

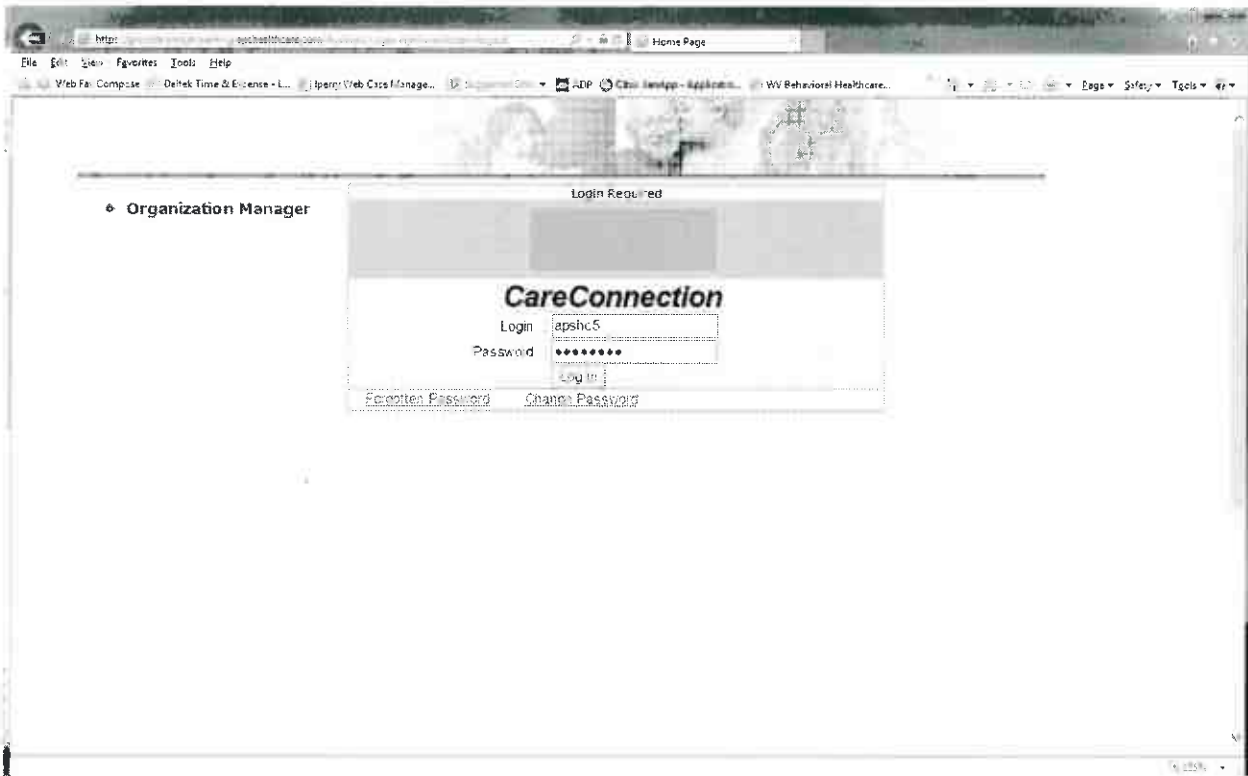
## Podiatry Services

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

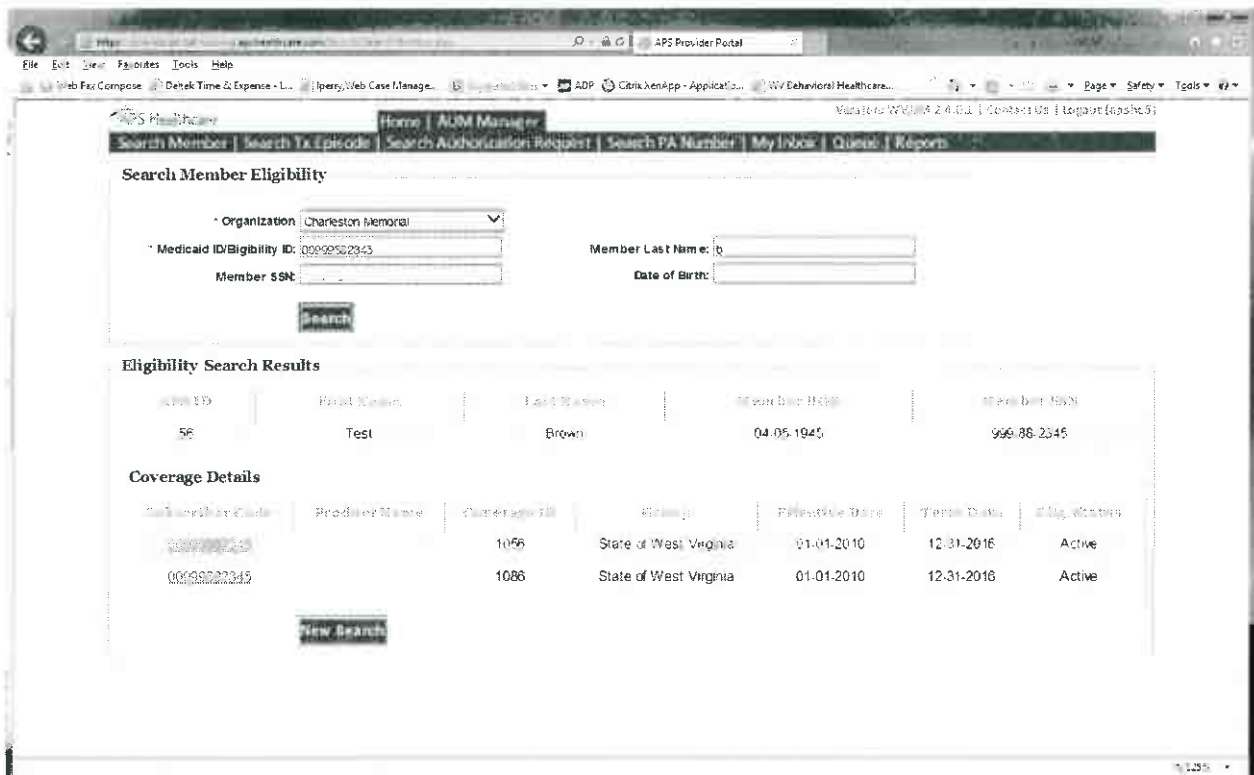
