there will only be a list available if your registration is complete and your providers NPI number has been attached), enter the request type, (outpatient speech), then scroll to the end of the screen and click “Create Request”.

Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Cre>

File Edit View Favorites Tools Help  
 APS Pri

Home | AUM Manager  
 Version: WV-UM 2.4.0.1 | Contact Us | Logout (apshe5)

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

**Create New Request for Member: Test Brown (ID: 0099882345), 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: Outpatient Speech

**Current Requesting Provider Information**  
 Provider Name: Charleston Memorial  
 Medicaid ID: 000001119  
 Type: Hospital  
 Specialty:  
 Address: 44 Healing Lane  
 Charleston, WV 25301  
 Phone Number: 3045551212

**Service Preview**

Service Code	Service Description
92507	SPEECH/HEARING THERAPY
92520	LARYNGEAL FUNCTION STUDIES
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
92597	ORAL SPEECH DEVICE EVAL
92610	EVALUATE SWALLOWING FUNCTION
92611	MOTION FLUOROSCOPY/SWALLOW
92620	AUDITORY FUNCTION, 60 MIN
92621	AUDITORY FUNCTION, + 15 MIN
92626	EVAL AUD REHAB STATUS

Local intranet | Protected Mode: Off | 100%

Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Cre>

File Edit View Favorites Tools Help  
 APS Pri

92610	EVALUATE SWALLOWING FUNCTION
92611	MOTION FLUOROSCOPY/SWALLOW
92620	AUDITORY FUNCTION, 60 MIN
92621	AUDITORY FUNCTION, + 15 MIN
92626	EVAL AUD REHAB STATUS
92627	EVAL AUD STATUS REHAB ADD-ON
E2500	SGD digitized pre-rec <=8min
E2502	SGD prerec msg >8min <=20min
E2504	SGD prerec msg>20min <=40min
E2506	SGD prerec msg > 40 min
E2508	SGD spelling phys contact
E2510	SGD w multi methods msg/accs
E2512	SGD accessory, mounting sys
E2599	SGD accessory noc
EP8DT	EP8DT Service
L8500	Artificial larynx
L8501	Tracheostomy speaking valve
L8505	Artificial larynx, accessory
L8510	Voice amplifier
L8615	Coch implant headset replace
L8616	Coch implant microphone repl
L8617	Coch implant trans coil repl
L8618	Coch implant tran cable repl
L8619	Cochlear implant, ext speech processor and controller, integrated sys, replacement

If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependant on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.

Create Request Cancel

Local intranet | Protected Mode: Off | 100%



If the member has previous treatment episodes, it will ask you if you want to Attach or Do Not Attach, just choose Do Not Attach. If the member does not have any previous treatments, click Continue, which will bring you to the beginning of the application to the Member Demographics screen. If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

Internet Explorer - https://providerportal-training.apshealthcare.com/Requests/Spe

Version: WV.UM 2.4.0.1 | Contact Us | Logout (aps5)

Home | AUM Manager

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

Member Demographics

Delete Request

Save Save & Continue >>

Member Name: Test Brown APS Member ID: 0099882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Identification Numbers

Eligibility ID / Medicaid ID: 0099882345 Member SSN: 999-88-2345

Member Information

\* First Name: Test \* Last Name: Brown

Middle Name: Suffix:

\* Gender: Male \* Date Of Birth: 04/05/1945

Address Information

\* Address Line1: 621 Colt Drive Phone Number:

Address Line2:

City: Wheeling

\* State: West Virginia

Zip Code: 26003

County:

Annotations

Status:

This brings you to the Provider Information screen. (If you are the physician's office and chose that you are the referring provider, this will auto-populate). To find your physician, click on the Search provider link and then either enter the physician's name in the Name field and change Any Words to ALL WORDS, and click Search, or you can select NPI, from the dropdown box on the right side and enter the NPI number and click Search. DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS, JUST THE NAME OR NPI NUMBER. Once you have found the physician you are looking for, click the paper clip to attach, enter your direct phone number where you can be reached in the Contact Phone field, and save and continue.

Internet Explorer - https://providerportal-training.apshealthcare.com/Requests/Out APS Pn

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2568 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider

\* Referring Provider  Search Provider

Provider Search

Name: raman All words Client: State of West Virginia Medicaid  
 Address: Any word Medicaid  
 City: Organization: - Select -  
 State: - Select - Type: - Select -  
 Zip: Speciality: - Select -

Results per page: 25 Search

AttachName	Type	Speciality	ID#	Location	State	Zipcode
A RAMAN	Physician	Internal Medicine	1704	PITTSBURGH ST CHESWICK, PA 150241526	PA	150241526
ABRAMI JANAKRAMAN	Physician	Internal Medicine	PO BOX 848659	BOSTON, MA 022848659	MA	022848659
BORIS KARAMAN	Physician	Radiology	75	REMITTANCE DR STE 8310 CHICAGO, IL	IL	606751001

Local intranet | Protected Mode: Off 100%

Internet Explorer - https://providerportal-training.apshealthcare.com/Requests/Out APS Pn

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2568 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient PT Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider

\* Referring Provider A RAMAN Search Provider Hide address

Contact Information

\* Address Line1 1704 PITTSBURGH ST  
 Address Line2 S GROVER RD DBA LUNG ASD  
 City CHESWICK  
 \* State Pennsylvania  
 Zip Code 150241526

\* Phone Number 7242744320  
 Office Contact  
 Contact Phone (if different)  
 Fax

<< Previous Save Save & Continue >>

https://providerportal-training.apshealthcare.com/Requests/OutpatientPT/OutpatientPT-edit.aspx?RequestIdn=2603 Local intranet | Protected Mode: Off 100%

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

Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Spe>

Home | AUM Manager | Version: WV.UM 2.4.0.1 | Contact Us | Logout (apshe5)

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

Member Demographics | Administrative | Service Selection | Diagnosis | Evaluation | Treatment Plan | Summary And Submit

Delete Request

Member Name: Test Brown AP5 Member ID: 0099882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Administrative

Date of Referral

\* Procedure Type: Speech/Language

\* Authorization Type: Prior Authorization

\* Type of Admission/Procedure: Office

\* Auth Start Date: 05/18/2016

Request Submitted Date

<< Previous Save Save & Continue >>

Local intranet | Protected Mode: Off 100%

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

Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Out>

Category: Medical Request Type: Outpatient Surgery Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Add Service

\* Servicing Provider: Charleston Memorial Search Show Address

Provider Search

Name: charleston All words Client: State of West Virginia Medicaid

Address: Any word Medicaid

City: Organization: - Select -

State: - Select - Type: - Select -

Zip: Speciality: - Select -

Results per page: 25 Search

Attach	Name	Type	Speciality	IDs	Location	State	Zipcode
	ADIPAY RETINA CONSULTANTS INC (CHARLESTON)	Physician	General Practice		PO BOX 3970 CHARLESTON, WV 253393970	WV	253393970
	ASTHMA AND ALLERGY CENTER CHARLESTON (06/01/08-)	Group of Providers	Physician Group		208 MACCORKLE AVE SE CHARLESTON, WV 253141160	WV	253141160
	CHARLESTON AREA MED CTR	Hospital	Acute Care		PO BOX 3229 CHARLESTON, WV 253323229	WV	253323229
	CHARLESTON AREA MED CTR (MDGRP)	Group of Providers	Laboratory		PO BOX 3229 CHARLESTON, WV 253323229	WV	253323229
	CHARLESTON AREA MED CTR (REHAB)	Hospital	Radiology		PO BOX 3229 CHARLESTON, WV 253323229	WV	253323229
	CHARLESTON AREA MED CTR (REHAB)	Group of Providers	RFTS		PO BOX 3229 CHARLESTON, WV 253323229	WV	253323229

javascript: \_\_doPostBack('ctl00\$ctl00\$MainContent\$Content\$SvcService\$SvcServiceDetail\$SvcProviderSearch\$btnSearch','')

Local intranet | Protected Mode: Off 100%

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

The screenshot shows the AUM Manager web application. The top navigation bar includes links for Home, AUM Manager, and Version: WV.UM 2.4.0.1. The left sidebar contains a search menu with options like Search Member, Search Tx Episode, and Add Service. The main content area displays member information for Test Brown, including APS Member ID, Auth Request ID, and Status. Below this, there is a section titled '- Select -' with a list of service codes and descriptions, such as 92507 - SPEECH HEARING THERAPY and 92520 - LARYNGEAL FUNCTION STUDIES. The bottom status bar indicates 'Local intranet | Protected Mode: Off' and '100%' zoom.

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

The Diagnosis screen is the next screen, enter the ICD-10 code in the Diagnosis box, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have, then click Save and Continue.

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

Internet Explorer  
 https://providerportal-training.apshealthcare.com/Requests/Spe

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Diagnosis**

\* Diagnosis: 780

Symptoms Onset Date:

\* Symptoms/Description:

**Annotations**

Status:

Note:

Attach Document:

Notes and Attachments: No Annotation Data on File

780 - GENERAL SYMPTOMS  
 780.0 - COMA AND STUPOR  
 780.01 - COMA  
 780.02 - TRANS ALTER AWARENESS  
 780.03 - PERSISTENT VEGTV STATE  
 780.09 - OTHER ALTER CONSCIOUSNES  
 780.1 - HALLUCINATIONS  
 780.2 - SYNCOP AND COLLAPSE  
 780.3 - CONVULSIONS  
 780.31 - FEBRILE CONVULSIONS NOS  
 780.32 - COMPLX FEBRILE CONVULS NS  
 780.33 - POST TRAUMATIC SEIZURES  
 780.39 - CONVULSIONS NEC  
 780.4 - DIZZINESS AND GIDDINESS  
 780.5 - SLEEP DISTURBANCES  
 780.50 - SLEEP DISTURBANCE NOS  
 780.51 - INSOMN W SLEEP APNEA NOS  
 780.52 - INSOMNIA NOS  
 780.53 - HYPERSON W SLP APNEA NOS  
 780.54 - HYPERSOMNIA NOS  
 780.55 - IRREG SLEEP-WAKE RHY NOS  
 780.56 - SLEEP STAGE DYSFUNCTIONS  
 780.57 - SLEEP APNEA NOS  
 780.58 - SLEEP REL MOVE DISOR NOS  
 780.59 - SLEEP DISTURBANCES NEC  
 780.6 - FEVER  
 780.60 - FEVER NOS  
 780.61 - FEVER IN OTHER DISEASES  
 780.62 - POSTPROCEDURAL FEVER  
 780.63 - POSTVACCINATION FEVER  
 780.64 - CHILL S (WITHOUT FEVER)

Local intranet | Protected Mode: Off | 100%

Internet Explorer  
 https://providerportal-training.apshealthcare.com/Requests/Spe

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Diagnosis**

\* Diagnosis:

Symptoms Onset Date:

\* Symptoms/Description:

Add Reset

**Diagnosis Results**

Action	Diagnosis Code	Description	Type	Onset Date	Symptoms/Description	Is Primary
✖	780	GENERAL SYMPTOMS	ICD9		general symptoms	Primary

**Annotations**

Status:

Note:

Attach Document: Browse... Save

Notes and Attachments:

Local intranet | Protected Mode: Off | 100%

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



Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Spe>

File Edit View Favorites Tools Help

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

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

**Data Saved Successfully!**

Delete Request << Previous Save Save & Continue >>

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**History**

\* History WILL FAX

**Waiver**

\* Waiver Letter Notes WILL FAX

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

**Annotations**

Status:

Note:

Attach Document: Browse... Save

Local intranet | Protected Mode: Off 100%

Internet Explorer  
<https://providerportal-training.apshealthcare.com/Requests/Spe>

File Edit View Favorites Tools Help

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

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

**Data Saved Successfully!**

Delete Request << Previous Save Save & Continue >>

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2571 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Outpatient Speech Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Treatment Plan**

\* Speech Pathologist Treatment Care Plan WILL FAX

**Annotations**

Status:

Note:

Attach Document: Browse... Save

**Notes and Attachments:**  
 No Annotation Data on File

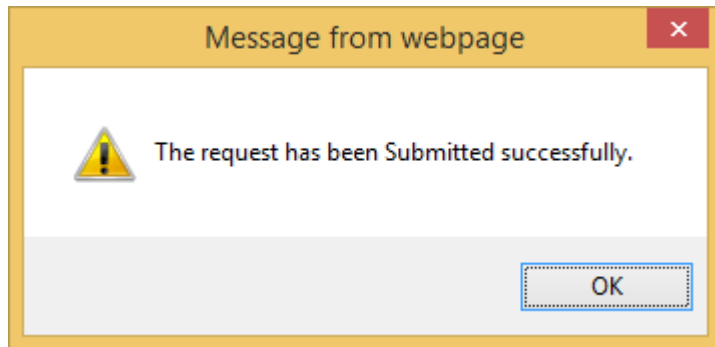
<< Previous Save Save & Continue >>

Local intranet | Protected Mode: Off 100%



The Summary and Submit is the final page. This page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, and then click SUBMIT at top of screen. It may give you some warnings about the member's coverage, or about the service code you selected, just click Continue. Some warnings require the user to correct the issue before the request can be submitted. These will not give the option to Continue.

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



## Speech Therapy and Audiology Services Helpful Tips

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

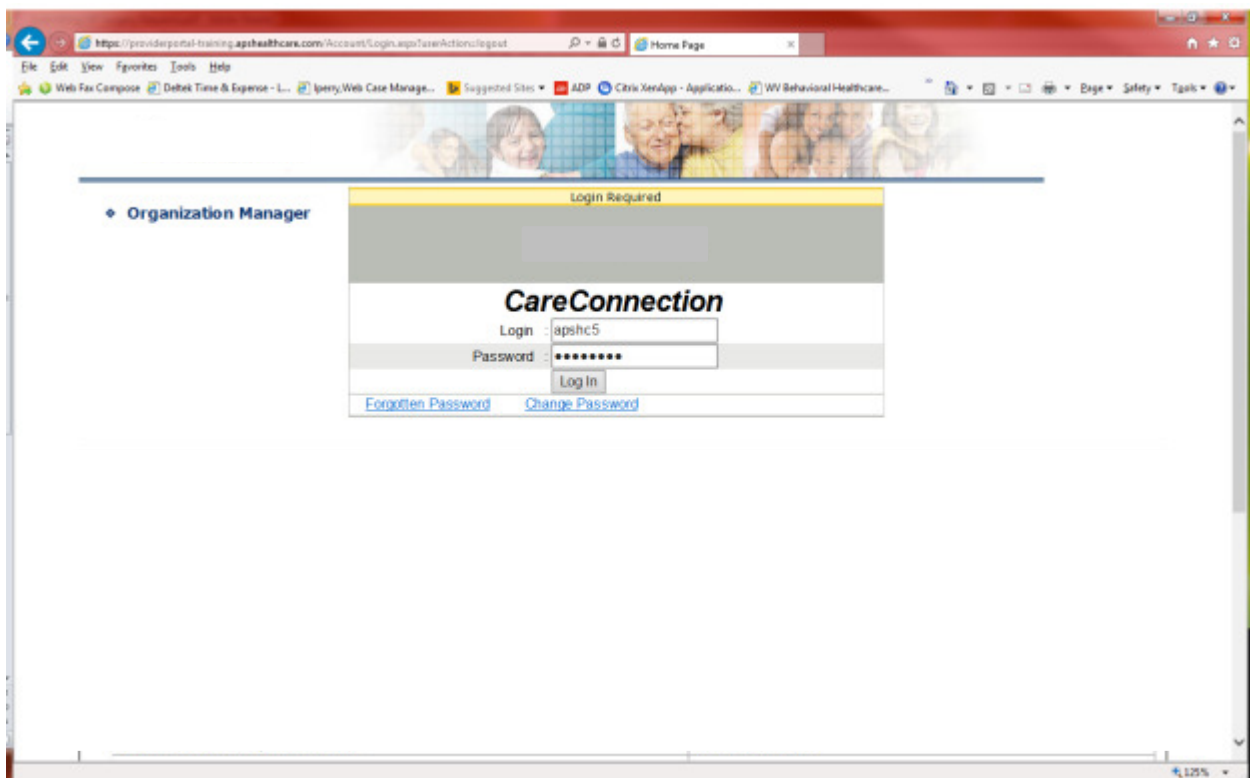
## Dental and Orthodontic Services

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

To request a Dental Service authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Dental 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 Dental 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 ID/Eligibility ID: 00999882345

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
00999882345		1058	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

Expanded/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	836	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	Action	805	Medical	Rehabilitation	Open	06/18/2012	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- If you are an office that will be performing and billing for the service, this is the best option to use.

Next, enter the start date (Date of Service), the request category (Medical), the category of service (Outpatient), 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 Dental) 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: 06/03/2016

\* Request Category: Medical

\* Category of Service: Outpatient

\* Requesting Provider: Charleston Memorial

\* Request Type: Outpatient Dental

Current Requesting Provider Information

Provider Name: Charleston Memorial  
Medicaid ID: 000001119  
Type: Hospital  
Specialty:  
Address: 44 Healing Lane  
Charleston, WV 25301  
Phone Number: 304566 1212

Service Code	Service Description
D0140	Limited Oral Evaluation-problem focused
D0220	Intraoral-periapical, first film
D0230	Intraoral-periapical, each additional film
D0330	Panoramic film
D0474	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.
D7220	Removal of impacted tooth- soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7260	Oroantral fistula closure

Contains commands for working with the selected items.

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 titled 'Member Demographics' and includes a sidebar with navigation links: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, and Summary And Submit. The main form area contains the following sections:

- Member Information:** Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2587, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Outpatient Dental, Lifecycle: Original, Created by: Perry Alicia, Auth Start Date: 06/03/2016.
- Identification Numbers:** Eligibility ID/ Medicaid ID: 0099882345, Member SSN: 999-88-2345.
- Member Information:** First Name: Test, Middle Name: , Last Name: Brown, Suffix: , Gender: Male, Date of Birth: 04/05/1945.
- Address Information:** Address Line1: 621 Colt Drive, Address Line2: , City: Wheeling, State: West Virginia, Zip Code: 26060, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider' form in the AUM Manager application. The form is titled 'Provider' and includes a sidebar with navigation links: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, and Summary And Submit. The main form area contains the following sections:

- Referring Provider:** Referring Provider: , Search Provider: .
- Provider Search:** Name: , Any word: , Client: State of West Virginia Medicaid, Address: , Any word: , Medicaid: , City: , Organization: , State: , Type: , Zip: , Specialty: . Results per page: 20, Search: .

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 form includes the following fields:

- Date of Referral:** Select \*
- Procedure Type:** Dental (selected)
- Authorization Type:** Orthodontics (< age 21 only) / Prior Authorization
- Type of Admission/Procedure:** Office
- Auth Start Date:** 06/03/2016
- Request Submitted Date:**

Navigation buttons at the bottom: << Previous, Save, Save & Continue >>

Answer all questions with the red \*. Procedure Type will be Dental or Orthodontic. 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' and 'Retrospective Request Details' sections of the AUM Manager web application. The form includes the following fields:

- Date of Referral:**
- Procedure Type:** Dental
- Authorization Type:** Retrospective Request
- Type of Admission/Procedure:** Office
- Auth Start Date:** 06/03/2016
- Request Submitted Date:**

**Retrospective Request Details**

- Retro Request Reason:**
  - ☐ Failure to Request Prior Authorization
  - ☐ Medicaid Covered Service Denied by - Member's Primary Payer
  - ☐ OTHER
  - ☐ Retrospective Medicaid Eligibility

Navigation 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  
Version: WVUM 2.4.0.1 | Contact Us | Logout [apahc5]

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

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2587 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Outpatient Dental Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/03/2016

Add Service

\* Serving Provider: Charleston Memorial Search Show Address  
\* Service Code: - Select - Search  
\* Place Of Service: - Select -  
\* Service Start Date: 06/03/2016  
\* Service End Date:   
Add Service Save

Requested Services

Outpatient Dental Request Information

\* Procedure Documentation/Information  
\* Reason for Dental/Orthodontic Requested Procedure  
\* Previous relevant dental/orthodontic history (including treatments, symptoms and recommendations)

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

Home | AUM Manager  
Version: WVUM 2.4.0.1 | Contact Us | Logout [apahc5]

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

Member Name: Test Brown APS Member ID: 0000002345 Auth Request ID: 2587 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Outpatient Dental Lifecycle: Original Created by: Perry Alicia Auth Start Date: 06/03/2016

Add Service

\* Serving Provider: Charleston Memorial Search Show Address  
\* Service Code: - Select - Search  
\* Place Of Service: - Select -  
\* Service Start Date: 06/03/2016  
\* Service End Date:   
Add Service Save

Requested Services

Outpatient Dental Request Information

\* Procedure Documentation/Information  
\* Reason for Dental/Orthodontic Requested Procedure  
\* Previous relevant dental/orthodontic history (including treatments, symptoms and recommendations)

You are now ready to choose your service code. Dental codes 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 Dental 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 D7680. Place of Service=Office or Outpatient Hospital. 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 180 days. Please DO NOT CHANGE service end date. Choose Oral Cavity Region if required. If tooth number is required, please see instructions on the next page. Click ADD Service Complete all information under Outpatient Dental Request Information and click SAVE and Continue.

**PLEASE NOTE:** the orthodontics section will only display if you choose orthodontics as the procedure type.

## Tooth Number Required

https://providerportal-training.apshhealthcare.com/Requests/OutpatientDental/OutpatientDental-edit.aspx

Web Fax Compose | Debtok Time & Expense - L... | Openy Web Case Manage... | Suggested Sites | ADP | Citrix XenApp - Applicatio... | WV Behavioral Healthcare...

Tooth Number/Quadrant  [Attach](#)

Surface ☐ Buccal ☐ Distal ☐ Facial (or labial) ☐ Incisal ☐ Lingual ☐ Mesial ☐ Occlusal

**Dental Tooth Chart** 11/18

**Tooth Selection Chart - Adults** **Tooth Selection Chart - Children**

Tooth Number	Super Tooth Number	Quadrant	Tooth Name	Arch
1	51	Upper Right Quadrant	Third Molar (Wisdom Tooth)	Upper/Maxillary Arch
2	52	Upper Right Quadrant	Second Molar (12-year Molar)	Upper/Maxillary Arch
3	53	Upper Right Quadrant	First Molar (6-year Molar)	Upper/Maxillary Arch
4	54	Upper Right Quadrant	Second Bicuspid (Second Premolar)	Upper/Maxillary Arch
5	55	Upper Right Quadrant	First Bicuspid (First Premolar)	Upper/Maxillary Arch
6	56	Upper Right Quadrant	Canine (Cuspid)	Upper/Maxillary Arch
7	57	Upper Right Quadrant	Lateral Incisor	Upper/Maxillary Arch
8	58	Upper Right Quadrant	Central Incisor	Upper/Maxillary Arch
9	59	Upper Left Quadrant	Central Incisor	Upper/Maxillary Arch
10	60	Upper Left Quadrant	Lateral Incisor	Upper/Maxillary Arch
11	61	Upper Left Quadrant	Canine (Cuspid)	Upper/Maxillary Arch
12	62	Upper Left Quadrant	First Bicuspid (First Premolar)	Upper/Maxillary Arch
13	63	Upper Left Quadrant	Second Bicuspid (Second Premolar)	Upper/Maxillary Arch

Contains commands for working with the selected items. 125%

If you choose a code that needs the Tooth Number/Quadrant entered, click on the blue Attach beside the field. This will bring up a tooth chart and it is defaulted to the Adult chart. If you want the child chart, you must click the Children tab. Once you find the tooth, click the paper clip to the right to attach. Then you must choose the surface once the tooth number/quadrant is attached.