Go to <https://providerportal.kepro.com> and enter you login ID and password



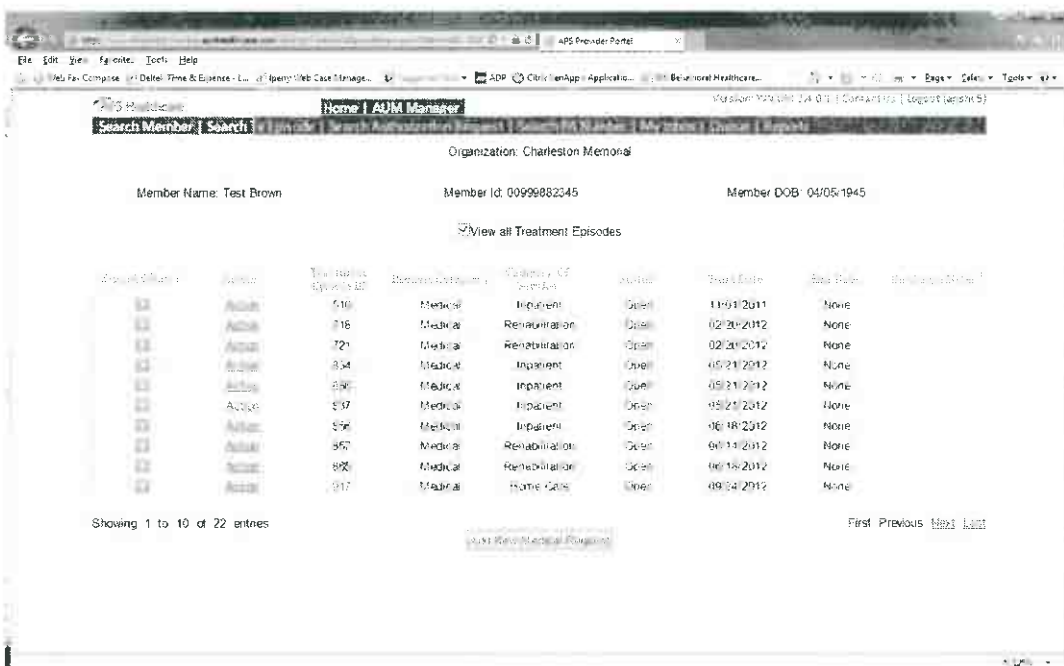
Click on AUM Manager Tab

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.