## Diagnosis

Diagnosis

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

Symptoms Onset Date:

Symptoms Description:

Annotations

Status:

Note:

Attach Document:

Notes and Attachments: No Annotation Data on File

The Diagnosis screen is the next mandatory screen. ICD-10 diagnosis is required. We realize most dental offices do not use diagnostic coding. Please use ICD-10 code R68.89 for services after 10/01/2015 and ICD-9 code 780 for service prior to 10/01/15. 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.

Diagnosis

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

Symptoms Onset Date:

Symptoms Description:

Annotations

Status:

Note:

Attach Document:

Notes and Attachments: No Annotation Data on File

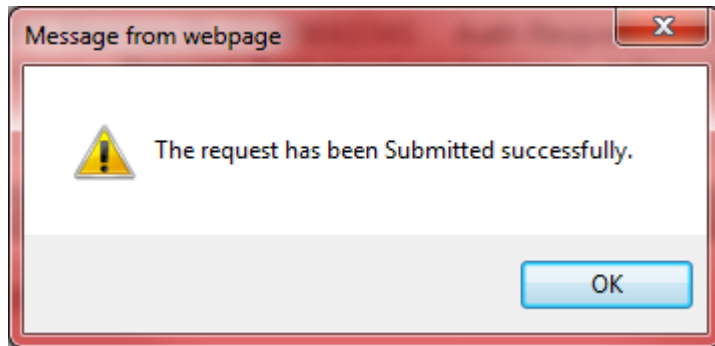
Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have.

## 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.



## Dental/Orthodontic Helpful Tips

- Please update the contact information for your office under the Referring provider section, including extensions in case of questions from the reviewers.
- Be sure diagnosis code is appropriate (example: ICD-9 prior to 10/01/2015 and ICD-10 after 10/01/2015).
- Please use appropriate diagnosis codes for case, if known. If provider does not know what diagnosis code to use, R68.89 can be utilized. R68.89 is equivalent to ICD-9 780 General symptoms.
- If clinical is being faxed or mailed, please document in an annotations box.
- When faxing or mailing additional documentation be sure to include the Authorization Request ID on the coversheet.
- X-rays can be uploaded or mailed. If mailed, please provide indications if you would like the images returned. **If there are no indications, the images will not be returned.** Dental Molds mailed in will be returned to the office

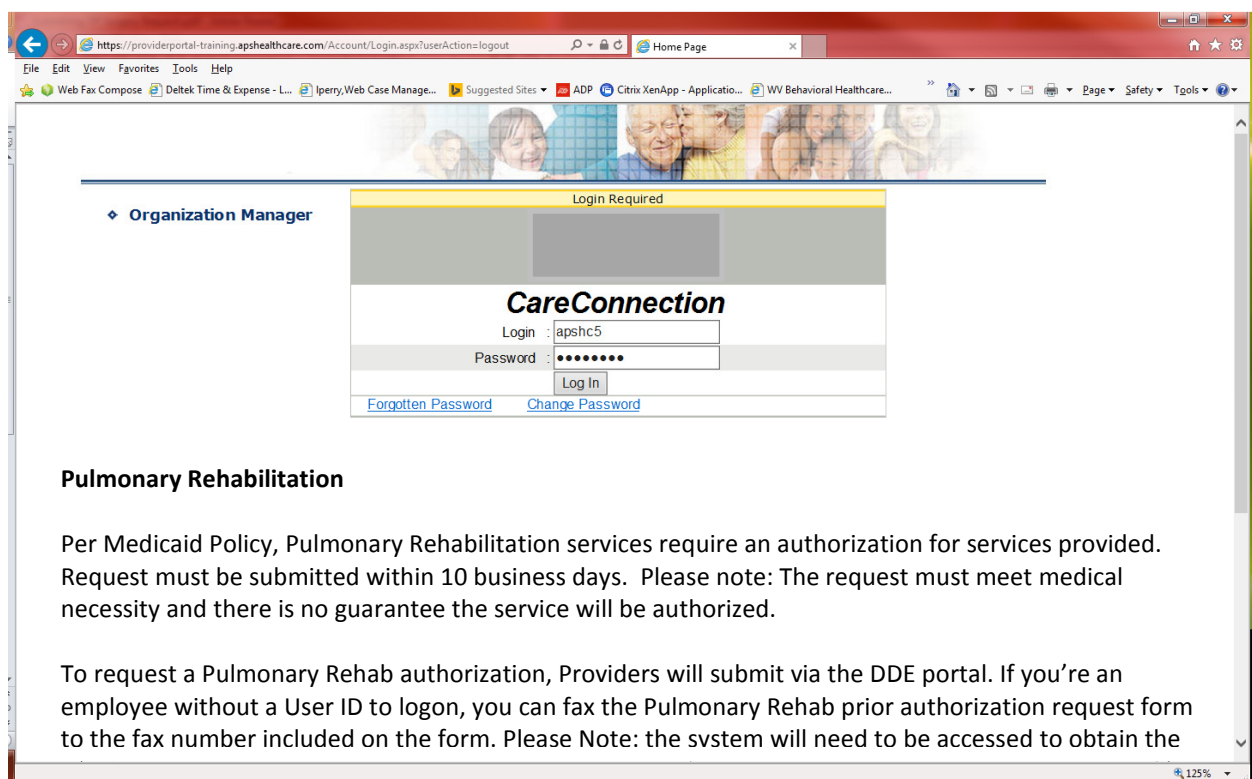
# Podiatry Services

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

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

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



Organization Manager

Login Required

**CareConnection**

Login : apshc5

Password :

Log In

[Forgotten Password](#) [Change Password](#)

**Pulmonary Rehabilitation**

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

To request a Pulmonary Rehab authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Pulmonary Rehab prior authorization request form to the fax number included on the form. Please Note: the svstem will need to be accessed to obtain the

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 ID/Bigibility ID: 0099882345

Member Last Name: b

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="#">0099882345</a>		1056	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">0099882345</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: 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: 0099882345

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
<a href="#">+</a>	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
<a href="#">+</a>	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	856	Medical	Inpatient	Open	06/18/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	865	Medical	Rehabilitation	Open	06/18/2012	None	
<a href="#">+</a>	<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. (ex. Physician's office for referral only)
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service.(ex. Agency performing services or providing supplies)
- Both- This option should not be chosen for Podiatry

Next, enter the start date (the date of service), the request category (Medical), the category of service (Rehabilitation), choose the requesting provider(there will only be a list available if your registration is complete and your provider NPI numbers have been attached), enter the request type(Outpatient Podiatry), and 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: 05/18/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: CAROLYN CLARK

\* Request Type: Outpatient Podiatry

**Current Requesting Provider Information**

Provider Name: CAROLYN CLARK  
 Medicaid ID: 0094568000  
 Type: Physician  
 Specialty: Ob-Gyn  
 Address: 1124 19TH ST  
 HUNTINGTON, WV 257013904  
 Phone Number: 3045294117

**Service Preview**

Service Code	Service Description
A6507	Modification diabetic shoe
A6513	Multi den insert custom mold
EPSPDT	EPSPDT Service
L1930	Afo plastic
L1970	Afo plastic molded w/ankle j
L1971	AFO w/ankle joint, prefab
L2220	Dorsi & plantar flex ass/res
L2275	Plastic mod low ext pad/line
L2280	Molded inner boot
L2340	Pre-tibial shell molded to p
L2820	Soft interface below knee se
L3000	Ft insert ucb berkeley shell
L3030	Foot arch support remov prem
L3040	Ft arch suprt premold longit
L3170	Foot plastic heel stabilizer
L3215	Orthopedic ftwear ladies oxf
L3216	Orthoped ladies shoes dpth i

https://providerportal-training.apshc.wv.gov/Search/AuthRequestSearch.aspx

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  
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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2573 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Podiatry Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Identification Numbers  
Eligibility ID/ Medicaid ID: 00999882345 Member SSN: 999-88-2345

Member Information  
First Name: Test Last Name: Brown  
Middle Name: Suffix:  
Gender: Male Date Of Birth: 04/05/1945

Address Information  
Address Line1: 621 Coll Drive Phone Number:  
Address Line2:  
City: Wheeling  
State: West Virginia  
Zip Code: 26003  
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  
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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2573 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Podiatry Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider  
Referring Provider: CAROLYN CLARK Search Provider: Hide address

Contact Information  
Address Line1: 1124 10TH ST Phone Number: 3045294117  
Address Line2:  
City: HUNTINGTON Office Contact:  
State: West Virginia Contact Phone (if different):  
Zip Code: 257013904 Fax:

Data Saved Successfully!

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

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

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

## Administrative

The screenshot shows the 'Administrative' section of a request form in the WV Behavioral Healthcare AUM Manager. The form is for a 'Test Brown' with APS Member ID 00999882345, Auth Request ID 2573, Status 'Saved', Reason 'In Process', and Request Date '05/18/2016'. The 'Administrative' section includes fields for 'Date of Referral', 'Procedure Type' (set to 'Podiatry'), 'Authorization Type' (set to 'Prior Authorization'), 'Type of Admission/Procedure' (set to 'Office'), and 'Auth Start Date' (set to '05/18/2016'). The 'Request Submitted Date' field is empty. Navigation buttons include '<< Previous', 'Save', and 'Save & Continue >>'.

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

## Administrative

The screenshot shows the 'Retrospective Request Details' section of a request form in the WV Behavioral Healthcare AUM Manager. The form is for a 'Test Brown' with APS Member ID 00999882345, Auth Request ID 2573, Status 'Saved', Reason 'In Process', and Request Date '05/18/2016'. The 'Retrospective Request Details' section includes 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'. The 'Request Submitted Date' field is empty. Navigation buttons 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.
- 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

The screenshot shows a web browser window displaying the 'Service Selection' page of a medical management system. The browser's address bar is red, and the menu bar includes 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. The page header shows 'Home | AUM Manager' and 'Version: WV.UM 2.4.0.1 | Contact Us | Logout (apshc5)'. A navigation bar contains links: 'Search Member', 'Search Tx Episode', 'Search Authorization Request', 'Search PA Number', 'My Inbox', 'Queue', and 'Reports'. A left sidebar lists menu items: 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection' (highlighted), 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Medications', and 'Summary And Submit'. The main content area has a 'Delete Request' button and navigation links '<< Previous', 'Save', and 'Save & Continue >>'. A summary box displays: 'Member Name: Test Brown', 'APS Member ID: 00999882345', 'Auth Request ID: 2586', 'Status: Saved', 'Reason: In Process', 'Request Category: Medical', 'Request Type: Outpatient Podiatry', 'Lifecycle: Original', 'Created by: Perry Alicia', and 'Auth Start Date: 05/18/2016'. Below this is the 'Add Service' section with fields for 'Servicing Provider' (Charleston Memorial), 'Service Code' (- Select -), 'Units', 'Service Start Date' (05/18/2016), and 'Service End Date'. Each field has a 'Search' button. A 'Show address' link is also present. 'Add Service' and 'Reset' buttons are at the bottom of the form. The 'Requested Services' section has a 'Describe Procedure(s) / Functional Level' label and a text area containing 'test'. The 'Annotations' section includes 'Status:' and 'Note:' labels with corresponding text areas. The browser's status bar at the bottom right shows '125%' zoom.

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

To find Servicing Provider:

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

## Service Selection

**Add Service**

\* Servicing Provider: Charleston Memorial [Search](#) [Show Address](#)

\* Service Code: L3215 - Orthopedic ftwear ladies r [Search](#)

Service Code Search [hide](#)

Search Type: All

Service Code/Group Name: L3215 Any Words

Service Code/Service Group Description: Any Words

Results per page: 25 [Search](#)

Attach	Service Code / Group	Description
	L3215	Orthopedic ftwear ladies oxf

\* Place Of Service: 11 - Office

\* Units: 1

\* Service Start Date: 05/18/2016

\* Service End Date: 11/13/2016

\* Length of Time Needed: - Select -

\* Quantity Ordered: - Select -

\* Frequency of Use: - Select -

\* Functional Level: - Select -

\* Date Of Last Exam:

\* Dollar Amount:

[Add Service](#) [Reset](#)

**Requested Services**

**Describe Procedure(s) / Functional Level**

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. Depending on the HCPCS code, there could be additional required fields. The example shows a search for L3215. 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. All fields marked with a red \* have to be complete. Complete fields. The service date span will be 180 days. Please DO NOT CHANGE service end date. Click ADD SERVICE Complete box located under Describe Functional level. Answer Certification question and complete required fields generated from the answer. Click Save and Continue

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

## Diagnosis

Diagnosis

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2573 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Podiatry Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis

Search Options

Diagnosis Code Type: ☒ ICD10 ☐ ICD9

Save Cancel

Symptoms Onset Date

\* Symptoms Description

Add Reset

Annotations

Status:

Note:

The Diagnosis screen is the next mandatory screen. **ICD-10 coding 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 letter and numbers before the decimal, click the search options button, select ICD-9 and click save.

Diagnosis

\* Diagnosis q01.9

Search Options

Symptoms Onset Date

\* Symptoms Description

Add Reset

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

**Member Demographics**  
**Provider Information**  
**Administrative**  
**Service Selection**  
**Biometrics**  
**Diagnostics**  
**Labs**  
**Diagnosis**  
**Evaluation**  
**Medications**  
**Summary And Submit**

Delete Request << Previous Save Save & Continue >>

**Member Name:** Test Brown **APS Member ID:** 0099882345 **Auth Request ID:** 2573 **Status:** Saved **Reason:** In Process **Request Category:** Medical **Request Type:** Outpatient Podiatry **Lifecycle:** Original **Created by:** Perry Alicia **Auth Start Date:** 05/18/2016

**Medical History**

**Medical History** - Select - **Relation** - Select -

**Description**

Add Reset

\* Does Patient Have Impaired Endurance? ☒ Yes ☐ No ☐ N/A \* Medical Justification

\* Does Patient Have Impaired Mobility? ☒ Yes ☐ No ☐ N/A \* Medical Justification

\* Does Patient Have Restricted Activity? ☒ Yes ☐ No ☐ N/A \* Medical Justification

\* Does Patient Have Skin Break Down? ☒ Yes ☐ No ☐ N/A \* Medical Justification  
(Describe site, size, depth and drainage)

\* Does Patient Require Assistance with ADL's? ☒ Yes ☐ No ☐ N/A \* Medical Justification

\* Does Patient/Caregiver Demonstrate ☒ Yes ☐ No ☐ N/A \* Medical Justification

125%

Please answer all Questions and complete Medical Justification information is required for each Yes answer. Click Save and Continue

## Medications

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2573 Status: Saved Reason: In Process Request Category: Medical Request Type: Outpatient Podiatry Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Medications

Is member currently taking Medications? No

Annotations

Status:

Note:

Attach Document: Browse... Save

Notes and Attachments:

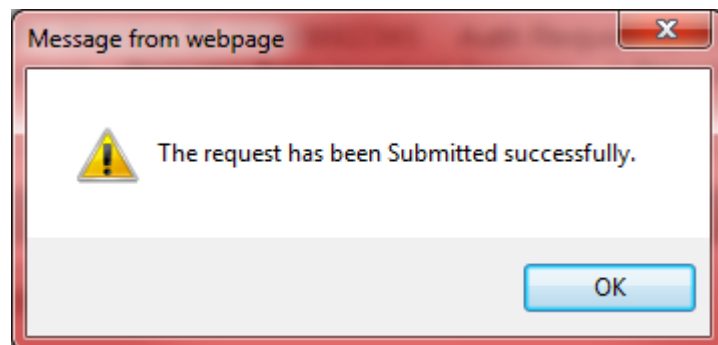
No Annotation Data on File

<< Previous Save Save & Continue >>

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

## Summary and Submit

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



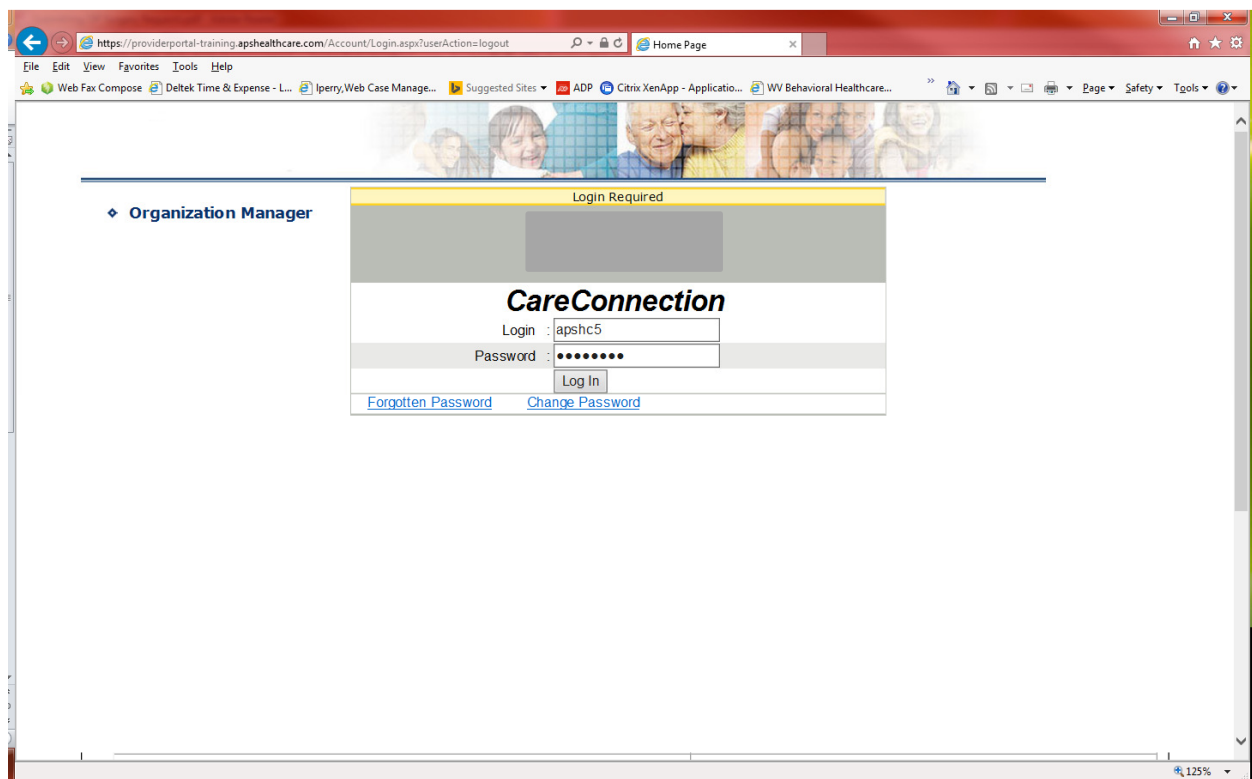
# Cardiac Rehabilitation

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

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

## How to submit a Cardiac Rehabilitation Request

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



Click on AUM Manager Tab

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

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

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 ID/Bigibility ID: 0099882345

Member Last Name: b

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
0099882345		1056	State of West Virginia	01-01-2010	12-31-2016	Active
0099882345		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: 0099882345

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	856	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	Action	865	Medical	Rehabilitation	Open	06/18/2012	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 for this type of request

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

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: 05/18/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: Charleston Memorial

\* Request Type: Cardiac Pulmonary Rehab

**Service Preview**

Service Code	Service Description
93797	CARDIAC REHAB
93798	CARDIAC REHAB/MONITOR
EPSTD	EPSTD Service
G0237	Therapeutic procd strg endure
G0238	Oth resp proc, indiv
G0239	Oth resp proc, group

If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependant on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.

**Create Request** **Cancel**

**Current Requesting Provider Information**

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

https://providerportal-training.apshc.com/Search/AuthRequestSearch.aspx

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

**Member Demographics**

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Identification Numbers**

Eligibility ID / Medicaid ID: 00999882345 Member SSN: 009-88-2345

**Member Information**

First Name: Test Last Name: Brown  
 Middle Name: Suffix:  
 Gender: Male Date Of Birth: 04/05/1945

**Address Information**

Address Line1: 621 Colt Drive Phone Number:  
 Address Line2:  
 City: Wheeling  
 State: West Virginia  
 Zip Code: 26003  
 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

**Provider**

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Referring Provider**

Referring Provider: Charleston Memorial Search Provider Hide address

**Contact Information**

Address Line1: 44 Healing Lane Phone Number: 3045551212  
 Address Line2: Office Contact:  
 City: Charleston Contact Phone (if different):  
 State: West Virginia Fax:  
 Zip Code: 25301

<< Previous Save Save & Continue >>

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

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

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



## Administrative

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2560 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Administrative**

Date of Referral

\* Procedure Type: Cardiac

\* Authorization Type: Prior Authorization

\* Type of Admission/Procedure: Office

\* Auth Start Date: 05/18/2016

Request Submitted Date

<< Previous Save Save & Continue >>

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

## Administrative

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2560 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Administrative**

Date of Referral

\* Procedure Type: Cardiac

\* Authorization Type: Retrospective Request

\* Type of Admission/Procedure: Office

\* Auth Start Date: 05/18/2016

Request Submitted Date

**Retrospective Request Details**

\* Retro Request Reason

☐ Failure to request Prior Authorization

☐ Medicaid Covered Service Denied by - Member's Primary Payer

☐ OTHER

☐ Retrospective Medicaid Eligibility

<< 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

**Service Selection**

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Add Service**

Servicing Provider: Charleston Memorial Search Show Address

Service Code: - Select - Search

Units: - Select -

Place Of Service: - Select -

Service Start Date: 05/19/2016 Service End Date: Add Service Remove

**Requested Services**

**Physician's Orders**

Are Physician's Order(s), Evaluation and Treatment Plan Attached? Yes

**Annotations**

Status:

Note:

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

To find Servicing Provider:

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

## Service Selection

**Service Selection**

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2560 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Add Service**

Servicing Provider: Charleston Memorial Search Show Address

Service Code: 93797 - CARDIAC REHAB Search

Units: 36

Service Start Date: 05/19/2016

**Requested Services**

**Physician's Orders**

Are Physician's Order(s), Evaluation and Treatment Plan Attached? - Select -

**Annotations**

Status:

Note:

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

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

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

## Diagnosis

Home | AUM Manager

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis

Search Options

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

Symptoms Onset Date

\* Symptoms/Description

Add Reset

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

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis g10.5

Symptoms Onset Date

\* Symptoms/Description Test Demonstration

Add Reset

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

**Justification of Medical Necessity**

\* Patient Status: **Established**

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

**Initial Admission**

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

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

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

**Justification of Medical Necessity - Additional Information/Documentation**

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

## Treatment Plan

**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**

**Member Demographics**

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2560 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Current / Previous Course of Treatment**

\* Previous Course of Treatment: Test Demonstration

\* Current Plan of Care: Test Demonstration

**Frequency**

\* Frequency (# of sessions/week): 5

\* Frequency Start Date: 05/18/2016

\* Frequency End Date: 08/05/2016

**Cardiac**

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

\* Expected Outcomes/Goals (Check all that apply)

- ☒ BCG/ECG monitoring during exercise
- ☐ BCG/ECG rhythm strip with interpretation & physicians revision of the exercise program
- ☐ Limited physician follow up to adjust medication or other treatment(s) related to program
- ☒ Improve blood cholesterol levels
- ☐ Improve psychosocial well-being
- ☐ Increase exercise tolerance
- ☐ Reduce mortality
- ☐ Reduce symptoms of chest pain/shortness of breath

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

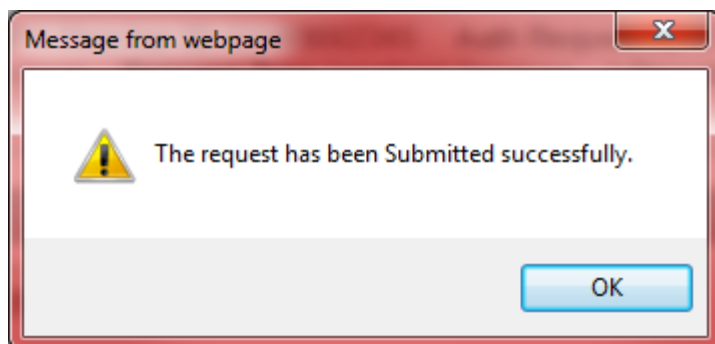
## Medications

The screenshot shows the 'Medications' screen within the AUM Manager application. The interface includes a top navigation bar with links like 'Home', 'AUM Manager', 'Search Member', 'Search Tx Episode', 'Search Authorization Request', 'Search PA Number', 'My Inbox', 'Queue', and 'Reports'. A left sidebar contains a menu with options such as 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays a form for a specific request. At the top, it shows member information: 'Member Name: Test Brown', 'APS Member ID: 00999882345', 'Auth Request ID: 2579', 'Status: Saved', 'Reason: In Process', and 'Request Category: Medical'. Below this, the 'Medications' section has a dropdown menu for 'Is member currently taking Medications?' set to 'No'. The 'Annotations' section includes a 'Status:' label, a 'Note:' text area, and an 'Attach Document:' button with a 'Browse...' link and a 'Save' button. At the bottom of the annotations section, it says 'Notes and Attachments: No Annotation Data on File'. Navigation buttons at the bottom right include '<< Previous', 'Save', and 'Save & Continue >>'. The browser's address bar shows the URL 'http://www.wvum.com/apshe5'.

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

## Summary and Submit

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



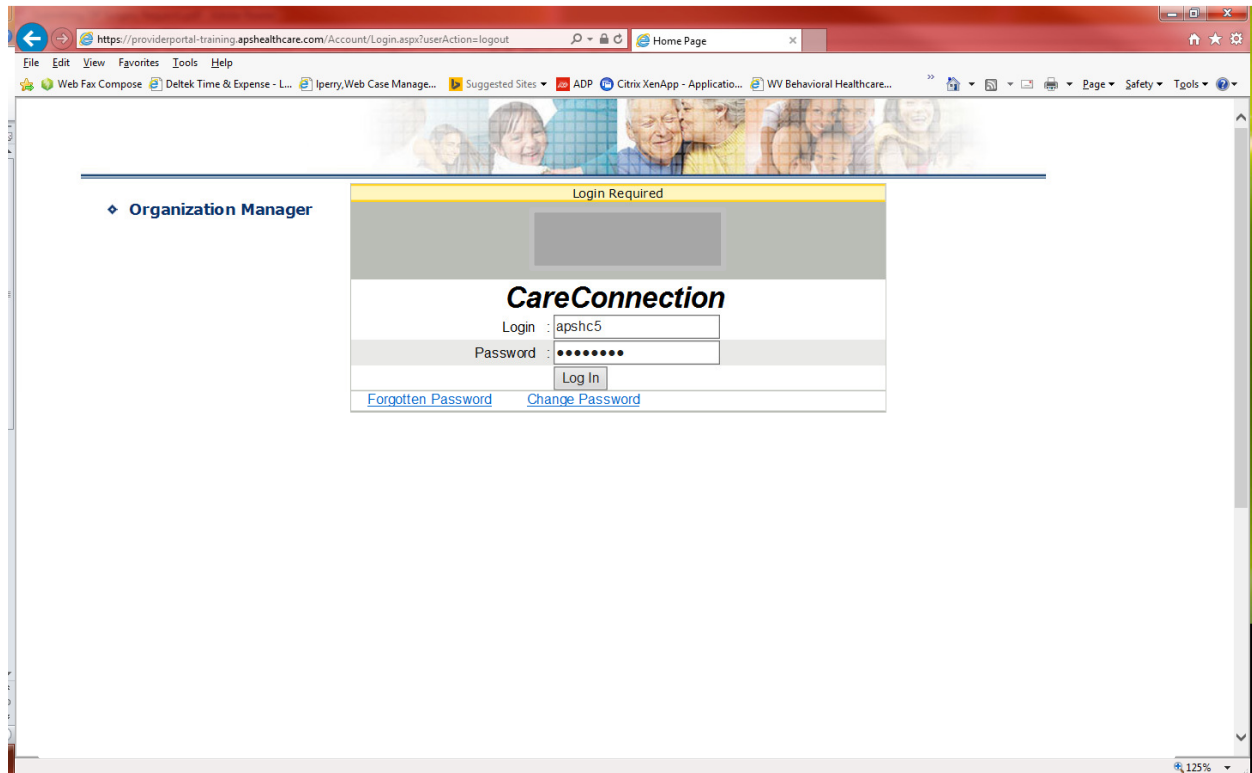
# Pulmonary Rehabilitation

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

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

## How to submit a Pulmonary Rehabilitation Request

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



Click on AUM Manager Tab

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



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

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 ID/Bigibility ID: 0099882345

Member Last Name: b

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="#">0099882345</a>		1056	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">0099882345</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: 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: 0099882345

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
<a href="#">+</a>	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
<a href="#">+</a>	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	856	Medical	Inpatient	Open	06/18/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	865	Medical	Rehabilitation	Open	06/18/2012	None	
<a href="#">+</a>	<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 for this type of request

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

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: 05/18/2016

\* Request Category: Medical

\* Category of Service: Rehabilitation

\* Requesting Provider: Charleston Memorial

\* Request Type: Cardiac Pulmonary Rehab

**Service Preview**

Service Code	Service Description
93797	CARDIAC REHAB
93798	CARDIAC REHAB/MONITOR
EPSTD	EPSTD Service
G0237	Therapeutic procd strg endure
G0238	Oth resp proc, indiv
G0239	Oth resp proc, group

If the Service Code that you wish to request is not displayed, please confirm that the Service Code requires Prior Authorization. If the Service Code does require Prior Authorization, and does not display on the list, please confirm that you have chosen the correct request type. The services being offered are dependant on which Servicing Provider is selected. If you have chosen the correct request type and the Service Code is unavailable, please contact APS Healthcare, Inc.

**Create Request** **Cancel**

**Current Requesting Provider Information**

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

https://providerportal-training.apshealthcare.com/Search/AuthRequestSearch.aspx

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

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2580 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Identification Numbers

Eligibility ID / Medicaid ID: 00999882345 Member SSN: 999-88-2345

Member Information

First Name: Test Last Name: Brown  
Middle Name: Suffix:  
Gender: Male Date Of Birth: 04/05/1945

Address Information

Address Line1: 621 Colt Drive Phone Number:  
Address Line2:  
City: Wheeling  
State: West Virginia  
Zip Code: 26003  
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 Tx Episode | Search Authorization Request | Search PA Number | My Inbox | Queue | Reports

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2580 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Referring Provider

Referring Provider: Charleston Memorial Search Provider Hide address

Contact Information

Address Line1: 44 Healing Lane Phone Number: 3045551212  
Address Line2: Office Contact:  
City: Charleston Contact Phone (if different):  
State: West Virginia Fax:  
Zip Code: 25301

<< Previous Save Save & Continue >>

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

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

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

## Administrative

The screenshot shows the 'Administrative' tab in the AUM Manager application. The left sidebar contains a menu with options: Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnostics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays the following information:

- Member Name:** Test Brown
- APS Member ID:** 00999882345
- Auth Request ID:** 2563
- Status:** Saved
- Reason:** In Process
- Request Category:** Medical
- Request Type:** Cardiac Pulmonary Rehab
- Lifecycle:** Original
- Created by:** Perry Alicia
- Auth Start Date:** 05/18/2016

Below this information is the 'Administrative' section with the following fields:

- Date of Referral:** (Empty text box)
- \* Procedure Type:** Pulmonary (Dropdown menu)
- \* Authorization Type:** Prior Authorization (Dropdown menu)
- \* Type of Admission/Procedure:** Office (Dropdown menu)
- \* Auth Start Date:** 05/18/2016 (Text box)
- Request Submitted Date:** (Empty text box)

At the bottom right of the form are buttons: '<< Previous', 'Save', and 'Save & Continue >>'.

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

## Administrative

This screenshot shows the 'Administrative' tab with the 'Retrospective Request Details' section expanded. The information at the top is identical to the previous screenshot. The 'Retrospective Request Details' section includes:

- \* Retro Request Reason:**
  - ☐ Failure to request Prior Authorization
  - ☐ Medicaid Covered Service Denied by - Member's Primary Payer
  - ☐ OTHER
  - ☐ Retrospective Medicaid Eligibility

The same navigation buttons ('<< Previous', 'Save', 'Save & Continue >>') are at the bottom right.

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

To find Servicing Provider:

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

## Service Selection

You are now ready to choose your service code. For Pulmonary Rehab requests, there are 3 CPT codes and one must be chosen. The units will auto populate to 144 units. If you need a lesser amount, please change units. If you need more units, please leave units at 144 and indicate in the annotations box the amount of units needed. Place of Service should be either office or Outpatient Hospital. The service date span will be 90 days. Please DO NOT CHANGE service end date. Click ADD SERVICE

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

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

## Diagnosis

Home | AUM Manager

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis

Search Options

Diagnosis Code Type: ☐ ICD10 ☒ ICD9

Symptoms Onset Date

\* Symptoms Description

Add Reset

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

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2578 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis g10.5

Symptoms Onset Date

\* Symptoms Description Test Demonstration

Add Reset

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: 00999882345 Auth Request ID: 2563 Status: Saved Reason: In Process Request Category: Medical Request Type: Cardiac Pulmonary Rehab Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Medical History**

Medical History: - Select - Relation: - Select -

Description:

**Justification of Medical Necessity**

\* Patient Status: New

**Justification of Medical Necessity - Pulmonary (select all that apply)**

☐ Chronic Pulmonary Disease  
☐ Member does not have a recent history of smoking or has quit smoking for at least 3 months  
☐ Other condition that affects pulmonary function  
☐ Reduction of exercise tolerance restricting the ability to perform activities of daily living

**Justification of Medical Necessity - Additional Information/Documentation**

Please answer Patient Status and answer select reason(s) under Justification of Medical Necessity. Please include any other relevant information in the Justification of Medical Necessity box. Click Save and Continue

## Treatment Plan

**Previous Course of Treatment**

**Current Plan of Care**

**Frequency**

\* Frequency (# of sessions/week):

\* Frequency Start Date:

\* Frequency End Date:

**Pulmonary**

\* Planned Interventions/Treatments - Exercise/Training Duration: - Select -

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

☐ Exercise Program  
☐ Member Follow Up  
☐ Member Training & Education  
☐ Psychosocial Intervention  
☐ Team Assessment

**Member Training / Education**

☐ Breathing Retraining  
☐ Bronchial Hygiene  
☐ Medication Education  
☐ Nutrition Education

**Psychosocial Intervention**

☐ Anxiety Evaluation and Management  
☐ Assessment/Development of emotional support systems  
☐ Dependency Issues/Evaluation Management  
☐ Other

**Psychosocial Other**

**\* Planned Interventions/Treatments Exercise/Training Session - Explanation**

Please answer all questions with red \*. Please indicate any other relevant information in the annotations box and click Save. Click Save and Continue

## Medications

The screenshot shows the 'Medications' screen within the AUM Manager application. The interface includes a top navigation bar with links like 'Home', 'AUM Manager', 'Queue', and 'Reports'. A left sidebar contains a menu with options such as 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays member information: Member Name: Test Brown, APS Member ID: 00999882345, Auth Request ID: 2579, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Cardiac Pulmonary Rehab, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/18/2016. Below this, there is a section for 'Medications' with a dropdown menu for 'Is member currently taking Medications?' set to 'No'. The 'Annotations' section includes a 'Status:' field, a 'Note:' text area, an 'Attach Document:' button with a 'Browse...' link, and a 'Save' button. At the bottom, it shows 'Notes and Attachments: No Annotation Data on File' and navigation buttons: '<< Previous', 'Save', and 'Save & Continue >>'. The browser window title is 'WV Behavioral Healthcare...' and the version is 'WVJUM 2.4.0.1'.

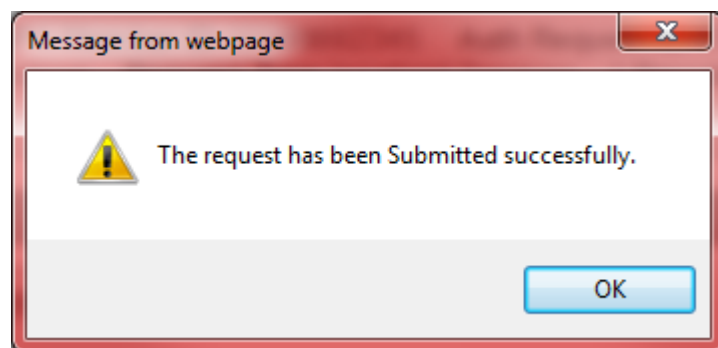
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, click continue.

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



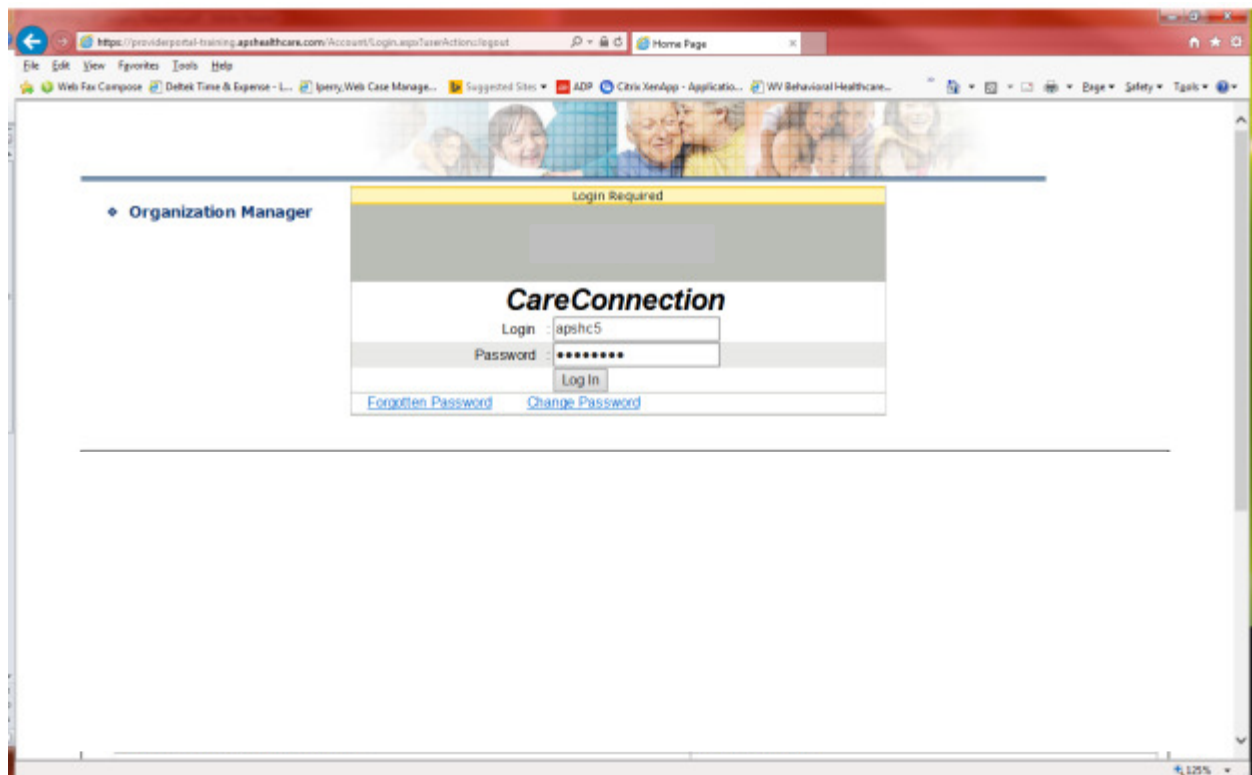
# Hospice

Per Medicaid Policy, hospice services require an authorization for services provided. Request must be submitted within 8 business days. Please note: The request must meet medical necessity and there is no guarantee the service will be authorized.

To request a Hospice services authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Hospice 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 Hospice 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 ID/Eligibility ID: 00999882345

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="#">00999882345</a>		1058	State of West Virginia	01-01-2010	12-31-2016	Active
<a href="#">00999882345</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: 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
+	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
+	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
+	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
+	<a href="#">Action</a>	836	Medical	Inpatient	Open	06/18/2012	None	
+	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	<a href="#">Action</a>	805	Medical	Rehabilitation	Open	06/18/2012	None	
+	<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. (ex. Physician's office will not bill for hospice services)
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service.(ex. Agency provider of hospice services)
- Both- Please **DO NOT CHOOSE** this option

Next, enter the start date (the date the admission), the request category (Medical), the category of service (Home Care), choose the requesting provider(there will only be a list available if your registration is complete and your provider NPI numbers have been attached), enter the request type(Hospice), and enter Election (Please see Hospice section of Provider Manual for help in determining which election period to choose in the KEPRO system)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

Version: WV UM 2.4.0.1 | Contact Us | Logout [apshc5]

### 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: 09/17/2016

\* Request Category: Medical

\* Category of Service: Home Care

\* Requesting Provider: Charleston Memorial

\* Request Type: Hospice

\* Election: Election 1

Create Request Cancel

Current Requesting Provider Information

Provider Name: Charleston Memorial  
Medicaid ID: 0000001119  
Type: Hospital  
Specialty:  
Address: 44 Healing Lane  
Charleston, WV 25301  
Phone Number: 3045551212

Please select a treatment episode below if you would like to attach the new Authorization Request to the selected episode or click the 'Do not attach' button to attach the new request to a new episode.

### Open Medical - Home Care episodes for Member ID: 00999882345, Provider Organization: Charleston Memorial

Episode ID	Start Date
<input type="radio"/> 917	09-24-2012
<input type="radio"/> 927	10-01-2012

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 'Delete Request' button. The form is divided into several sections: 'Identification Numbers', 'Member Information', 'Address Information', and 'Annotations'. The 'Identification Numbers' section contains fields for 'Registy ID / Medicaid ID' (00000002345) and 'Member SSN' (000-00-2345). The 'Member Information' section contains fields for 'First Name' (Test), 'Middle Name', 'Last Name' (Brown), 'Suffix', 'Gender' (Male), and 'Date Of Birth' (04/05/1945). The 'Address Information' section contains fields for 'Address Line1' (621 Coat Drive), 'Address Line2', 'City' (Johnstown), 'State' (West Virginia), 'Zip Code' (26030), and 'County'. The 'Annotations' section contains a 'Status' field and a 'Note' field. The form is displayed in a web browser window with the URL 'https://providerportal.training.apshc5.com/Requests/Hospice/Hospice-Edit.aspx?RequestID=20'. The browser window also shows the 'Web Fax Compose' button and the 'Web Case Manager' button.

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' form in the AUM Manager system. The form is titled 'Provider' and includes a 'Delete Request' button. The form is divided into several sections: 'Referring Provider', 'Contact Information', and 'Annotations'. The 'Referring Provider' section contains a dropdown menu for 'Referring Provider' (Charleston Memorial) and a 'Search Provider' button. The 'Contact Information' section contains fields for 'Address Line1' (44 Healing Lane), 'Address Line2', 'City' (Charleston), 'State' (West Virginia), 'Zip Code' (25301), 'Phone Number' (3045561212), 'Office Contact', 'Contact Phone (if different)', and 'Fax'. The form is displayed in a web browser window with the URL 'https://providerportal.training.apshc5.com/Requests/Hospice/Hospice-Edit.aspx?RequestID=20'. The browser window also shows the 'Web Fax Compose' button and the 'Web Case Manager' button.

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. 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 contains links for Search Member, Search Tx Episode, Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, Evaluation, and Summary And Submit. The main content area displays a form for a Hospice request. The form includes fields for Member Name (Test Brown), APS Member ID (00099862345), Auth Request ID (2574), Status (Saved), Reason (In Process), and Request Category (Medical). The Administrative section contains fields for Date of Referral, Procedure Type (Community Based Hospice), Authorization Type (Prior Authorization), Type of Admission/Procedure (In-home Services), 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(Community Based for home services or Facility Based for services provided in a nursing home setting). Type of Admission/Procedure=In-Home Services. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If the service start date is within 8 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

## Administrative

The screenshot shows the 'Retrospective Request Details' section of the AUM Manager. The top navigation bar and sidebar are the same as in the previous screenshot. The main content area displays a form for a Retrospective Request. The form includes fields for Member Name (Test Brown), APS Member ID (00099862345), Auth Request ID (2574), Status (Saved), Reason (In Process), and Request Category (Medical). The Administrative section contains fields for Date of Referral, Procedure Type (Community Based Hospice), Authorization Type (Retrospective Request), Type of Admission/Procedure (In-home Services), Auth Start Date (05/18/2016), and Request Submitted Date. The Retrospective Request Details section contains a field for Retro Request Reason with four radio button options: Failure to Request Prior Authorization, Medicaid Covered Service Denied by - Member's Primary Payer, OTHERS, 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

The screenshot shows the ALUM Manager web application interface. The top navigation bar includes links for Home, ALUM Manager, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The main content area displays the 'Add Service' form. The form includes a 'Member Information' section with fields for Member Name (Test Brown), APS Member ID (0000002345), Auth Request ID (2574), Status (Saved), Reason (In Process), and Request (Request). Below this is the 'Add Service' section with fields for Servicing Provider (KANAUNA HOSPICE CARE HOME), Service Code (0001), Units (0001), Service Start Date (05/18/2016), and Service End Date. The 'Requested Services' section is empty. The 'Section' section has a dropdown for Section (0001) and a dropdown for Site of Service Provision (0001). The 'Attach Physician Certification Statement' section is empty. The 'Annotations' section is empty.

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

The screenshot shows the ALUM Manager web application interface, similar to the previous one, but with the 'Service Code' dropdown menu open. The dropdown menu lists six options: 0001 - Routine Home Care, 0002 - Continuous Home Care, 0003 - Inpatient Hospice Care, 0004 - Inpatient Facility Care, 0005 - Nursing Facility Respite, and 0006 - 24/7 Service. The 'Requested Services' section is empty. The 'Section' section has a dropdown for Section (0001) and a dropdown for Site of Service Provision (0001). The 'Attach Physician Certification Statement' section is empty. The 'Annotations' section is empty.

You are now ready to choose your service code. There are six services to choose from depending on the type of your request. If there are multiple services, the following steps will need to be for each one.

- Choose your Service
- The units will auto populate. Please do not change Units
- Place of Service=Home
- For facility based Hospice Care-Place of service=Nursing facility
- The service end date auto populate. Please DO NOT CHANGE service end date.
- Click Add Service
- Repeat for each Service needed

If facility based hospice care, the nursing home name will need to be added at a later time.

## Diagnosis

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: 0099082345 Auth Request ID: 2574 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Hospice Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis  Required Search Options

Search Options

Diagnosis Code Type: ☒ ICD10 ☐ ICD9

Symptoms Onset Date

\* Symptoms Description

Add Reset

Annotations

Status:

Note:

The Diagnosis screen is the next mandatory screen. **ICD-10 coding 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 letter and 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 Brown APS Member ID: 0099082345 Auth Request ID: 2574 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Hospice Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

Diagnosis

\* Diagnosis  Search Options

Symptoms Onset Date

\* Symptoms Description

Add Reset

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

The screenshot shows the 'Evaluation' tab in the AUM Manager. 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 lists various tabs: Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, Evaluation (selected), and Summary And Submit. The main content area displays a 'Data Saved Successfully!' message and a 'Delete Request' button. Below this, a summary box shows member details: Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2574, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Hospice, Lifecycle: Original, Created by: Perry Aloia, and Auth Start Date: 05/18/2016. The 'Evaluation' section contains an 'Authorized Representative' form with fields for Name, Address Line 1, Phone Number, City, State, and Zip Code. Below this is a 'Prognosis' section with a dropdown for 'Prognosis for Primary' (set to 'Select') and a note: 'Diagnosis is Terminal with Life Expectancy of less than 6 Months'. A red asterisk indicates a required field: 'Please attach Section Form (HEF-01) in Annotation Section'. At the bottom, there is an 'Annotations' section.

Please answer all questions with a red \* and all required fields. The HEF-01 should be attached to request. If you are unable to attach, please indicate Will Fax in the annotations box and faxed to designated fax number. Click Save and Continue

## Facility Based Hospice:

The screenshot shows the 'Facility Based Hospice' tab in the AUM Manager. The top navigation bar and sidebar are identical to the previous screen. The main content area displays a 'Data Saved Successfully!' message and a 'Delete Request' button. Below this, a summary box shows member details: Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2574, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Hospice, Lifecycle: Original, Created by: Perry Aloia, and Auth Start Date: 05/18/2016. The 'Add Service' section contains fields for 'Serving Provider' (set to 'KANAHA HOSPICE CARE INC'), 'Service Code' (set to 'Select'), 'Units' (set to '90'), 'Service Start Date' (set to '05/18/2016'), 'Place Of Service' (set to '12 - Home'), and 'Service End Date' (set to '06/15/2016'). Below this is a 'Requested Services' section with a dropdown for 'Election' (set to 'Option 2') and a dropdown for 'Site of Service Provision' (set to 'Nursing Home'). The 'Nursing Home' section contains fields for 'Name', 'Address Line 1', 'Address Line 2', and 'Phone Number'.

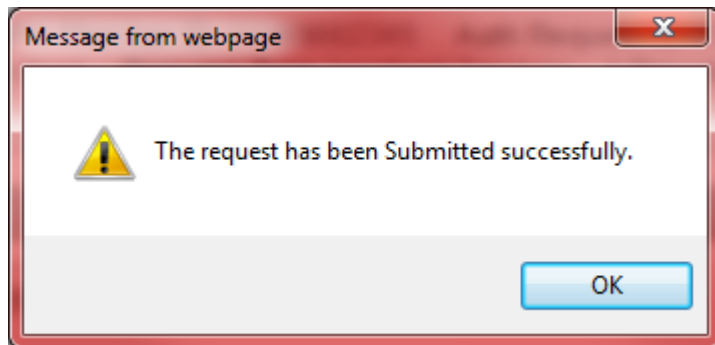
For facility based hospice, after the evaluation screen has been complete, click on the Service Selection tab in your options to the left. You will now need to complete the name of the nursing home.

### 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.



## Hospice Helpful Tips

- KEPRO only authorizes elections periods. Molina Healthcare prices and processes claims for nursing home reimbursement.
- Once Hospice care is elected, a flag is added to the Member profile in Molina that does not allow for any other services other than Hospice care to be billed to WV Medicaid.
- Please be aware of what election period has already been approved in the provider portal. Skipping of election periods can cause delays with an authorization number being provided.
- Member can revoke Hospice care services. After revocation four times, the member is no longer eligible for hospice care.
- If a member discharges or revokes from Hospice Care, the hospice agency is required to notify KEPRO Healthcare. If KEPRO is not notified, the patient will not be able to use Medicaid for any services. ***We see this happen a lot with medication and pharmacies cannot dispense medication as long as the hospice flag is still active in Molina system***
- A signed and dated certification, signed and dated plan of care and a signed and dated HEF-01 form are required within 8 days of the election period
- Sending a HEF-01 after discharge, revocation or death notification to KEPRO is required.
- If an error is received when an agency is attempting to key in election one, this indicates that election one has already been entered. Please contact Molina Healthcare to inquire of the previous hospice provider.
- Hospice agencies are not reimbursed for the last day of care if a patient discharges from service
- WV Medicaid policy Manual for hospice can be accessed here:  
[http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms\\_manual-Chapter\\_509\\_Hospice%2020115.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms_manual-Chapter_509_Hospice%2020115.pdf)

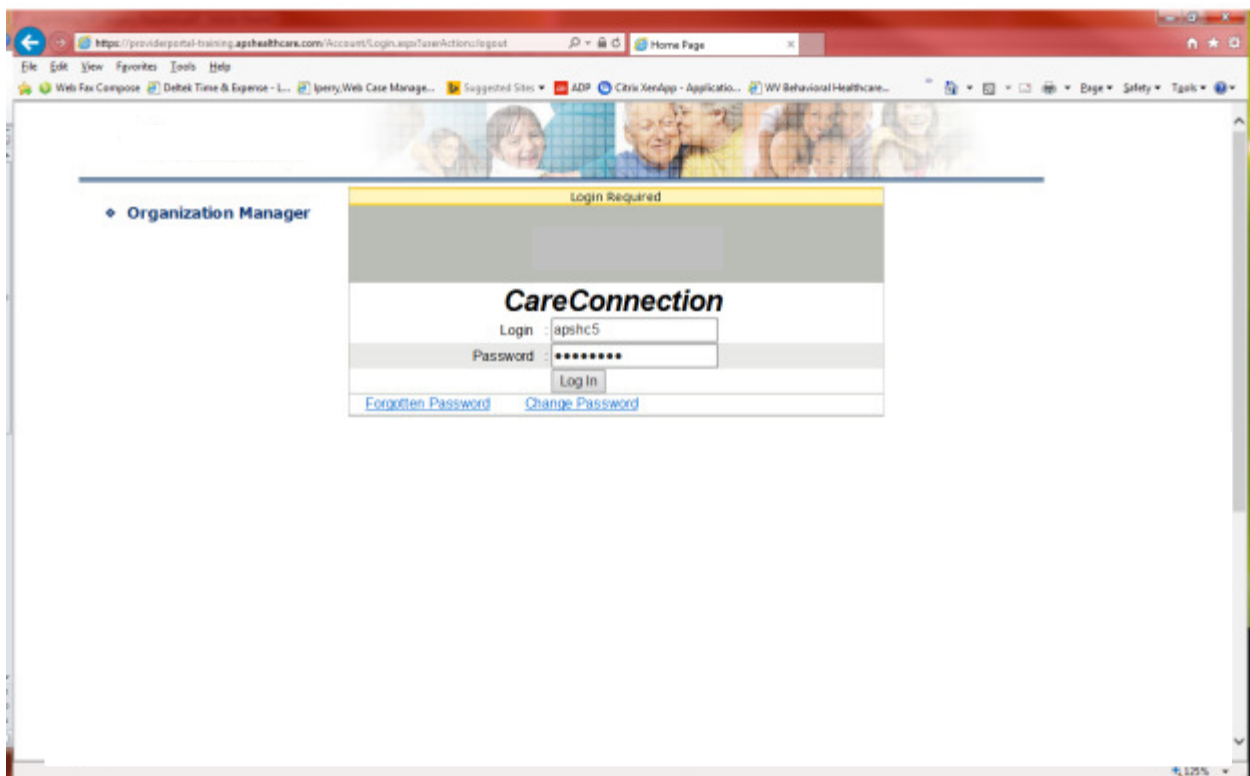
# Private Duty Nursing

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

To request a Private Duty Nursing authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Private Duty Nursing 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 Private Duty Nursing 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

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout [apshc5]

**Search Member Eligibility**

Organization: Charleston Memorial

Medicaid ID/Eligibility ID: 0099882345

Member Last Name: Test

Member SSN:

Date of Birth: 04-05-1945

[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
0099882345		1058	State of West Virginia	01-01-2010	12-31-2018	Active
0099882345		1058	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.

Home | AUM Manager

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

Version: WVJUM 2.4.0.1 | Contact Us | Logout [apshc5]

Organization: Charleston Memorial

Member Name: Test Brown

Member Id: 0099882345

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
<a href="#">+</a>	<a href="#">Action</a>	510	Medical	Inpatient	Open	11/01/2011	None	
<a href="#">+</a>	<a href="#">Action</a>	718	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	721	Medical	Rehabilitation	Open	02/20/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	834	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	836	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	837	Medical	Inpatient	Open	05/21/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	856	Medical	Inpatient	Open	06/18/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	857	Medical	Rehabilitation	Open	06/14/2012	None	
<a href="#">+</a>	<a href="#">Action</a>	865	Medical	Rehabilitation	Open	06/18/2012	None	
<a href="#">+</a>	<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 for Private Duty Nursing Requests

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

Home | AUM Manager

Version: WV/JM 2.4.0.1 | Contact Us | Logout (apshe5)

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

Create New Request for Member: Test Brown (ID: 0099882345), 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: Home Care

\* Requesting Provider: Charleston Memorial

\* Request Type: Private Duty Nursing

Create Request Cancel

Current Requesting Provider Information

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

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 'Delete Request' and includes a 'Save' button and a 'Save & Continue >>' button. The form contains the following sections:

- Member Information:** Member Name: Test Kem, APS Member ID: 00999043210, Auth Request ID: 2585, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Private Duty Nursing, Lifecycle: Original, Created by: Perry Alicia, Auth Start Date: 05/31/2016.
- Identification Numbers:** Eligibility ID/ Medicaid ID: 00999043210, Member SSN: 999-04-3210.
- Member Information:** First Name: Test, Last Name: Kem, Middle Name: , Suffix: , Gender: Male, Date Of Birth: 01/30/2000.
- Address Information:** Address Line1: 402 Peach Drive, Address Line2: , City: Martinsburg, State: West Virginia, Zip Code: 26101, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider' form in the AUM Manager system. The form is titled 'Delete Request' and includes a 'Save' button and a 'Save & Continue >>' button. The form contains the following sections:

- Referring Provider:** Referring Provider: CAROLYN E CLARK MD MD (MD), Search Provider, Hide address.
- Contact Information:** Address Line1: 1124 19TH ST, Address Line2: , City: HUNTINGTON, State: West Virginia, Zip Code: 257013004, Phone Number: 3045209117, Office Contact: , Contact Phone (if different): , Fax: .

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' tab in the AUM Manager. 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 lists menu items: Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays member information: Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2570, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Private Duty Nursing, 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 (Private Duty Nursing), Authorization Type (Prior Authorization), Type of Admission/Procedure (In-Home Services), 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 \*, so date of referral is not needed. Procedure Type=Private Duty Nursing. Type of Admission/Procedure=In-Home Services. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If an admission is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

## Administrative

This screenshot shows the 'Retrospective Request Details' section of the AUM Manager. It includes the same top navigation and sidebar as the previous image. The member information is identical. In the 'Administrative' section, the Authorization Type is now 'Retrospective Request'. Below this, the 'Retrospective 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'. The 'OTHER' option is selected. 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

Version: WV UM 2.4.0.3 | Contact Us | Logout (apshc5)

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

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2570 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Private Duty Nursing Lifecycle: Original Created by: Penny Alford Auth Start Date: 05/18/2018

**Add Service**

\* Servicing Provider: CAROLYN E CLARK MD MD (MD) Search Show Address

\* Service Code: Select Search

\* Units: Place Of Service: 12 - Home

\* Service Start Date: 05/18/2018 \* Service End Date:

Add Service Reset

**Requested Services**

**Annotations**

Status:

Note:

Attach Document: Browse Save

Notes and Attachments:

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

Home | AUM Manager

Version: WV UM 2.4.0.3 | Contact Us | Logout (apshc5)

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

Member Name: Test Brown APS Member ID: 0099002345 Auth Request ID: 2570 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Private Duty Nursing Lifecycle: Original Created by: Penny Alford Auth Start Date: 05/18/2018

**Add Service**

\* Servicing Provider: CAROLYN E CLARK MD MD (MD) Search Show Address

\* Service Code: Select Search

\* Units: Place Of Service: 12 - Home

\* Service Start Date: 05/18/2018 \* Service End Date:

Add Service Reset

**Requested Services**

**Annotations**

Status:

Note:

Attach Document: Browse Save

Notes and Attachments:

You are now ready to choose your service code. Private Duty Nursing has one service code to choose-T1000. The units will auto-populate to 5760. If there are fewer units needed, please change. DO NOT change units if more units are needed. The additional units can be indicated in the annotations section.

Place of Service=Home. The service end date will auto-populate to allow for a 90 day span. Please DO NOT change end date.

Click Save and Continue



## Diagnosis

The screenshot shows the 'Diagnosis' screen in the AUM Manager application. The sidebar on the left contains links for Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The main content area has a top navigation bar with links for Home, AUM Manager, and a Version: WV.UM 2.4.0.1 | Contact Us | Logout (apshc5) link. Below the navigation bar is a 'Diagnosis' section with a 'Diagnosis' input field and a 'Search Options' dialog box. The 'Search Options' dialog box has a 'Diagnosis Code Type' section with radio buttons for ICD10 and ICD9. The 'Diagnosis' input field contains the text '410.9'. Below the 'Diagnosis' input field is a 'Symptoms Onset Date' input field and a 'Symptoms Description' dropdown menu. The 'Annotations' section has a 'Status' input field and a 'Note' input field. The 'Note' input field contains the text 'Test demonstration'. The 'Annotations' section also has an 'Attach Document' button and a 'Browse...' button. The 'Save' button is located at the bottom right of the 'Annotations' section.

The Diagnosis screen is the next mandatory screen. ICD-10 diagnosis are 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 letter and numbers before the decimal, click the search options button, select ICD-9 and click save.

The screenshot shows the 'Diagnosis' screen in the AUM Manager application, showing the 'Diagnosis' section with the 'Diagnosis' input field containing '410.9' and the 'Symptoms Description' dropdown menu. The 'Diagnosis' input field is highlighted with a red asterisk. The 'Symptoms Description' dropdown menu is open, showing 'Test demonstration'. The 'Annotations' section has a 'Status' input field and a 'Note' input field. The 'Note' input field contains the text 'Test demonstration'. The 'Annotations' section also has an 'Attach Document' button and a 'Browse...' button. The 'Save' button is located at the bottom right of the 'Annotations' section.

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

Diagnosis  
Evaluation  
Treatment Plan  
Medications  
Summary And Submit

**Evaluation**

\* Patient's Current Condition: Chronic

\* Prognosis: for

\* Documentation of Medical Necessity:

Ventilator Dependent: ☐ Yes ☒ No

**Caregiver Support**

\* Caregiver Support Available: Yes

\* Caregiver is available/willing to receive education necessary to provide services to the member: No

\* Caregiver Explanation:

\* Physician's Plan of Care: ☐ Attach ☐ Fax

\* Private Duty Nursing Acuity Grid: ☐ Attach ☐ Fax

\* Private Duty Nursing Home: ☐ Attach ☐ Fax

Please answer all questions with a red \* and all required fields. If caregiver is not willing to receive education services, an explanation is required. If attach is chosen, the information must be attached by using the annotations box or the system will not allow the user to move to next screen. If you cannot attach the required documentation, choose Fax and fax the information to the designated fax number.

**\*\*\*Treatment Plan Screen does not require information to be entered. However, this information can be completed if you choose\*\*\*.**

## Medications

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

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

Member Name: Test Kern APS Member ID: 00999043210 Auth Request ID: 2585 Status: Saved Reason In Process Request Category: Medical Request Type: Private Duty Nursing Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/31/2016

**Medications**

\* Is member currently taking Medications?: No

**Annotations**

Status:

Note:

Attach Document:

**Notes and Attachments:**

No Annotation Data on File

<< Previous Save Save & Continue >>

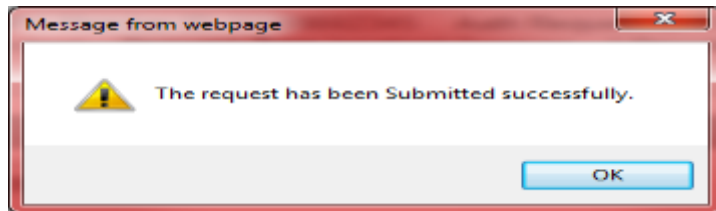
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO, and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, click continue.

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



## Private Duty Nursing Helpful Tips

- This benefit is only eligible for WV Medicaid Members under the age of 21
- A signed Physician or APRN plan of care is required within 7 business days and must include all of the following information
  - Diagnosis and Procedure
  - Medical History
  - Prognosis
  - Approximate length of time needed
  - Medical Justification including the orders
  - Documentation that the member is medically stable, except for acute episodes that PDN can manage
- Nursing Plan of Care must include all of the following information on the CMS 485 form:
  - 1. Proposed start of care date;
  - 2. International Classification of Diseases (ICD) diagnosis and procedures codes;
  - 3. Justification for skilled nursing services eight hours or more in a 24 hour period;
  - 4. Description of needs must include interventions, measurable objectives and short and long term goals with timeframes;
  - 5. Medications new or changed including dose, frequency and route;
  - 6. Technology dependent:
    - a. Ventilator dependent and one of the following: (1 or
    - Mechanical ventilator support is necessary for at least eight hours per day and not at maintenance level; or
    - 2) Oxygen supplementation for ventilator dependent members at or below an inspired fraction of 40% (FI02 of 0.40).
- A new authorization for extension of services must be submitted within 7 business days prior to expiration of services
- If an individual is also covered under a Waiver program, there can be no duplication of services.
- Private duty nursing exclusions include:
  - Member is residing in a nursing facility, hospital, residential care facility, intermediate care facility for developmental disabilities (ICF/IID) or personal care home at the time of delivery of PDN services;
  - Care solely to allow the member's family or caregiver to work or go to school;
  - Care solely to allow respite for caregivers or member's family;
  - Care at maintenance level;
  - Only the agency authorized to provide the PDN services can bill. If the agency finds it necessary to subcontract services due to staffing needs, the services provided by the subcontractor are not reimbursable by Medicaid.
  - PDN services for members 21 years of age or older.
- Providers can access the Private Duty Nursing Provider Manual at:  
[http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter\\_532\\_Private\\_Duty\\_Nursing.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_532_Private_Duty_Nursing.pdf)

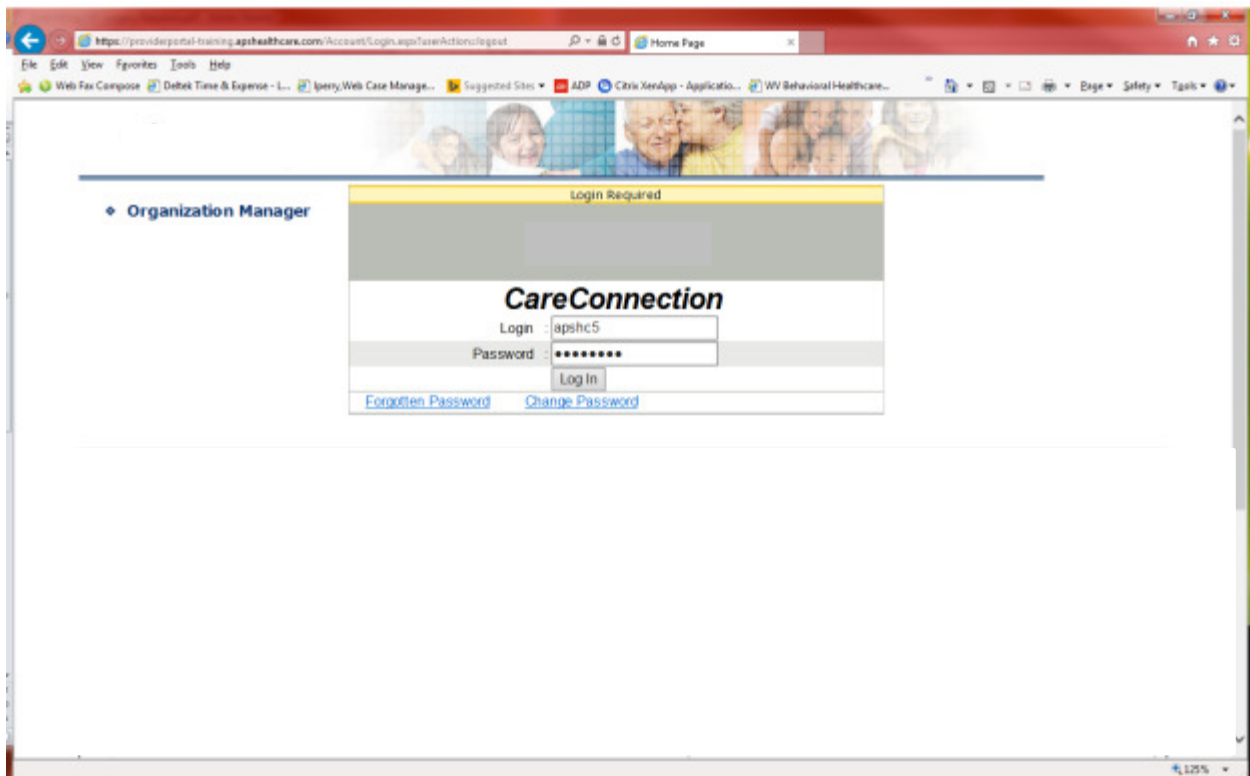
# Home Health Services

Per Medicaid Policy, Home Health services require an authorization for services that exceed the allotted 60 visits in a calendar year. Request must be submitted within 10 business days. Please note: The request must meet medical necessity and there is no guarantee the service will be authorized.

To request a Home Health authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Private Duty Nursing 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 Home Health 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 ID/Eligibility ID: 00999882345

Member Last Name: B

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
00999882345		1058	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	836	Medical	Inpatient	Open	06/18/2012	None	
+	Action	857	Medical	Rehabilitation	Open	06/14/2012	None	
+	Action	805	Medical	Rehabilitation	Open	06/18/2012	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 for Home Health Requests

Next, enter the start date (the date the admission), the request category (Medical), the category of service (Home Care), choose the requesting provider (there will only be a list available if your registration is complete and your provider NPI numbers have been attached), enter the request type (Home Health), and enter Patient Status (choose initial if brand new patient and established if current patient and additional visits are being requested) 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

Version: WVUM 2.4.0.1 | Contact Us | Logout (epshc5)

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: Home Care

\* Requesting Provider: Charleston Memorial

\* Request Type: Home Health

\* Patient Status: Initial

Create Request Cancel

Current Requesting Provider Information

Provider Name: Charleston Memorial

Medicaid ID: 0000001119

Type: Hospital

Specialty:

Address: 44 Healing Lane  
Charleston, WV 25301

Phone Number: 3045551212

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 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, Reports, Member Demographics (selected), Administrative, Service Selection, Diagnosis, and Summary And Submit. The main form area contains the following sections:

- Member Information:** Member Name: Test Brown, APS Member ID: 00999882345, Auth Request ID: 2584, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Home Health, Lifecycle: Original, Created by: Perry Alicia, Auth Start Date: 05/18/2016.
- Identification Numbers:** Eligibility ID / Medicaid ID: 00999882345, Member SSN: 999-99-2345.
- Member Information:** First Name: Test, Last Name: Brown, Middle Name: , Suffix: , Gender: Male, Date Of Birth: 04/05/1945.
- Address Information:** Address Line1: 621 Oak Drive, Address Line2: , City: Wheelock, State: West Virginia, Zip Code: 26060, County: , Phone Number: .
- Annotations:** Status: , Note: .

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

## Provider

The screenshot shows the 'Provider' form in the AUM Manager application. The form is titled 'Provider' and includes a navigation menu on the left with options: Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, Reports, Member Demographics, Administrative (selected), Service Selection, Diagnosis, and Summary And Submit. The main form area contains the following sections:

- Referring Provider:** Referring Provider: Charleston Memorial, Search Provider, Hide address.
- Contact Information:** Address Line1: 44 Healing Lane, Address Line2: , City: Charleston, State: West Virginia, Zip Code: 26001, Phone Number: 3045551212, Office Contact: , Contact Phone (if different): , Fax: .

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. The top navigation bar includes links like 'Home', 'AUM Manager', 'Delete Request', 'Search Member', 'Search Ex Episode', 'Search Authorization Request', 'Search PA Number', 'My Inbox', 'Queue', and 'Reports'. A sidebar on the left contains links for 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Diagnosis', and 'Summary And Submit'. The main content area displays a form for a request for 'Test Brown' (APS Member ID: 00999882345, Auth Request ID: 2567). The 'Administrative' section includes fields for 'Date of Referral', 'Procedure Type' (set to 'Home Health'), 'Authorization Type' (set to 'Prior Authorization'), 'Type of Admission/Procedure' (set to 'In-Home Services'), and 'Auth Start Date' (set to '05/18/2016'). The 'Request Submitted Date' is also present. Navigation buttons at the bottom include '<< Previous', 'Save', and 'Save & Continue >>'.

Answer all questions with the red \*. Procedure Type=In-Home services. Type of Admission/Procedure=In-Home Services. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If an admission is within 10 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

## Administrative

This screenshot shows the 'Retrospective Request Details' section of the AUM Manager. It follows the same layout as the previous screenshot, but the 'Authorization Type' is set to 'Retrospective Request'. Below the 'Administrative' section, there is a 'Retrospective Request Details' section with a 'Retro Request Reason' field. This field has four radio button options: 'Failure to Request Prior Authorization', 'Medicaid covered service denied by - Member's Primary Payer', 'OTHER', and 'Retrospective Medicaid Eligibility'. The 'Auth Start Date' remains '05/18/2016'. The same navigation buttons are at the bottom.

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

The screenshot displays the 'Service Selection' screen within the 'ALUM Manager' application. The top navigation bar includes links for Home, ALUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. A sidebar on the left contains links for Member Demographics, Provider Information, Administrative, Service Selection (highlighted), Diagnosis, and Summary And Submit. The main content area shows a 'Delete Request' button and a 'Request' summary table with fields for Member Name, APS Member ID, Auth Request ID, Status, Reason, Category, Request Type, Lifecycle, Created By, and Auth Start Date. Below this is the 'Add Service' section with dropdowns for Servicing Provider, Service Code, and Unit, and input fields for Service Start Date and Service End Date. A 'Request Information' section shows 'Patient Status: Initial'. At the bottom, there is an 'Annotations' section with a 'Status' dropdown and a 'Note' text area, followed by 'Attach Document', 'Previous', and 'Save' buttons.

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

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 a menu with options: Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, and Summary And Submit. The main content area displays the 'Add Service' form. At the top, it shows request details: Member Name: Test Brown, APS Member ID: 0099882345, Auth Request ID: 2567, Status: Saved, Reason: In Process, Category: Medical, Request Type: Home Health, Lifecycle: Original, Created by: Perry Alicia, and Auth Start Date: 05/18/2016. Below this, the 'Add Service' section includes a dropdown for 'Servicing Provider' (Carolyn E Clark MD NC), a 'Service Code' dropdown (0421 - Physical Therapy), and a 'Units' dropdown (60). There is also a 'Service Start Date' field. Below the 'Add Service' section, there is a 'Requested Services' table and a 'Request Information' section. The 'Patient Status' is shown as 'Initial'. At the bottom, there is an 'Annotations' section with a 'Status' dropdown and a 'Note' text area. The bottom of the page has an 'Attach Document' button, a 'Remove' button, and a 'Save' button.

You are now ready to choose your service code. There are six services to choose from. If there are multiple services, the following steps will need to be for each one.

- Choose your Service
- The units will auto populate to 60. If this is the only service, do not change units. If there are additional services, the units for each line must total 60.
- Place of Service=Home
- The service end date will be the last day of the year requested. Please DO NOT CHANGE service end date.
- Click Add Service
- Repeat for each Service needed

Patient Status will be generated as Initial.

## Service Selection

The screenshot shows the AUM Manager web application interface. 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 a menu with options: Member Demographics, Provider Information, Administrative, Service Selection, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays a request form for a medical service. The form includes fields for Member Name (Test Brown), APS Member ID (0099882345), Auth Request ID (2569), Status (Saved), Reason (In Process), Category (Medical), Request Type (Home Health), Lifecycle (Original), Created by (Perry Alicia), and Auth Start Date (05/18/2016). The Add Service section contains fields for Servicing Provider (CAROLYN E CLARK MD INC (MDG)), Service Code (0421 - Physical Therapy), Units (20), Service Start Date (05/18/2016), Service End Date (12/31/2016), and Planned Number of Visits (20). The Requested Services and Request Information sections are also visible, along with a Patient Status field set to Established. The Annotations section includes a Status field and a Note field.

If your request is for an established patient:

Choose your Service

- The units will auto populate to 365. Please change units to the number of visits needed.
- Place of Service=Home
- The service end date will be the last day of the year requested. Please DO NOT CHANGE service end date.
- Planned number of visits: Enter the same amount of visits from Step 1.
- Click Add Service
- Repeat for each Service needed

Patient Status=Established

## Diagnosis

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.

## Evaluation

Home | AUM Manager

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

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

Member Name: Test Brown APS Member ID: 0099882345 Auth Request ID: 2569 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Home Health Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/18/2016

**Current Condition**

\* Patient's Current Condition

\* Medical Necessity

\* Planned Interventions (including frequency)

\* Mental Status

**Caregiver Support**

\* Caregiver Support Available

\* Caregiver is available/willing to receive education necessary to provide services to the member

\* No Caregiver Education Explanation

**Ventilator**

Please answer all questions with a red \* and all required fields. If caregiver is not willing to receive education, an explanation is required.

\*\*\*Treatment Plan Screen does not require information to be entered. However, this information can be completed if you choose\*\*\*.



## Medications

The screenshot shows the 'Medications' screen within the AUM Manager application. The interface includes a top navigation bar with links like 'Home', 'AUM Manager', and 'Logout'. A left sidebar contains a menu with options such as 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays a form for 'Medications' with a dropdown menu for 'Is member currently taking Medications?' set to 'No'. Below this is an 'Annotations' section with a status message 'Note was successfully saved', a text area for a note, and an 'Attach Document' section with a 'Browse...' button and a 'Save' button. At the bottom, there is a 'Notes and Attachments' table with columns for Date, Entered By, Note, Documents, Action, and Deletion Comment. The table contains one entry: Date: 5/17/2016, Entered By: Perry Alicia, Note: Will Fax, Documents: (empty), Action: Edit, Deletion Comment: (empty). Navigation buttons like '<< Previous', 'Save', and 'Save & Continue >>' are visible at the bottom of the form.

Home | AUM Manager

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

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

Member Name: Test Brown APS Member ID: 00999882345 Auth Request ID: 2553 Status: Saved Reason: In Process Request Category: Medical Request Type: Inpatient Services Lifecycle: Original Created by: Perry Alicia Auth Start Date: 05/17/2016

Medications

\* Is member currently taking Medications? No

Annotations

Status: Note was successfully saved

Note:

Attach Document: Browse... Save

Notes and Attachments:

Date	Entered By	Note	Documents	Action	Deletion Comment
5/17/2016	Perry Alicia	Will Fax		Edit	

<< Previous Save Save & Continue >>

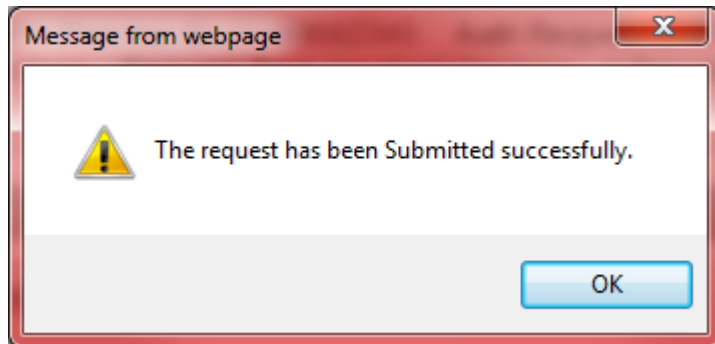
This brings you the Medications screen. This is not a mandatory screen but if you want to list medications, please leave the answer as NO and either copy and paste, or download and attach list in the Annotations/Note sections. If you are going to fax, enter a note in the Annotations/Note Section, WILL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

## Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, click continue.

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



## Home Health Services Helpful Tips

- We need orders to be attached/ faxed in addition to Oasis/485 information for cases that exceed 60 visits in a calendar year . Per BMS Home Health manual --- *“All home health services that exceed 60 visits in a calendar year require prior authorization. Please see Section 508.10, Prior Authorization for additional information. It is the responsibility of the provider to maintain the plan of care (POC) form, (CMS-485 & CMS-486) or the agency’s POC form of their choosing, and OASIS assessments on file. Home health agencies must have all required POC data elements in a readily identifiable location within the medical record.”*
- There is no age restriction for home health services
- Skilled nursing services must be provided by an RN or LPN
- Providers can access the Home Health Policy manual at:  
[http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms\\_manual\\_%29Chapter\\_508\\_Home\\_Health%202015.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms_manual_%29Chapter_508_Home_Health%202015.pdf)

## OON (Out of Network) Referral Processing

WV Medicaid may pay for covered services when:

1. Services are not available in WV
  2. Medicaid member receiving emergency outpatient medical treatment in another state.  
**Emergent Inpatient treatment requires an authorization**
  3. Services are provided by a bordering state provider
  4. Services are approved by the UMC contractor
- **ALL Out-of-Network** services requested for WV Medicaid members require prior authorization by the Utilization Management Contractor (UMC) or the Bureau for Medical Services (BMS) before services are provided.
  - *Out-of-Network* services must be requested by an enrolled West Virginia Medicaid provider with required documentation of medical necessity AND justification of why requested service(s) cannot be obtained from an in-network provider.
  - **Out-of-Network services, with the exception of confirmed emergent situations, shall not be authorized or reimbursed when the requested service is available in West Virginia.**
  - The treating *Out-of-Network* physician and facility must enroll as a West Virginia provider to be eligible for reimbursement, accept West Virginia Medicaid's reimbursement as payment in full, and attach a copy of the approval form to the BMS' Fiscal Agent billing form for payment consideration OR bill under the authorization number granted by the UMC if the request is entered into their systems.
  - As in all cases, prior authorization does not guarantee payment. ***It is the responsibility of the provider to enroll in WV Medicaid- the PA number cannot be sent and the claim cannot be paid, even when a service has been authorized, if the provider is not enrolled in WV Medicaid.***

For all OON request, a request form is required. The form can be found and downloaded at

[http://KEPROhealthcare.com/publicprograms/west\\_virginia/WV\\_Medical\\_Prov.htm](http://KEPROhealthcare.com/publicprograms/west_virginia/WV_Medical_Prov.htm)

or you can request a request form be faxed to you by calling the KEPRO Healthcare Medical Unit at the number listed below.

For requests that have historically been directed to BMS—BMS will forward the request to KEPRO or direct the caller to fax the request for *Out-of-Network* service and all supporting documentation to KEPRO.

To decrease the time necessary to address these requests they may now be:

- Faxed Confidentially: **1.866.209.9632**

Faxes and E-mails should be labeled **Out-of-Network Request**.

Providers with questions about *Out-of-Network* requests may contact KEPRO at:

Email: [wvmedicalservices@KEPROhealthcare.com](mailto:wvmedicalservices@KEPROhealthcare.com)

Telephone: **1-800-346-8272**

Fax: **1.866.209.9632**

Denial or approval notification letters will be sent to the referring provider.

## EPSDT Referral Processing

Any treatment plan that necessitates services that **exceed** benefit limitations or services that are **not included** in West Virginia's State Medicaid Plan must be documented during a HealthCheck initial, periodic or interperiodic screening .

Prior authorization is required for any item or service that exceeds benefit limitations or any item or service that is not included in West Virginia's State Medicaid Plan, the need for which having been identified during a HealthCheck initial, periodic or interperiodic screening.

When requesting an item or service requiring prior authorization it is the responsibility of the prescribing primary care provider to submit the:

- Appropriate clinical documentation i.e., ICD-10 code(s),
- All information required on the Preventive Health Screening form (PHS) page 2
- The EPSDT Prior Authorization form (for services not included in WV's State Medicaid Plan) along with corresponding documentation
- HealthCheck screening (initial, periodic or interperiodic) encounter and other pertinent documentation from the preceding six (6) months.

**IMPORTANT: "EP"** is the required modifier for all HealthCheck claim details. Utilizing the appropriate evaluation and management (E/M) code with the "EP" modifier appended, the primary care provider designates all services related to early and periodic screening, diagnosis and treatment (EPSDT) of the Medicaid eligible individual.

**IMPORTANT:** Provider documentation sent is to key to making sure the review goes smoothly and is not delayed due to incomplete documentation.

Documentation required along with the EPSDT request form (see next page) can be found on WVDHHR Healthcheck website:

<http://www.dhhr.wv.gov/HealthCheck/providerinfo/Prior%20Authorization/Pages/default.aspx>

- Prior authorization checklist and Fax cover sheet
- HealthCheck Preventive Health Screening (PHS) forms
- HealthCheck (PHS) forms page 2

**WEST VIRGINIA BUREAU FOR MEDICAL SERVICES  
UMC/BMS EPSDT PRIOR AUTHORIZATION REQUEST FORM**

---

**PLEASE FAX THIS FORM AND ANY ADDITIONAL MEDICAL DOCUMENTATION TO:  
1-866-209-9632: ATTENTION EPSDT SERVICE MEDICAL REVIEW**

**REQUEST DATE:**

**MEMBER INFORMATION**

**NAME:** \_\_\_\_\_ **MEDICAID ID NUMBER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**REFERRING PROVIDER INFORMATION**

**PROVIDER NAME:** \_\_\_\_\_ **NPI NUMBER:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CONTACT PERSON IN OFFICE:** \_\_\_\_\_ **PHONE/EXTENSION:** \_\_\_\_\_

**DATE OF EPSDT VISIT:**

**MEDICAL REASON FOR SERVICE:** Gtube Dependent Z93.4,

Service being requested, include CPT code/ICD-10 :

**KEPRO USE ONLY:**

Prior authorization #:  
Prior authorization #:  
Prior authorization #:

---

**MEMBER PRIMARY DIAGNOSIS:** Gtube Dependent V44.1,

**MEMBERS EXPECTED TREATMENT PLAN: (ATTACH DOCUMENTATION IF NECESSARY) :**

**REQUESTED START DATE OF SERVICE:** \_\_\_\_\_ **Auth Request ID#** \_\_\_\_\_

**INPATIENT OR OUTPATIENT PROCEDURE/SERVICE:** Outpatient

**SERVICE PROVIDER INFORMATION**

**PROVIDER NAME:**  
**ADDRESS:**

**NPI NUMBER:**  
**FAX:**

**TELEPHONE:**

**CONTACT PERSON:**

**PLEASE FAX THIS FORM AND ANY ADDITIONAL MEDICAL DOCUMENTATION TO:  
1-866-209-9632: ATTENTION EPSDT MEDICAL REVIEW**

***FOR UMC/BMS ONLY:***

***APPROVED: Yes: \_\_ From to***

***DENIED: \_\_\_\_\_ DETAILED LETTER TO FOLLOW***

***BY: BUREAU FOR MEDICAL SERVICES/KEPRO.***

EPSDT services requested shall require prior authorization by the Utilization Management Contractor (UMC) before services are provided. Referrals for EPSDT services shall be requested by an enrolled West Virginia Medicaid provider with required documentation of the EPSDT visit/plan of care and necessity for the service. This form shall be returned to the referring provider with the UMC/BMS determination and should be attached to claims submitted to Molina by the servicing provider.

NOTE: Paper claims must be submitted to Molina: ATTN: EPSDT request; EP modifier must be utilized for each service on the claim; a copy of this form must be attached to the claim.



# EPSDT Referral Processing continued

You may also find the following documentation helpful

- **Prior Authorization Provider Algorithm**
- **Regional Healthcheck Program Specialists**

## Region 1

Program Specialist: Regina Hubinak  
Phone: 304-425-8738 ext. 2106  
Email: [Regina.R.Hubinak@wv.gov](mailto:Regina.R.Hubinak@wv.gov)  
Counties Served:  
Greenbrier, McDowell, Mercer, Monroe, Summers,  
Wyoming

## Region 2

Program Specialist: Jim Daniels  
Phone: 304-528-5900  
Email: [James.O.Daniels@wv.gov](mailto:James.O.Daniels@wv.gov)  
Counties Served:  
Cabell, Lincoln, Logan, Mason, Mingo, Wayne

## Region 3

Program Specialist: Susan Giles  
Phone: 304-356-4443  
Email: [Susan.T.Giles@wv.gov](mailto:Susan.T.Giles@wv.gov)  
Counties Served:  
Boone, Clay, Kanawha, Putnam

## Region 4

Program Specialist: Kay Smalley  
Phone: 304-847-2861 ext. 205  
Email: [Kay.D.Smalley@wv.gov](mailto:Kay.D.Smalley@wv.gov)  
Counties Served:  
Braxton, Fayette, Nicholas, Pocahontas, Raleigh,  
Webster

## Region 5

Program Specialist: Amanda Ross  
Phone: 304-275-0228  
Email: [Amanda.R.Ross@wv.gov](mailto:Amanda.R.Ross@wv.gov)  
Counties Served:  
Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler,  
Wetzel, Wirt, Wood

## Region 6

Program Specialist: Karen Dougherty  
Phone: 304-843-4120  
Email: [Karen.S.Dougherty@wv.gov](mailto:Karen.S.Dougherty@wv.gov)  
Counties Served:  
Brooke, Ohio, Hancock, Marshall

## Region 7

Program Specialist: Joyce Anderson  
Phone: 304-627-2117  
Email: [Joyce.E.Anderson@wv.gov](mailto:Joyce.E.Anderson@wv.gov)  
Counties Served:  
Doddridge, Harrison, Marion, Monongalia, Preston,  
Taylor

## Region 8

Program Specialist: Kim Wentz  
Phone: 304-473-4230 ext. 162  
Email: [Kim.D.Wentz@wv.gov](mailto:Kim.D.Wentz@wv.gov)  
Counties Served:  
Barbour, Gilmer, Lewis, Randolph, Tucker, Upshur

## Region 9

Program Specialist: Charlie Yakubow  
Phone: 304-257-4211 ext. 70503  
Email: [Charles.M.Yakubow@wv.gov](mailto:Charles.M.Yakubow@wv.gov)  
Counties Served:  
Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral,  
Morgan, Pendleton

After your request has been successfully submitted, registered providers will need to access the DDE system to check on the outcome of the request. It is very important that the status of the request is checked on every two business days. The provider may also call the Medical line and check on the status of the request. Failure to do so can cause the request to be closed or denied.

## Searching for Determinations

**Search Authorization Request**

Client: State of West Virginia

Organization:

Medicaid ID/Eligibility ID:

Authorization Request ID:

Request Category:

Category of Services:

Request Type:

Lifecycle:

Authorization Start Date:

Authorization End Date:

Authorization Submission Date:

Authorization Request Status:

Status Reason:

Sort by:

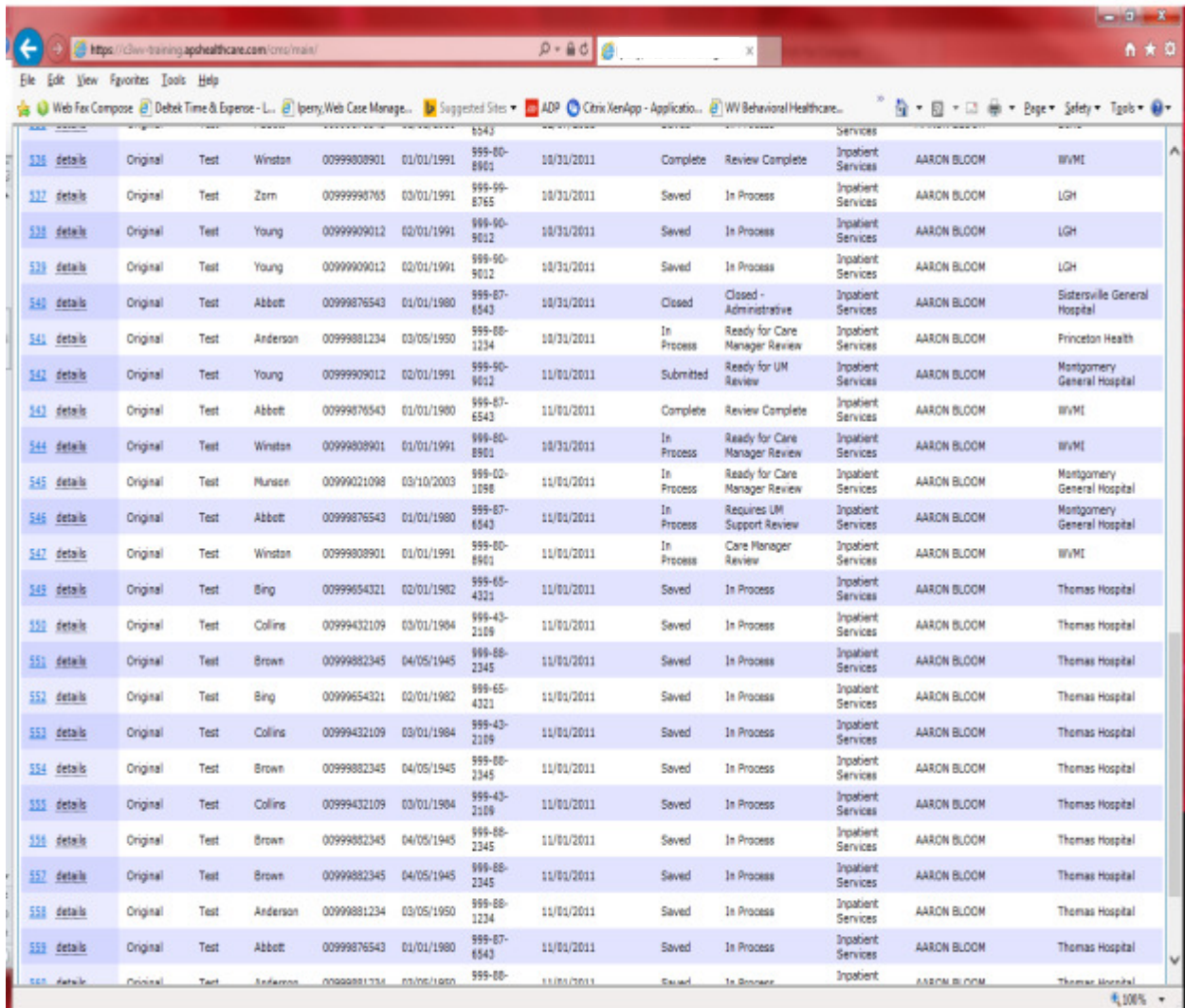
**Search Results**

Show 6 entries

Authorization Request ID	Lifecycle	First Name	Last Name	Eligibility Medicaid ID	Member DOB	Member SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider	Provider Organization
232 details	Original	Test	Hunee	00999021098	03/10/2003	999-02-3098	10/18/2011		Saved	In Process	Inpatient Rehab	(04/01/2011 - ) CARE HAVEN CENTER OF BERKELEY	WVHC
238 details	Original	Test	Sing	00999054321	02/01/1982	999-05-4321	11/11/2011		Saved	In Process	Inpatient Services	(04/01/2011 - ) CARE HAVEN CENTER OF BERKELEY	WVHC
239 details	Original	Test	Winston	00999008901	01/01/1991	999-00-8901	10/18/2011		Saved	In Process	Inpatient Services	AARON BLOOM	WVHC
241 details	Original	Test	Varley	00999707990	03/25/1992	999-70-7990	10/18/2011		Submitted	Ready for UM Review	Inpatient Services	(04/01/2011 - ) CARE HAVEN CENTER OF BERKELEY	WVHC
242 details	Original	Test	Abbott	00999876543	01/01/1980	999-87-6543	11/02/2011		Saved	In Process	Inpatient Services	(04/01/2011 - ) CARE HAVEN CENTER OF BERKELEY	WVHC
243 details	Original	Test	Abbott	00999876543	01/01/1980	999-87-6543	11/02/2011		Saved	In Process	Inpatient Services	(04/01/2011 - ) CARE HAVEN CENTER OF BERKELEY	WVHC

- Click on Search Authorization Request
- Once your organization name pops up, click Search. Every request that your organization has submitted will appear under search results.

## How to determine if there is a determination



ID	Name	Date	Status	Reason
536	Winston	01/01/1991	Complete	Review Complete
537	Zern	03/01/1991	Saved	In Process
538	Young	02/01/1991	Saved	In Process
539	Young	02/01/1991	Saved	In Process
540	Abbott	01/01/1980	Closed	Administrative
541	Anderson	03/05/1950	In Process	Ready for Care Manager Review
542	Young	02/01/1991	Submitted	Ready for UM Review
543	Abbott	01/01/1980	Complete	Review Complete
544	Winston	01/01/1991	In Process	Ready for Care Manager Review
545	Munson	03/10/2003	In Process	Ready for Care Manager Review
546	Abbott	01/01/1980	In Process	Requires UM Support Review
547	Winston	01/01/1991	In Process	Care Manager Review
548	Bing	02/01/1982	Saved	In Process
549	Collins	03/01/1984	Saved	In Process
550	Brown	04/05/1945	Saved	In Process
551	Bing	02/01/1982	Saved	In Process
552	Collins	03/01/1984	Saved	In Process
553	Brown	04/05/1945	Saved	In Process
554	Collins	03/01/1984	Saved	In Process
555	Brown	04/05/1945	Saved	In Process
556	Brown	04/05/1945	Saved	In Process
557	Brown	04/05/1945	Saved	In Process
558	Anderson	03/05/1950	Saved	In Process
559	Abbott	01/01/1980	Saved	In Process
560	Anderson	03/05/1950	Saved	In Process

The status of your request is found in the Status and Reason Columns.

### Status descriptions:

- Saved- The request has not been submitted and is in the person's queue who built it.
- Pended-Has not been assigned for review
- In Process- Indicates a status change
- Complete- **There is a case determination in the system rather approval or denial**

## Reason Descriptions

Case ID	Original	Test	Name	DOB	SSN	DOB	Status	Reason	Service	Provider	Location
536 details	Original	Test	Winston	01/01/1991	999-80-8901	10/31/2011	Complete	Review Complete	Inpatient Services	AARON BLOOM	WVME
537 details	Original	Test	Zern	03/01/1991	999-99-8765	10/31/2011	Saved	In Process	Inpatient Services	AARON BLOOM	LGH
538 details	Original	Test	Young	02/01/1991	999-90-9012	10/31/2011	Saved	In Process	Inpatient Services	AARON BLOOM	LGH
539 details	Original	Test	Young	02/01/1991	999-90-9012	10/31/2011	Saved	In Process	Inpatient Services	AARON BLOOM	LGH
540 details	Original	Test	Abbott	01/01/1980	999-87-6543	10/31/2011	Closed	Closed - Administrative	Inpatient Services	AARON BLOOM	Sistersville General Hospital
541 details	Original	Test	Anderson	03/05/1950	999-88-1234	10/31/2011	In Process	Ready for Care Manager Review	Inpatient Services	AARON BLOOM	Princeton Health
542 details	Original	Test	Young	02/01/1991	999-90-9012	11/01/2011	Submitted	Ready for UM Review	Inpatient Services	AARON BLOOM	Montgomery General Hospital
543 details	Original	Test	Abbott	01/01/1980	999-87-6543	11/01/2011	Complete	Review Complete	Inpatient Services	AARON BLOOM	WVME
544 details	Original	Test	Winston	01/01/1991	999-80-8901	10/31/2011	In Process	Ready for Care Manager Review	Inpatient Services	AARON BLOOM	WVME
545 details	Original	Test	Munson	03/10/2003	999-02-1098	11/01/2011	In Process	Ready for Care Manager Review	Inpatient Services	AARON BLOOM	Montgomery General Hospital
546 details	Original	Test	Abbott	01/01/1980	999-87-6543	11/01/2011	In Process	Requires UM Support Review	Inpatient Services	AARON BLOOM	Montgomery General Hospital
547 details	Original	Test	Winston	01/01/1991	999-80-8901	11/01/2011	In Process	Care Manager Review	Inpatient Services	AARON BLOOM	WVME
548 details	Original	Test	Bing	02/01/1982	999-65-4321	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
549 details	Original	Test	Collins	03/01/1984	999-43-2109	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
550 details	Original	Test	Brown	04/05/1945	999-88-2345	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
551 details	Original	Test	Bing	02/01/1982	999-65-4321	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
552 details	Original	Test	Collins	03/01/1984	999-43-2109	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
553 details	Original	Test	Brown	04/05/1945	999-88-2345	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
554 details	Original	Test	Collins	03/01/1984	999-43-2109	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
555 details	Original	Test	Brown	04/05/1945	999-88-2345	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
556 details	Original	Test	Brown	04/05/1945	999-88-2345	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
557 details	Original	Test	Anderson	03/05/1950	999-88-1234	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
558 details	Original	Test	Abbott	01/01/1980	999-87-6543	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital
559 details	Original	Test	Anderson	03/05/1950	999-88-1234	11/01/2011	Saved	In Process	Inpatient Services	AARON BLOOM	Thomas Hospital

- Pended-case in saved status and is in person's queue who built it
- In process-Case is in saved status and is in person's queue who built it
- Ready for UM Review-The user has the wrong user role. The role has to be changed to AUM Mgr and the case will need to be resubmitted
- Requires Care Manager Review-Needs assigned for review
- Requires Physician Review-Requires additional review at a physician level
- Requires info from provider-Additional information is needed from Provider to aid in review
- Closed Administrative-Review was not done and this indicates an issue with your request. **(Please see copy for new submission instructions in the modification section of manual for assistance with resubmission)**
- Complete-There is a case determination in the system rather approval or denial



https://csw-training.apdhealthcare.com/csw/main/

File Edit View Favorites Tools Help

Web Fax Compose Delek Time & Expense - L... Iperny/Web Case Manage... Suggested Sites ADP Citrix XenApp - Application... WV Behavioral Healthcare...

Home Health Coach Admin AUM Care Manager Supervisor AUM Physician Reviewer

Search Member Search Tx Episode Search Authorization Request Search PA Number My Work Queue Assign AUM Cases My Inbox Reports Work Load

### Search Authorization Request

Client: State of West Virginia

Organization:

Medicaid ID/Eligibility ID:

Authorization Request ID:

Request Category:

Category of Service:

Request Type:

Lifecycle:

Authorization Start Date:

Authorization End Date:

Authorization Submission Date:

Authorization Request Status:

Status Reason:

Sort by: Auth Request Id

### Search Results

Show 58 entries

Authorization Request Id	Lifecycle	First Name	Last Name	Eligibility Medicaid Id	Member DOB	Member SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider	Provider Organization
<a href="#">2441 details</a>	Original	Test	Stein	00999404567	04/20/1997	999-40-4567	01/01/2014		Complete	Review Complete	Inpatient Rehab	ACCESS HOSPITALISTS (UHC) LLC	sad_org
<a href="#">2442 details</a>	Extension	Test	Stein	00999404567	04/20/1997	999-40-4567	01/01/2014		Complete	Review Complete	Inpatient Rehab	ACCESS HOSPITALISTS (UHC) LLC	sad_org

Showing 1 to 2 of 2 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

Find the person you are looking for, and then click on the Authorization Request ID to the left of the person. (only click once and wait a bit for the next screen to appear (see below)

https://csw-training.apohhealthcare.com/csw/train/

File Edit View Favorites Tools Help

Web Fax Compose Deltek Time & Expense - L... lpeny.Web Case Manage... Suggested Sites ADP Citrix XenApp - Applicatio... WV Behavioral Healthcare...

Home Health Coach Admin AUM Care Manager Supervisor AUM Physician Reviewer | Version 4.9.13 |

Search Member Search Tx Episode Search Authorization Request Search PA Number My Work Queue Assign AUM Cases My Inbox Reports Work Load

Organization: sad\_org

**Member Information**

Member Name: Test Stein Member Id: 00999404567 Member DOB: 04/20/1997

**Authorization Request View**

**Open Treatment Episodes**

Expand/Collapse	Action	Treatment Episode Id	Request Category	Category of Service	Status	Start Date	End Date	Discharge Notes
-	<a href="#">Actions...</a>	2076	Medical	Inpatient	Open	01/01/2014	None	
+	<a href="#">Actions</a>	2441	Inpatient Rehab	Complete	Review Complete	01/01/2014	None	ACCESS HOSPITALISTS (UHC) LLC

**Closed Treatment Episodes**

There are no Closed Treatment Episodes for this member.

Click on the ARROW beside the second 'Actions' link. This expands the link.



https://cwm-training.apohhealthcare.com/crm/main/

File Edit View Favorites Tools Help

Web Fax Compose Debit Time & Expense - L... Ipeny/Web Case Manage... Suggested Sites ADP Citrix XenApp - Applicatio... WV Behavioral Healthcare...

Home Health Coach Admin AUM Care Manager Supervisor AUM Physician Reviewer

Version 4.9.13

Search Member Search Tx Episode Search Authorization Request Search PA Number My Work Queue Assign AUM Cases My Inbox Reports Work Load

Organization: sed\_org

**Member Information**

Member Name: Test Steis Member Id: 00999404567 Member DOB: 04/20/1997

**Authorization Request View**

**Open Treatment Episodes**

Expand/Collapse	Action	Treatment Episode Id	Request Category	Category of Service	Status	Start Date	End Date	Discharge Notes
-	<a href="#">Actions</a>	2076	Medical	Inpatient	Open	01/01/2014	None	
<b>Expand/Collapse</b>	<b>Action</b>	<b>Authorization Request Id</b>	<b>Request Type</b>	<b>Status</b>	<b>Reason</b>	<b>Start Date</b>	<b>End Date</b>	<b>Requesting Provider</b>
-	<a href="#">Actions</a>	2441	Inpatient Rehab	Complete	Review Complete	01/01/2014	None	ACCESS HOSPITALISTS (UHC) LLC
<b>Action</b>	<b>Prior Authorization Number</b>	<b>Service Code</b>	<b>Service Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Status</b>	<b>Reason</b>	<b>Servicing Provider</b>
	4044250000	WV002	Medical Inpatient Rehabilitation Service	01/01/2014	01/14/2014	Approved	Meets Medical Necessity	ACCESS HOSPITALISTS (UHC) LLC
	0000000000	EPSOT	EPSOT Service	01/01/2014	01/14/2014	Approved	Meets Medical Necessity	ACCESS HOSPITALISTS (UHC) LLC

**Closed Treatment Episodes**

There are no Closed Treatment Episodes for this member.

If the request has been approved, you will see a Prior Authorization Number and the status will say 'Approved'.

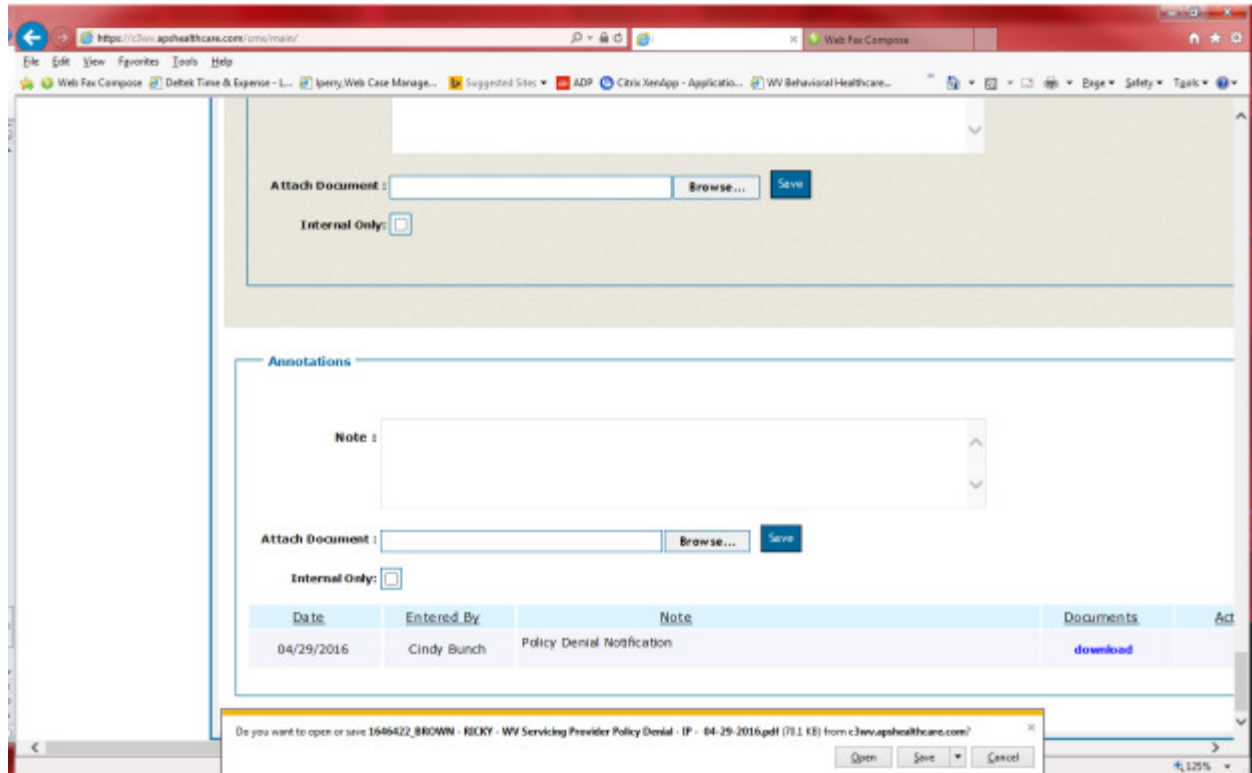
If the request was denied, there will not be a Prior Authorization Number, and the status will say denied.

If your request has been denied or closed

The screenshot shows a web application interface for managing authorization requests. The browser address bar displays <https://civ-training.apdhealthcare.com/cms/main/>. The application header includes navigation links: Home, Health Coach, Admin, AUM Care Manager, AUM Physician Reviewer, and a version indicator (Version 4.9.13). Below the header, a search bar and navigation links (Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Work Queue, Assign AUM Cases, My Inbox, Reports, Work Load) are visible. The main content area is titled 'Organization: sad\_org' and contains a 'Member Information' section with details for 'Member Name: Test Steis', 'Member Id: 08999404567', and 'Member DOB: 04/20/1997'. The 'Authorization Request View' section displays a table of 'Open Treatment Episodes'. A context menu is open over the 'Actions' column of this table, showing options: Close Auth Request, Copy Auth Request\*, Discharge Auth Request\*, Modify Auth Request (Review Complete), Print\*, Request Ext/Cont Stay\*, and View Auth Request. The 'View Auth Request' option is highlighted. The table also includes columns for Status, Start Date, End Date, Discharge Notes, Reason, and Requesting Provider. The 'Closed Treatment Episodes' section below it shows 'There are no closed treatment episodes for this member.'

Expand/Collapse	Action	Treatment Episode Id	Request	Status	Start Date	End Date	Discharge Notes
Expand/Collapse	Actions	2076		Open	01/01/2014	None	
Expand/Collapse	Action	Authorization Request Id	Reason	Start Date	End Date	Requesting Provider	
	Actions	2441	Review Complete	01/01/2014	None	ACCESS HOSPITALISTS (UHC) LLC	
Action	Prior Authorization Number	Service Code	Service Description	Reason	Requesting Provider		
	4044250000	WV002	Medical Inpatient R...	Meets Medical Necessity	ACCESS HOSPITALISTS (UHC) LLC		
	0000000000	EPSOT	EPSOT Ser...	Meets Medical Necessity	ACCESS HOSPITALISTS (UHC) LLC		

- Click on the 2<sup>nd</sup> 'Actions' Word
- Choose View Auth Request



- From this screen, you will be able to see everything that was put on this request.
- On the left hand side, click on summary and submit
- Wait for the system to populate all the information on the screen
- Scroll down to the bottom of the page
- The denial letter will be attached.

**To determine why the request was denied, you will need to download the letter.**

- Click on the Download Button
- You will receive a box and can choose either Open or Save.
- Once your choice has been made, the letter will open and can be downloaded or printed.

If the authorization request was denied for not meeting medical necessity, reconsideration can be requested in the DDE system. Please keep in mind reconsideration must be requested within 60 days of the date of denial. For example, if the denial date is 06/08/16, the provider will have until 08/08/16 to request reconsideration. After that date, reconsideration cannot be requested in our system. The provider would have to contact the BMS legal department.

If the authorization request was denied because of policy, the provider will send an appeal request to:

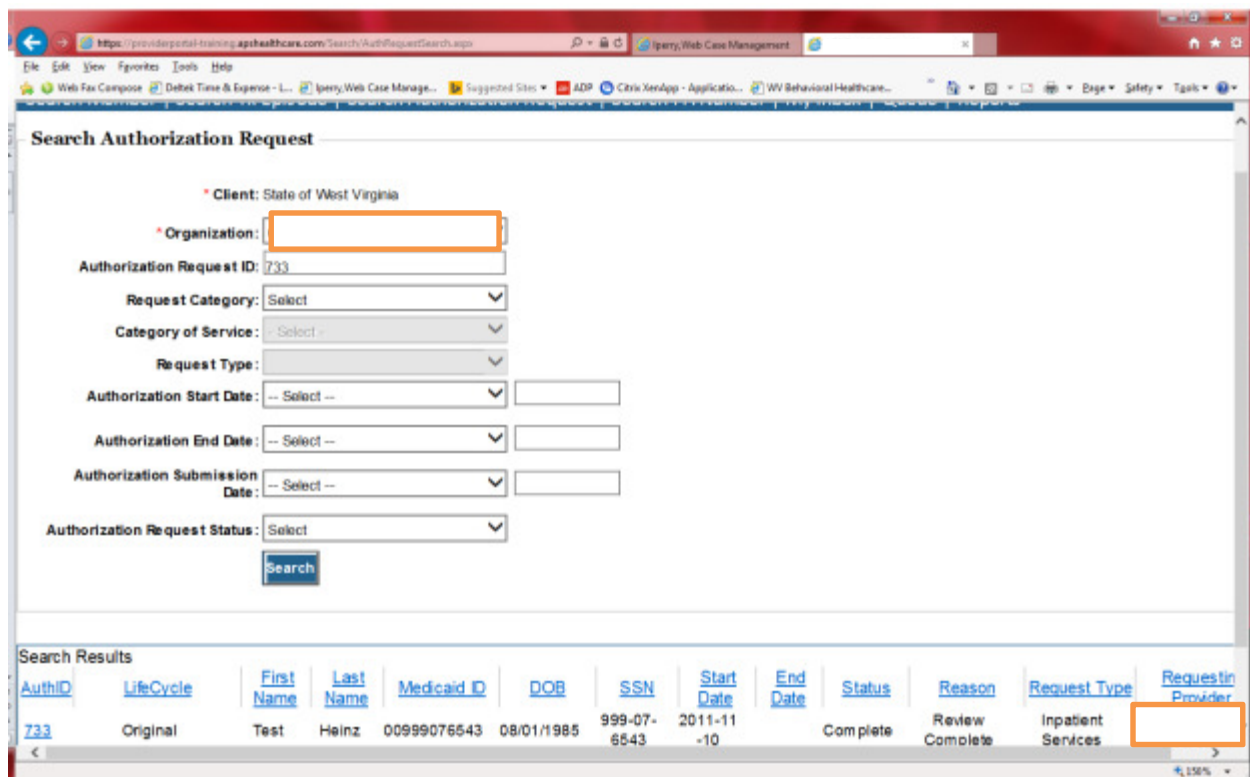
Bureau for Medical Services  
Legal Department  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706

The address is also included on the 2<sup>nd</sup> page of the policy denial letter. Please note: BMS Legal Department must receive the policy denial appeals within 30 days of the date of the denial.

Level 2 is the final reconsideration action available to providers.

## Requesting a Reconsideration

\*\*\*These instructions require knowledge of the denied Authorization Request ID number.\*\*\*



**Search Authorization Request**

\* Client: State of West Virginia

\* Organization:

Authorization Request ID: 733

Request Category:

Category of Service:

Request Type:

Authorization Start Date:

Authorization End Date:

Authorization Submission Date:

Authorization Request Status:

**Search Results**

<a href="#">AuthID</a>	<a href="#">LifeCycle</a>	<a href="#">First Name</a>	<a href="#">Last Name</a>	<a href="#">Medicaid ID</a>	<a href="#">DOB</a>	<a href="#">SSN</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>	<a href="#">Status</a>	<a href="#">Reason</a>	<a href="#">Request Type</a>	<a href="#">Requesting Provider</a>
733	Original	Test	Heinz	00999076543	08/01/1985	999-07-6543	2011-11-10		Complete	Review Complete	Inpatient Services	<input type="text"/>

- Click on Search Authorization Request
- Input authorization request ID number in Authorization request ID field
- Click Search
- Click: BLUE ID number in Search Results

Home | AUM Manager

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

Organization: [Redacted]

Member Name: Test Heinz      Member Id: 00999076543      Member DOB: 08/01/1985

☒ View all Treatment Episodes

Expand/Collapse	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Note
	Action	505	Medical	Inpatient	Open	11/10/2011	None	
	Action	733	Inpatient		Open	11/10/2011	None	

Showing 1 to 1 of 1 entries

First Previous Next Last

Version: WVJUM 2.4.0.1 | Contact Us | Logout (apshe5)

https://providportal-training.apshealthcare.com/Search/AuthorizationRequest.aspx?MemberID=00999076543

- You will now see the word “Actions” twice
- Click: 2<sup>nd</sup> Actions
- Choose: Request Reconsideration

- Answer the question if reconsideration is expedited. Please note: An expedited reconsideration is considered urgent and must meet BMS definition of urgent for review.
- Next choose Reconsideration Level
  - Level 1-Peer to Peer choose if the physician would like to speak to another physician to provide additional information
  - Level 2-Reconsideration choose if no physician review and additional information is going to be submitted.
- After choice is made
  - For Level 1, enter your doctor's name, phone number and requested appointment time to speak. Click Save and then Create Request
  - For Level 2, you can either type the additional information or attach documentation. If you cannot attach and prefer to fax, indicate 'Will fax' and Save and then Create Request

There are times that requests are approved but information submitted was incorrect or omitted in error. For example:

- The referring provider submits the request within themselves listed as servicing provider
- A service group was approved that does not contain the procedure being performed
- Additional unit information being omitted from request

For these and other instances, a modification of the original authorization number or creation of a new authorization number has to be requested. There is further explanation below under Modification Process.

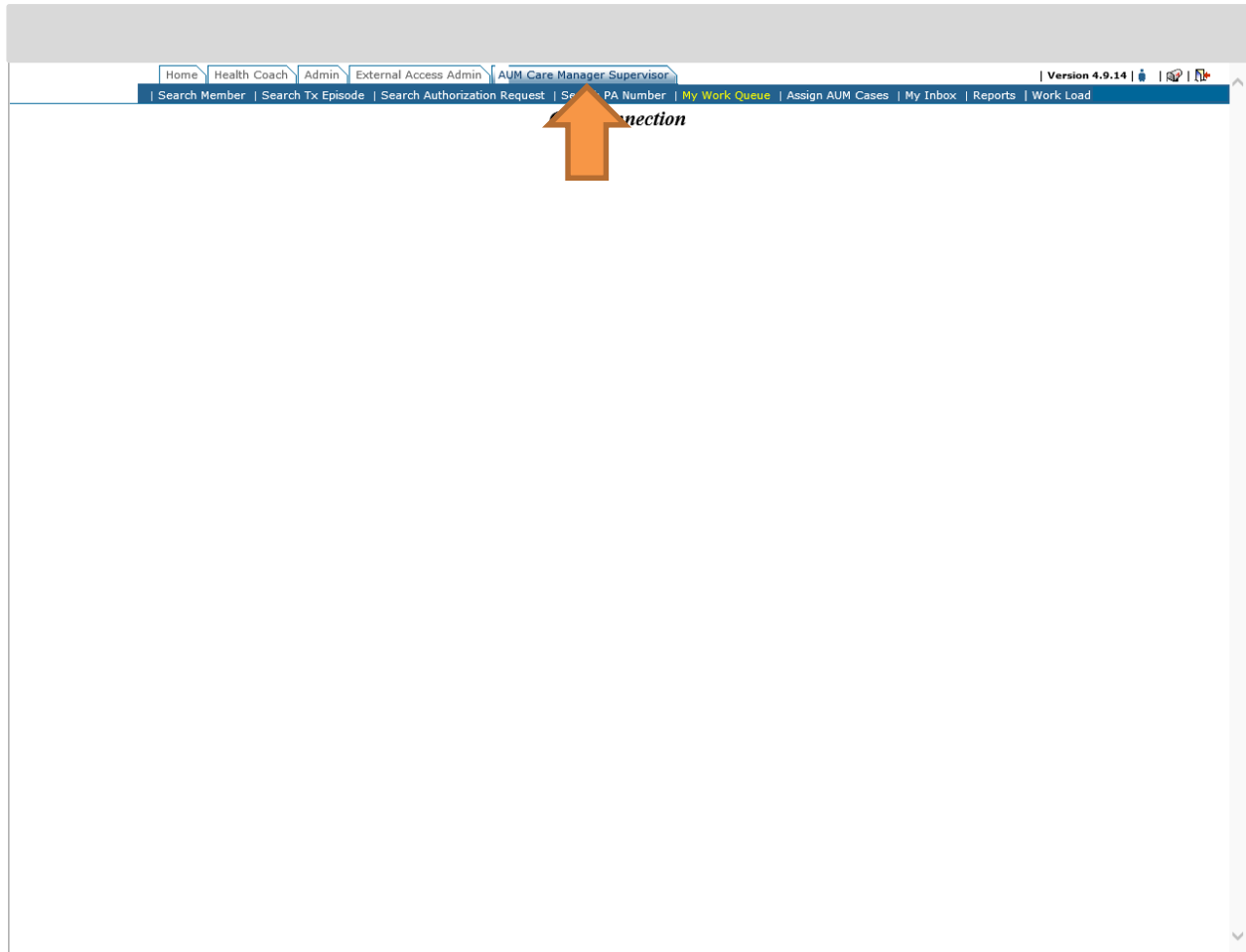


## Steps to Remove Auth Request from Save Mode




A request that is in SAVED mode is saved in the persons QUEUE who created request. **Only that individual can perform the steps below.**

Having the Request ID is this most efficient way to remove a request from saved mode. If you don't have the request ID, you can start from your queue. Those instructions are on the second page.

1. Click on AUM Manager Tab – See Orange Arrow





2. Click on Search Authorization Request – See Red Arrow
3. Enter ID number in Authorization ID field – See Blue Arrow

Home | Health Coach | Admin | External Access Admin | **AUM Care Manager Supervisor** | Version 4.9.14 |  |  | 

[Search Member](#) | [Search Tx Episode](#) | [Search Authorization Request](#) | [Search PA Number](#) | [My Work Queue](#) | [Assign AUM Cases](#) | [My Inbox](#) | [Reports](#) | [Work Load](#)

### Search Authorization Request

Client\*: State of West Virginia 

Organization:  

Medicaid ID/Eligibility ID:


Authorization Request ID:


Request Category: -- Select --


Category of Service: -- Select --

Request Type: -- Select --

Lifecycle: -- Select --

Authorization Start Date: Equal to  

Authorization End Date: Equal to  

Authorization Submission Date: Equal to  

Authorization Request Status: -- Select --

Status Reason: -- Select --

Sort by: Auth Request Id

4. Click Search – See Green Arrow
5. Scroll down to see results
6. Click on the Blue auth request ID number – See Orange Arrow

Home Health Coach Admin External Access Admin AUM Care Manager Supervisor | Version 4.9.14 | Search Member Search Tx Episode Search Authorization Request Search PA Number My Work Queue Assign AUM Cases My Inbox Reports Work Load

### Search Authorization Request

Client: State of West Virginia

Organization: [Search](#)

Medicaid ID/Eligibility ID:

Authorization Request ID:

Request Category: -- Select --

Category of Service: -- Select --

Request Type: -- Select --

Lifecycle: -- Select --

Authorization Start Date: Equal to

Authorization End Date: Equal to

Authorization Submission Date: Equal to

Authorization Request Status: -- Select --

Status Reason: -- Select --

Sort by: Auth Request Id

[Search](#)

### Search Results

Show 50 entries

Authorization Request Id	Lifecycle	First Name	Last Name	Eligibility Medicaid Id	Member DOB	Member SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider	Provider Organization
<a href="#">594263</a> details	Original						10/30/2015		Saved	In Process	Outpatient Chiropractic Service	GREENBRIER CHIROPRACTIC CENTER, INC.	Greenbrier Chiropractic Center Inc.

1 to 1 of 1 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

[New Search](#)

7. Click on the second Blue actions word (See Red Arrow) and choose Modify (See Blue Arrow)

Home

Health Coach

Admin

External Access Admin

AUM Care Manager Supervisor

Version 4.9.14

Search Member

Search Tx Episode

Search Authorization Request

Search PA Number

My Work Queue

Assign AUM Cases

My Inbox

Reports

Work Load

Organization: Greenbrier Chiropractic Center Inc.

Member Information

Member Name:

Member Id:

Member DOB:

Authorization Request View

Open Treatment Episodes

Expand/Collapse	Action	Treatment Episode Id	Request Category	Category of Service	Status	Start Date	End Date	Discharge Notes
-	<a href="#">Actions...</a>	529213	Medical	Rehabilitation	Open	06/08/2016	None	

Expand/Collapse

Action

Authorization Request Id

Request Type

Status

Reason

Start Date

End Date

Requesting Provider

-	<a href="#">Actions</a>	594263	Outpatient Chiropractic Service	Saved	In Process	10/30/2015	None	GREENBRIER CHIROPRACTIC CENTER, INC.
---	-------------------------	--------	---------------------------------	-------	------------	------------	------	--------------------------------------

Action

Priority

Authorization Number

Service Code

Service Description

Start Date

End Date

Status Reason

Servicing Provider

	None	98941	CHIROPRACTIC MANIPULATION	10/30/2015	12/31/2015	Pended	None	GREENBRIER CHIROPRACTIC CENTER, INC.
--	------	-------	---------------------------	------------	------------	--------	------	--------------------------------------

Closed Treatment Episodes

There are no Closed Treatment Episodes for this member.

[Home](#)
[Health Coach](#)
[Admin](#)
[External Access Admin](#)
[AUM Care Manager Supervisor](#)

Version 4.9.14

[Search Member](#)
[Search Tx Episode](#)
[Search Authorization Request](#)
[Search PA Number](#)
[My Work Queue](#)
[Assign AUM Cases](#)
[My Inbox](#)
[Reports](#)
[Work Load](#)

Organization: Greenbrier Chiropractic Center Inc.

Member Information

Member Name:

Member Id:

Member DOB:

Authorization Request View

Open Treatment Episodes

Expand/Collapse	Action	Treatment Episode Id	Request Category	Category of Service	Status	Start Date	End Date	Discharge Notes
-	<a href="#">Actions...</a>	529213	Medical	Rehabilitation	Open	06/08/2016	None	

Expand/Collapse

Action

Authorization Request Id

Request Type

Status

Reason

Start Date

End Date

Requesting Provider

-	<a href="#">Actions</a>	594263	Outpatient Chiropractic Service	Saved	In Process	10/30/2015	None	GREENBRIER CHIROPRACTIC CENTER, INC.
---	-------------------------	--------	---------------------------------	-------	------------	------------	------	--------------------------------------

Action

Prior Authorization Number

Service Code

Service Code

Reason

Servicing Provider

	None	98941	CHIROPRACTIC MANIPULATION	None	GREENBRIER CHIROPRACTIC CENTER, INC.
--	------	-------	---------------------------	------	--------------------------------------

Closed Treatment Episodes

There are no closed treatment episodes for this member.

Action Item Details

[Copy Auth Request\\*](#)
[Delete Auth Request](#)
[Modify Auth Request\\*](#)
[Print\\*](#)

8. A box may pop up and you will click continue
9. This will bring you back into the request

[Member Demographics](#)  
[Provider Information](#)  
[Administrative](#)  
[Service Selection](#)  
[Diagnostics](#)  
[Diagnosis](#)  
[Evaluation](#)  
[Treatment Plan](#)  
[Summary And Submit](#)

Delete Request
Save
Save & Continue >>

**Member Name:**      **APS Member ID:**      **Auth Request ID:** 594263      **Status:** Saved      **Reason:** In Process  
**Request Category:** Medical      **Request Type:** Outpatient Chiropractic Service      **Lifecycle:** Original      **Created by:** Sierra Hall      **Auth Start Date:** 10/30/2015

**Identification Numbers**

Eligibility ID / Medicaid ID      \* Member SSN

**Member Information**

\* First Name      \* Last Name  
Middle Name      Suffix  
\* Gender      \* Date Of Birth


**Address Information**

\* Address Line1      Phone Number  
Address Line2  
City  
\* State  
Zip Code  
County

**Annotations**

Status:  
Note:  
Attach Document:      Browse...      Save      ☐ Internal Only  
**Notes and Attachments:**  
No Annotation Data on File

Save      Save & Continue >>



10. Click save and continue

11. On the Administrative Tab, check your start date.

- If the start date is 3 days or more in the past and service has not been performed, change start date to current DOS
- If the start date is 3 days or more in the past and service has been performed, change type to RETROSPECTIVE, check mark OTHER and indicate "Case left in SAVED STATUS in error".



Data Saved Successfully!

[Member Demographics](#)  
[Provider Information](#)  
[Administrative](#)  
[Service Selection](#)  
[Diagnostics](#)  
[Evaluation](#)  
[Treatment Plan](#)  
[Summary And Submit](#)

Delete Request

 << Previous   Save   Save & Continue >>

**Member Name:**      **APS Member ID:**      **Auth Request ID:** 594263    **Status:** Saved    **Reason:** In Process  
**Request Category:** Medical    **Request Type:** Outpatient Chiropractic Service    **Lifecycle:** Original    **Created by:** Sierra Hall    **Auth Start Date:** 10/30/2015

Administrative

**Date of Referral**   
**\* Procedure Type** Chiropractic  
**\* Authorization Type** Retrospective Request  
**\* Type of Admission/Procedure** Office  
**\* Auth Start Date** 10/30/2015  
**Request Submitted Date**

Retrospective Request Details

**\* Retro Request Reason**
☐ Failure to request Prior Authorization  
☐ Medicaid Covered Service Denied by - Member's Primary Payer  
☒ OTHER  
☐ Retrospective Medicaid Eligibility

**\* Retro Request Reason Other**

<< Previous   Save   Save & Continue >>

↑

12. Click save and continue
13. This will bring you to the SERVICE SELECTION TAB.

[Member Demographics](#)

[Provider Information](#)

[Administrative](#)

[Service Selection](#)

[Diagnostics](#)

[Diagnosis](#)

[Evaluation](#)

[Treatment Plan](#)

[Summary And Submit](#)

Data Saved Successfully!

Delete Request
<< Previous
Save
Save & Continue >>

Member Name: APS Member ID: Auth Request ID: 594263 Status: Saved Reason: In Process

Request Category: Medical Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Start Date: 10/30/2015

**Add Service**

\* Servicing Provider: GREENBRIER CHIROPRACTIC CENT [Search](#) [Show Address](#)

\* Service Code: - Select -

\* Units:

\* Service Start Date: 10/30/2015

\* Place Of Service: - Select - [Search](#)

\* Service End Date:

Requested Services										
Action	Servicing Provider	Service Code	Service Description	Description	Units	PoS	Start Date	End Date	Status	Authorization Number
✖ /	GREENBRIER CHIROPRACTIC CENTER, INC.	98941	CHIROPRACTIC MANIPULATION		12	11 - Office	10/30/2015	12/31/2015	Pended	

**Request Information**

\* Patient Status: New

\* Period of Request: 30 Days

\* Frequency of Visits: OTHER

\* Frequency of Visits: Other:

\* Declining Frequency Explanation:

**Radiologic Services**

Radiologic Services Performed: - Select -

Radiologic Services Completed Date:

Radiologic Service Notes:

**Annotations**

Status:

14. If the services were previously entered successfully and the start date was changed in Step 7
  - a. Click on the pencil beside the service
  - b. Change Start Date
  - c. You can also change the Servicing Provider if previously entered incorrectly
  - d. Click update service
  - e. If there are additional services, perform steps for each one
15. Once all changes have been successfully updated, click save and continue
16. Continue to click save and continue and make sure all required fields on each page has been complete
17. Once you have gone through each page, scroll up to the top of the page and click Submit – See Orange Arrow

[Member Demographics](#)  
[Provider Information](#)  
[Administrative](#)  
[Service Selection](#)  
[Diagnostics](#)  
[Diagnosis](#)  
[Evaluation](#)  
[Treatment Plan](#)  
[Summary And Submit](#)

Delete Request
Submit
<< Previous
Save

Member Name: APS Member ID: Auth Request ID: 594263 Status: Saved Reason: In Process  
Request Category: Member Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Start Date: 10/30/2015

Identification Numbers

Eligibility ID / Medicaid ID Member SSN

Member Information

First Name Last Name  
Middle Name Suffix  
Gender Date Of Birth

Address Information

Address Line1 Phone Number  
Address Line2  
City  
State  
Zip Code  
County

Annotations

Status:  
Note:  
  
Attach Document: Browse... Save Internal Only  
Notes and Attachments:  
No Annotation Data on File

Referring Provider

Referring Provider TIMOTHY PENCE Search Provider Hide address

Contact Information

Address Line1 HC 82 BOX 10 Phone Number 3046456080  
Address Line2 Office Contact

18. You may receive a Warning Box. Click continue
19. If there are RED ERROR CODES received, go back through request and make sure all required fields have been completed.
  - a. See step #13 once completed

Version: WV.OH 5.2.0.0

- [Member Demographics](#)
- [Provider Information](#)
- [Administrative](#)
- [Service Selection](#)
- [Diagnostics](#)
- [Diagnosis](#)
- [Evaluation](#)
- [Treatment Plan](#)
- [Summary And Submit](#)

Delete Request
Submit
<< Previous
Save

**Member Name:** APS Member ID: Auth Request ID: 594263 Status: Saved Reason: In Process  
 Request Category: Medical Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Start Date: 10/30/2015

**Identification Numbers**

Eligibility ID / Medicaid ID
\* Member SSN

**Member Information**

\* First Name

Middle Name

\* Gender

\* Last Name

Suffix

\* Date Of Birth

**Address Information**

\* Address Line1

Address Line2

City

\* State

Zip Code

County

Phone Number

**Annotations**

Status:

Note:

Attach Document:    ☐ Internal Only

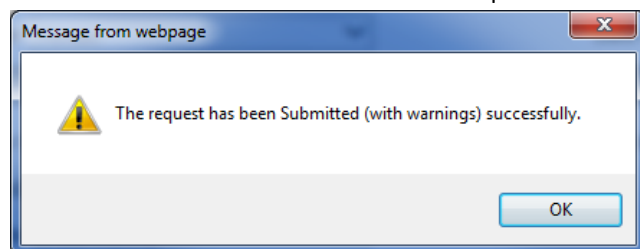
**Notes and Attachments:**  
 No Annotation Data on File

**Referring Provider** [hide](#)

\* Referring Provider 
[Search Provider](#)
[Hide address](#)

**Contact Information**

20. You should receive a notice that request has been successfully submitted



From QUEUE

1. Click on queue – See Blue Arrow
2. Click on filter – See Red Arrow
3. Scroll down to see results

The screenshot shows the 'My AUM Cases' interface. The top navigation bar includes links like 'Home', 'Health Coach', 'Admin', 'External Access Admin', 'AUM Care Manager Supervisor', and 'My Work Queue'. The 'My Work Queue' link is highlighted with a blue arrow. Below the navigation bar, the 'My AUM Cases' section contains a search form with fields for Client, Organization, Requesting Provider, Request Category, Category of Service, Request Type, Authorization Request Status, Request Reason, Type of Admission/Procedure, Lifecycle, and Due Date. The 'Filter Queue Results' button is highlighted with a red arrow. Below the search form, the 'Search Results' section shows 'You have 1 items in your queue.' and an 'Assign Tasks' button. Below this, a table displays search results. The first row is highlighted with a green arrow pointing to the request ID '594263'. The table columns include Assign To, Request ID, Member First Name, Member Last Name, Member ID, Provider Organization, Request Status, Status Reason, Lifecycle, Request Type, and Due Date/Time. The table shows one entry for 'Hall Sierra' with request ID '594263' from 'Greenbrier Chiropractic Center Inc.' with a status of 'Saved' and 'In Process'.

Assign To:	Request ID	Member First Name	Member Last Name	Member ID	Provider Organization	Request Status	Status Reason	Lifecycle	Request Type	Due Date/Time
<input type="checkbox"/> Hall Sierra	594263				Greenbrier Chiropractic Center Inc.	Saved	In Process	Original	Outpatient Chiropractic Service	

Showing 1 to 1 of 1 entries

4. You may see multiple items in the search results because this shows every request that has been saved in your queue. Click on the Blue auth request ID number for the current patient. – See Green Arrow
5. This will bring you back into the request
6. Click save and continue

[Member Demographics](#)  
[Provider Information](#)  
[Administrative](#)  
[Service Selection](#)  
[Diagnostics](#)  
[Evaluation](#)  
[Treatment Plan](#)  
[Summary And Submit](#)

Delete Request
Save
Save & Continue >>

Member Name: APS Member ID Auth Request ID: 594263 Status: Saved Reason: In Process  
Request Category: Medical Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Start Date: 10/30/2015

Identification Numbers

Eligibility ID / Medicaid ID Member SSN

Member Information

First Name Last Name  
Middle Name Suffix  
Gender Date Of Birth

Address Information

Address Line1 Phone Number  
Address Line2  
City  
State  
Zip Code  
County

Annotations

Status:  
Note:  
Attach Document: Browse... Save Internal Only

Notes and Attachments:  
No Annotation Data on File

Save Save & Continue >>

7. On the Administrative Tab, check your start date.
  - a. If the start date is 3 days or more in the past and service has not been performed, change start date to current DOS
  - b. If the start date is 3 days or more in the past and service has been performed, change type to RETROSPECTIVE, check mark OTHER and indicate "Case left in SAVED STATUS in error".



Version: WV.UM 3.2.0.0 |

[Member Demographics](#)

[Provider Information](#)

[Administrative](#)

[Service Selection](#)

[Diagnostics](#)

[Diagnosis](#)

[Evaluation](#)

[Treatment Plan](#)

[Summary And Submit](#)

Data Saved Successfully!

Delete Request

[<< Previous](#)
[Save](#)
[Save & Continue >>](#)

**Member Name:**      **APS Member ID:**      **Auth Request ID:** 594263      **Status:** Saved      **Reason:** In Process  
**Request Category:** Medical      **Request Type:** Outpatient Chiropractic Service      **Lifecycle:** Original      **Created by:** Sierra Hall      **Auth Start Date:** 10/30/2015

**Administrative**

Date of Referral

\* Procedure Type

\* Authorization Type

\* Type of Admission/Procedure

\* Auth Start Date


Request Submitted Date

**Retrospective Request Details**

\* Retro Request Reason ☐ Failure to request Prior Authorization  
☐ Medicaid Covered Service Denied by - Member's Primary Payer  
☒ OTHER  
☐ Retrospective Medicaid Eligibility

\* Retro Request Reason Other

[<< Previous](#)
[Save](#)
[Save & Continue >>](#)



8. Click save and continue
9. This will bring you to the SERVICE SELECTION TAB.
10. If the services were previously entered successfully and the start date was changed in Step 7
  - a. Click on the pencil beside the service
  - b. Change Start Date
  - c. You can also change the Servicing Provider if previously entered incorrectly
  - d. Click update service
  - e. If there are additional services, perform steps for each one
11. Once all changes have been successfully updated, click save and continue

Version: WV.UM 3.2.0.0 |

[Member Demographics](#)

[Provider Information](#)

[Administrative](#)

[Service Selection](#)

[Diagnostics](#)

[Diagnosis](#)

[Evaluation](#)

[Treatment Plan](#)

[Summary And Submit](#)

Data Saved Successfully!

Delete Request
<< Previous
Save
Save & Continue >>

Member Name: APS Member ID: Auth Request ID: 594263 Status: Saved Reason: In Progress  
 Request Category: Medical Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Date: 10/30/2015

**Add Service**

\* Servicing Provider: GREENBRIER CHIROPRACTIC CENT [Search](#) [Show Address](#)

\* Service Code: - Select - [Search](#)

\* Units:

\* Service Start Date: 10/30/2015

\* Place Of Service: - Select -

\* Service End Date:

Requested Services										
Action	Servicing Provider	Service Code	Service Description	Description	Units	PoS	Start Date	End Date	Status	Authorization Number
✗ /	GREENBRIER CHIROPRACTIC CENTER, INC.	98941	CHIROPRACTIC MANIPULATION		12	11 - Office	10/30/2015	12/31/2015	Pended	

**Request Information**

\* Patient Status: New

\* Period of Request: 30 Days

\* Frequency of Visits: OTHER

\* Frequency of Visits: Other:

\* Declining Frequency Explanation:

**Radiologic Services**

Radiologic Services Performed: - Select -

Radiologic Services Completed Date:

Radiologic Service Notes:

**Annotations**

Status:

12. Continue to click save and continue and make sure all required fields on each page has been complete
13. Once you have gone through each page, scroll up to the top of the page and click Submit – See Orange Arrow

[Member Demographics](#)  
[Provider Information](#)  
[Administrative](#)  
[Service Selection](#)  
[Diagnostics](#)  
[Diagnosis](#)  
[Evaluation](#)  
[Treatment Plan](#)  
[Summary And Submit](#)

Delete Request
Submit
<< Previous
Save

Member Name: APS Member ID: Auth Request ID: 594263 Status: Saved Reason: In Process  
Request Category: Med Request Type: Outpatient Chiropractic Service Lifecycle: Original Created by: Sierra Hall Auth Start Date: 10/30/2015

Identification Numbers

Eligibility ID / Medicaid ID Member SSN

Member Information

First Name Last Name  
Middle Name Suffix  
Gender Date Of Birth

Address Information

Address Line1 Phone Number  
Address Line2  
City  
State  
Zip Code  
County

Annotations

Status:  
Note:  
Attach Document: Browse... Save Internal Only

Notes and Attachments:  
No Annotation Data on File

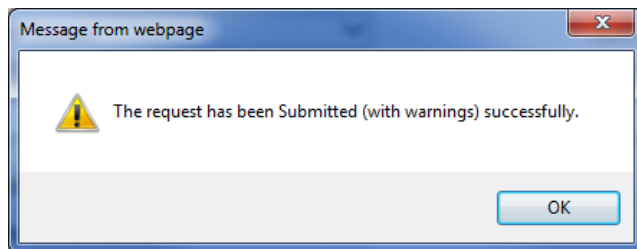
Referring Provider

Referring Provider TIMOTHY PENCE Search Provider Hide address

Contact Information

Address Line1 HC 82 BOX 10 Phone Number 3046456080  
Address Line2 Office Contact

14. You may receive a Warning Box. Click continue
15. If there are RED ERROR CODES received, go back through request and make sure all required fields have been completed.
  - a. See step #13 once completed
16. You should receive a notice that request has been successfully submitted



## Modification Process

Beginning May 1, 2016, KEPRO modification process was changed. Service end dates and unit changes to existing authorizations are the only changes that will successfully update in the new Healthpas 5.0 Molina system. Servicing Provider, Service Start Dates, CPT code/Service Code corrections and other changes will require a new authorization number to be generated for billing purposes. All authorization changes will require justification documentation.

Providers will now be required to submit these corrections via the DDE (Direct Data Entry) KEPRO Provider Portal. These changes will require a copy for correction of the original request. You will find instructions to assist here:

[Http://KEPROhealthcare.com/publicprograms/west\\_virginia/WV\\_Medical\\_Prov.htm](http://KEPROhealthcare.com/publicprograms/west_virginia/WV_Medical_Prov.htm)

Please indicate the reason for the copy for correction as the retrospective reason. For example, use "Servicing Provider incorrect. Authorized for (name) and needs to be for (new name and NPI number). Servicing Provider and date changes do not require a second clinical review.

Authorized service(s) codes should contain the CPT code to be billed. In some workflows (e.g. Imaging), the service code group is considered a "bucket" by Molina meaning the CPT code must be found in the "bucket" for successful payment processing. If the wrong service code or group was requested for the service performed, a copy for correction will have to be submitted. The original CPT code MUST be included in the retrospective reason and this change will NOT require a new clinical review. However, CPT code changes, the addition of new codes or HCPCS code changes DO require clinical review. Service code changes must be requested within 10 business days of the service start date/date the service was performed. For code changes where multiple units were authorized, please include units authorized/units billed so the new authorization can be adjusted. This allows the appropriate code in a procedure group to be billed (eg. with or without contrast testing).

Only the submitting organization can request a copy for correction. If you are the servicing provider and did not create the request, please make every effort to contact physician's office to submit a correction. However, if this is not successful, the servicing provider will have to submit a new request. A claim form or remittance advice showing denial of service is required with each request. Please indicate the reason, ex. Servicing Provider incorrect for authorization number \_\_\_\_\_. Approved for (name) and performed by (name). The authorization number and approved for name is REQUIRED. Please note: For CPT/HCPCS code changes, the code approved on the original authorization must be included. Only the Physician's office can request a CPT code change or request authorization of additional services. If the CPT/HCPCS code billed is NOT what was previously authorized, the new request will be closed with a note that the requesting provider will need to be contacted.

## Copy for New Submission Instructions

A copy for new submission is requested when a copy for correction cannot be completed due to 1) Closure of a previous authorization request and/or 2) Request is stuck in saved mode and won't submit. **Please note: If a copy for new submission is being requested and the services have already been provided, Providers have 10 business days to request to be within retrospective policy guidelines. If the request is not received within 10 business days, a policy denial for not meeting retrospective policy will be issued.**

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

The screenshot shows a web browser window with the URL <https://providerportal-training.apshc.org/Search/AuthRequestSearch.aspx>. The page has a navigation bar with links: Home, AUM Manager, Search Member, Search Tx Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The main section is titled "Search Authorization Request" and contains a form with the following fields:

- Client: State of West Virginia
- Organization: (empty text box)
- Authorization Request ID: 2593
- Request Category: Select
- Category of Service: Select
- Request Type: Select
- Authorization Start Date: Select
- Authorization End Date: Select
- Authorization Submission Date: Select
- Authorization Request Status: Select
- Search button

Below the form is a "Search Results" table with the following columns: AuthID, LifeCycle, First Name, Last Name, Medicaid ID, DOB, SSN, Start Date, End Date, Status, Reason, Request Type, and Requesting Provider. The table contains one entry:

AuthID	LifeCycle	First Name	Last Name	Medicaid ID	DOB	SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider
2593	Original	Test	Brown	00999882345	04/05/1945	999-88-2345	2016-06-06		Saved	In Process	Durable Medical Equipment	

At the bottom of the table, it says "Showing 1 to 1 of 1 entries" and "First Previous Next Last".

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

The screenshot shows a web browser window with the URL <https://providerportal-training.apshc.org/Search/TreatmentEpisodeView.aspx?MemberID=368>. The page title is "Home | AUM Manager". The version is "Version: WVJM 2.4.0.1 | Contact Us | Logout (apshc5)".

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

Organization:

Member Name: Test Brown | Member ID: 0099882345 | 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	2233	Medical	Rehabilitation	Open	06/06/2016	None	
	Action	2593	Medical	Rehabilitation	Open	06/06/2016	None	

Showing 1 to 1 of 1 entries

First Previous Next Last

**Action Item Details**

- Copy Auth Request
- Delete Auth Request
- Print
- View Auth Request
- Cancel

- You will now see the word "Actions" twice
- Click: 2<sup>nd</sup> Actions
- Choose: Copy Auth Request



The screenshot shows a web browser window with the URL <https://providerportal-training.apshchealthcare.com/Requests/CopyRequest.aspx?RequestId=2628&EpisodeId=2628>. The page title is "AUM Manager". The 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 version is "WV/JM 2.4.0.1" and there is a "Logout (apshc5)" link.

**Member Information**

Member Name: Test Brown	Member Id: 0099882345	Member DOB: 04/05/1945
-------------------------	-----------------------	------------------------

**Copy Request**

☒ Copy for New Submission ☐ Copy for Update/Correction

	Original Request	New Request
* Authorization Start Date:	06/06/2016	06/06/2016
* Request Category:	Medical	Medical
* Category of Service:	Rehabilitation	Rehabilitation
* Requesting Provider:		
* Request Type:	Durable Medical Equipment	Durable Medical Equipment

Continue Cancel

- In the pop up box choose: Copy for new submission
- If the date of service (DOS) needs changed, please change date in the date field
  - This is only suggested if the procedure has NOT already been completed.
  - If the procedure was performed, DO NOT change the date
- Click Continue

https://providerportal-training.apshhealthcare.com/Requests/CopyRequest.aspx?RequestId=2628&EpisodeID=...

File Edit View Favorites Tools Help

Web Fax Compose Delek Time & Expense - L... Iperny Web Case Manage... Suggested Sites ADP Citrix XenApp - Applicatio... WV Behavioral Healthcare...

Category: All Episodes

Requesting Provider:

Request Type: Durable Medical Equipment

Continue Cancel

Please select a treatment episode below if you would like to attach the new Authorization Request to the selected episode or click the 'Do not attach' button to attach the new request to a new episode.

**Open Medical - Rehabilitation episodes for Member ID: 00999882345, Provider Organization: Charleston Memorial**

Episode ID	Start Date
<input type="radio"/> 718	02-20-2012
<input type="radio"/> 721	02-20-2012
<input type="radio"/> 857	06-14-2012
<input type="radio"/> 865	06-18-2012
<input type="radio"/> 1290	04-01-2013
<input type="radio"/> 2198	05-17-2016
<input type="radio"/> 2202	05-18-2016
<input type="radio"/> 2203	05-18-2016
<input type="radio"/> 2206	05-18-2016
<input type="radio"/> 2210	05-18-2016

Showing 1 to 10 of 25 entries

Attach to Episode Do Not Attach

First Previous [Next](#) [Last](#)

125%

- You will see open episodes
- Click Do Not Attach

885 05-18-2012

1290 04-01-2013

2198 05-17-2016

2202 05-18-2016

2203 05-18-2016

2206 05-18-2016

2210 05-18-2016

Attach to Episode Do Not Attach

**Section Selection**

Please select the sections of the authorization request you wish to copy:

☒ Select All

- ☒ Administrative
- ☒ Biometric
- ☒ Diagnosis
- ☒ Evaluation
- ☒ Member
- ☒ Pre-authorization
- ☒ Provider
- ☒ Service

Create Request Cancel

- Section Selection: Choose Select All
- Create Request

**From this point, Continue as submitting a brand new request**

#### **Additional Info**

- If the service has already been performed and it has been past 10 business days, retrospective request will have to be chosen on the ADMIN tab. Please be sure to give a very detailed explanation as to why the request was not submitted timely.
- Please ensure that the diagnosis(es) correspond to the date of service being requested. If prior to 10/01/2015, ICD-9 codes must be submitted. After 10/01/2015, ICD-10 codes must be submitted. If request are submitted with incorrect diagnostic codes, they will be closed and the provider will have to resubmit a corrected request.
- DME providers must request prior authorization prior to placing equipment unless an exception is noted in BMS manual Chapter 506- DMEPOS

## Copy for Correction Instructions

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

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

### To Request a Copy for Correction:

The screenshot shows the AUM Manager web application interface. 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 main form is titled "Search Authorization Request" and contains the following fields:

- Client: State of West Virginia
- Organization: [Redacted]
- Authorization Request ID: 753
- Request Category: Select
- Category of Service: Select
- Request Type: Select
- Authorization Start Date: Select
- Authorization End Date: Select
- Authorization Submission Date: Select
- Authorization Request Status: Select

A "Search" button is located below the form fields. Below the form, the "Search Results" section displays a table with the following data:

AuthID	LifeCycle	First Name	Last Name	Medicaid ID	DOB	SSN	Start Date	End Date	Status	Reason	Request Type	Requesting Provider
753	Original	Test	Abbot	00999876543	01/01/1980	999-87-6543	2011-11-30		Complete	Review Complete	In S	[Redacted]

Below the table, it says "Showing 1 to 1 of 1 entries". At the bottom right of the table, there are links for "First", "Previous", "Next", and "Last".

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

https://providerportal-training.apshchealthcare.com/Search/TreatmentEpisodeView.aspx?MemberID=306

File Edit View Favorites Tools Help

Web Fax Compose Outlook Time & Expense - L... Iperny Web Case Manage... Suggested Sites ADP Citrix XenApp - Applicatio... WV Behavioral Healthcare...

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

Member Name: Test Abbott Member Id: 00999876543 Member DOB: 01/01/1980

☒ View all Treatment Episodes

Expand/Collapse	Action	Treatment Episode ID	Request Category	Category Of Service	Status	Start Date	End Date	Discharge Notes
	Action	521	Medical	Inpatient	Open	11/30/2011	None	
	Action	753	Inpatient		Complete	11/30/2011	None	

Showing 1 to 1 of 1 entries

First Previous Next Last

**Action Item Details**

[Copy Auth Request](#)

[Discharge Auth Request](#)

[Print](#)

[View Auth Request](#)

[Cancel](#)

- You will now see the word “Actions” twice
- Click: 2<sup>nd</sup> Actions
- Choose: Copy Auth Request

The screenshot shows a web browser window with the URL <https://providerportal-training.aphhealthcare.com/Requests/CopyRequest.aspx?RequestId:75455Episode>. The page title is "AUM Manager" and the version is "WVJUM 2.4.0.1". The user is logged in as "apshe5".

**Member Information:**

- Member Name: Test Abbott
- Member Id: 00999876543
- Member DOB: 01/01/1980

**Copy Request:**

☐ Copy for New Submission ☒ Copy for Update/Correction

	Original Request	New Request
* Authorization Start Date:	11/30/2011	<input type="text" value="11/30/2011"/>
* Request Category:	Medical	<input type="text" value="Medical"/>
* Category of Service:	Inpatient	<input type="text" value="Inpatient"/>
* Requesting Provider:	Charleston Memorial	<input type="text" value="Charleston Memorial"/>
* Request Type:	Inpatient Services	<input type="text" value="Inpatient Services"/>

Buttons:

- In the pop up box choose: Copy for update/correction
- If the date of service (**DOS**) needs changed, please change date in the date field
  - This is only suggested if the procedure has **NOT** already been completed.
  - If the procedure was performed during the authorization date span previously given, **DO NOT** change the date
- Continue

https://providerportal-training.aphealthcare.com/Requests/CopyRequest.aspx?RequestId=7548Epiod

File Edit View Favorites Tools Help

Web Fax Compose Debt Time & Expense - L... (peny) Web Case Manage... Suggested Sites ADP Citrix XenApp - Applicatio... WV Behavioral Healthcare...

☐ Copy for New Submission ☒ Copy for Update/Correction

	Original Request	New Request
* Authorization Start Date:	11/30/2011	11/30/2011
* Request Category:	Medical	Medical
* Category of Service:	Inpatient	Inpatient
* Requesting Provider:	<input type="text"/>	<input type="text"/>
* Request Type:	Inpatient Services	Inpatient Services

Continue Cancel

### Section Selection

Please select the sections of the authorization request you wish to copy:

☒ Select All

- ☒ Administrative
- ☒ Biometric
- ☒ Diagnosis
- ☒ Diagnostics
- ☒ Evaluation
- ☒ Laboratory
- ☒ Medication
- ☒ Member
- ☒ Pre-authorization
- ☒ Provider
- ☒ Service
- ☒ Treatment Plan

Create Request Cancel

125%

- Click: Select all
- Create Request



The screenshot shows the AUM Manager web application interface. The top navigation bar includes links for Home, AUM Manager, Search Member, Search Ex Episode, Search Authorization Request, Search PA Number, My Inbox, Queue, and Reports. The left sidebar lists various menu items: Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnostics, Labs, Diagnosis, Evaluation, Treatment Plan, Medications, and Summary And Submit. The main content area displays the 'Administrative' section with the following fields and values:

Field	Value
Member Name	Test Abbott
APS Member ID	00999876543
Auth Request ID	753
Status	Saved
Reason	In Process
Request Category	Medical
Request Type	Inpatient Services
Lifecycle	Copy for Correction
Created by	Perry Alicia
Auth Start Date	11/30/2011

Below the table, the 'Administrative' section contains the following fields:

- Date of Referral: [Empty text box]
- \* Procedure Type: General and Acute (dropdown menu)
- \* Authorization Type: Prior Authorization (dropdown menu)
- \* Type of Admission/Procedure: Elective (dropdown menu)
- \* Admission Date: 06/06/2016 (text box)
- Request Submitted Date: [Empty text box]

At the bottom right, there are three buttons: '<< Previous', 'Save', and 'Save & Continue >>'. A message 'Data Saved Successfully!' is displayed at the top right of the main content area.

- **Member Demographics:** Click Save and Continue
- **Provider:** Save and Continue
- **Administrative:**
  - If the DOS was not changed:
    - Change Authorization type to Retrospective Request
    - Retro Request Reason: Choose Other
    - Input the retro reason in the annotation box provided
      - For example, additional service request, provider change, etc.
    - Save and Continue
  - If DOS was changed and the date is within the allowed 10 business days, Click Save and Continue
- Click Save and Continue

The screenshot shows the 'Service Selection' screen in the AUM Manager application. The top navigation bar includes links for 'Home', 'AUM Manager', and 'Logout [apshc5]'. The left sidebar contains a list of menu items: 'Member Demographics', 'Provider Information', 'Administrative', 'Service Selection', 'Biometrics', 'Diagnostics', 'Labs', 'Diagnosis', 'Evaluation', 'Treatment Plan', 'Medications', and 'Summary And Submit'. The main content area displays a form for adding services. The form includes fields for 'Servicing Provider' (with a search button), 'Service Code' (set to 'WV001 - Medical Inpatient Hospital'), 'Units' (set to '30'), 'Place Of Service' (set to '21 - Inpatient Hospital'), 'Service Start Date' (set to '06/06/2016'), and 'Service End Date' (set to '07/07/2016'). Below these fields are buttons for 'Add Service' and 'Reset'. The form also includes sections for 'Requested Services', 'Supplemental Information' (with fields for 'Admission Follows Observation', 'Type Of Unit', and 'Surgical Procedures'), and 'Annotations'.

- **Service Selection Screen:**
  - Please add all new **AND** previously authorized CPT codes
    - For billing purposes, all approved procedures must have the same authorization number.
  - Verify the Servicing Provider is correct
  - The previous authorization number given will no longer be eligible for billing, so please be sure to include all codes.
- Add all notes, clinical, etc in the annotation boxes
- Click Save to add any information attached or notes keyed in
- Click Save and continue

Home | AUM Manager

Version: WV.UIM 2.4.0.1 | Contact Us | Logout [apshc5]

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

Member Demographics | Provider Information | Administrative | Service Selection | Biometrics | Diagnostics | Labs | Diagnosis | Evaluation | Treatment Plan | Medications | Summary And Submit

Delete Request

Member Name: Test Abbot AP5 Member ID: 0099870543 Auth Request ID: 753 Status: Saved Reason: In Process Request  
Category: Medical Request Type: Inpatient Services Lifecycle: Copy for Correction Created by: Perry Alicia Auth Start Date:  
06/08/2016

Diagnosis

\* Diagnosis  Search Options

Symptoms Onset Date

\* Symptoms/Description

Add Reset

Diagnosis Results

Action	Diagnosis Code	Description	Type	Onset Date	Symptoms/Description	Is Primary
✖	300	NEUROTIC DISORDERS	ICD9	11/10/2011	n1	Primary
✖	500	COAL WORKERS' PNEUMOCON	ICD9	11/09/2011	n1	Secondary

Annotations

Status:

Note:

- **Diagnosis Screen:** The diagnosis type (ICD-9/ICD-10) is dependent upon the service start date (SSD). All requests should have the correct diagnostic code submitted. The Molina Healthcare system will not accept authorization numbers with incorrect diagnostic coding based on the service start date. This will delay billing and payment of services.
  - If the SSD is after 10/01/15, click save and continue
  - If the SSD is before 10/01/15
    - Click Search Options button beside the diagnosis field
    - In the drop down box, choose ICD-9 as diagnosis code type
    - Click Save
    - You will now be able to search for the ICD-9 code to select the diagnosis
- After all diagnosis codes are updated, click Save and Continue

Home | AUM Manager

Version: WV.UIM 2.4.0.1 | Contact Us | Logout [apshc5]

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

Member Demographics

Member Name: Test Abbott AP5 Member ID: 00999870543 Auth Request ID: 753 Status: Saved Reason: In Process Request  
 Category: Medical Request Type: Inpatient Services Lifecycle: Copy for Correction Created by: Perry Alicia Auth Start Date:  
 06/08/2016

Identification Numbers

Eligibility ID/ Medicaid ID: 00999870543 Member SSN: 999-87-6543

Member Information

First Name: Test Last Name: Abbott  
 Middle Name: Suffix:  
 Gender: Male Date Of Birth: 01/01/1960

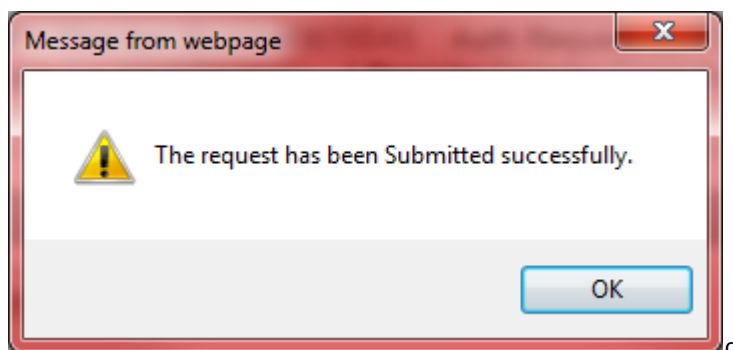
Address Information

Address Line1: box 554 Phone Number:  
 Address Line2:  
 City: Charleston  
 State: West Virginia  
 Zip Code: 25315  
 County:

Annotations

Status:

- On the upper left-hand side, click on summary and submit
- Scroll up to the top of the request
- Click: submit button
- Certain review areas will now show an information box giving the option of continue or cancel
  - This box will only show at the top of the request. If the submit button at the bottom of page, the information box will not be seen. This can cause your request to not submit and stay in 'SAVED' status.
- Click Continue



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

## Frequently Used Numbers and Contact Information

Medical Services Phone: 1-800-346-8272

Medical Services General Voicemail: ext. 7996

Medical Services email: [wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com)

Helen Snyder	Associate Director	<a href="mailto:Hcsnyder@kepro.com">Hcsnyder@kepro.com</a>	ext. 4463
Angela Hobbs	UM Nurse Supervisor	<a href="mailto:Angela.Hobbs@kepro.com">Angela.Hobbs@kepro.com</a>	ext. 4477
Alicia Perry	Office Manager	<a href="mailto:Aperry@kepro.com">Aperry@kepro.com</a>	ext. 4452
Cindy Bunch	CSR Supervisor	<a href="mailto:Cindy.Bunch@kepro.com">Cindy.Bunch@kepro.com</a>	ext. 4408
Jasper Smith	Eligibility Specialist	<a href="mailto:Jasper.Smith@kepro.com">Jasper.Smith@kepro.com</a>	ext. 4490
Sierra Hall	Training Specialist	<a href="mailto:Sierra.Hall@kepro.com">Sierra.Hall@kepro.com</a>	ext. 4453
Justin Vanwyck	Training Specialist	<a href="mailto:JVanwyck@kepro.com">JVanwyck@kepro.com</a>	ext. 4448

GENERAL KEPRO INFORMATION: <https://wvaso.kepro.com>

Fax #: 866-209-9632 (Registration and Technical Support only)

Website for Submitting Authorizations: <https://providerportal.kepro.com>

Website for Org Managers to Add/Modify Users <https://c3wv.kepro.com>

REMEMBER: E-mail us at [wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com) to be added to our e-mail list. This will ensure you receive important information and announcements directly.

### Fax Numbers:

844.633.8426	BARIATRIC/INPATIENT/INPATIENT REHAB UNDER 21/ ORGAN TRANSPLANTS
844.633.8427	OUTPATIENT SURGERY
844.633.8428	IMAGING/RADIOLOGY/LAB
844.633.8429	CARDIAC & PULMONARY REHAB/DME/ORTHOTICS & PROSTHETICS
844.633.8430	HOME HEALTH/HOSPICE/PRIVATE DUTY NURSING
844.633.8431	AUDIOLOGY/SPEECH/CHIROPRACTIC/ DENTAL/ORTHODONTIC/PODIATRY/PT/OT/ VISION
866-209-9632	MODIFICATION REQUESTS/EPSDT/ OUT OF NETWORK