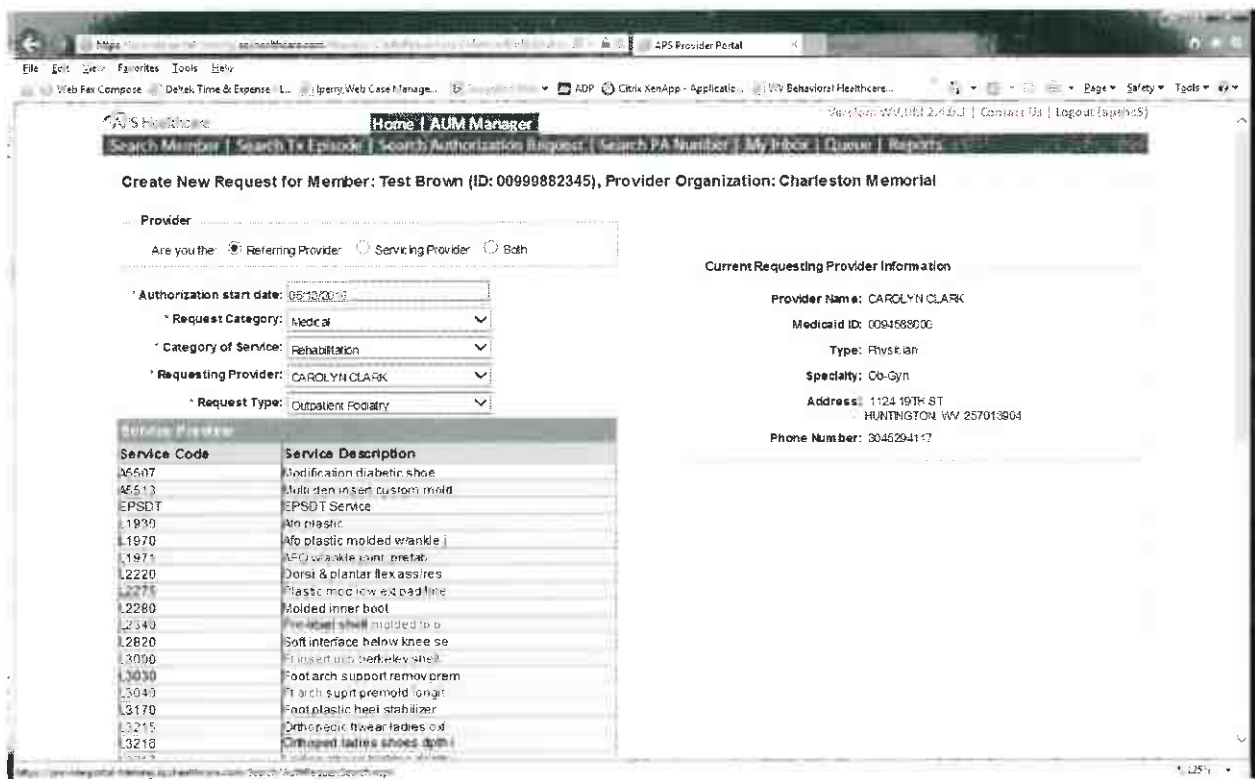
This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.



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. (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"



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

APS Member Demographics

Home | AUM Manager

Data Saved Successfully

Member Name: Test Brown APS Member ID: 000000000000 Auth Request ID: 0000 Status: Saved Request Category: Medical Request Type: Subsequent Policy Licensure: Original Created By: Perry Adams Auth Start Date: 06/14/2010

Eligibility ID / Medicaid ID: 000000000000 Member SSN: 999-99-9999

First Name: Test Middle Name: Last Name: Brown Suffix: Gender: Male Date of Birth: 01/01/1919

Address Line 1: 123 East Ave Address Line 2: 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

APS Provider Information

Home | AUM Manager

Data Saved Successfully

Referring Provider: Perry Adams

Address Line 1: 123 East Ave Address Line 2: City: Wheeling State: West Virginia Zip Code: 26060 Phone Number: 00000-1111 Office Contact: Contact Phone (if different):

Search Provider: Note Address:

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

APS HealthCare Home | AUM Manager

Member Name: Test Brown APS Member ID: 0000002344 Auth Request ID: 2377 Status: Saved Reason in Progress Request Category: Medical Request Type: Department Podiatry Lifecycle: Original Created by: Perry, Alicia Auth Start Date: 01/01/2016

Date of Referral:

Procedure Type:

Authorization Type:

Type of Admission/Procedure:

Auth Start Date:

Request Submitted Date:

Retro Request Reason:

Web Site Covered Retro's Denial by - Member's Primary Payer

Other

Retrospective Medicaid Eligibility

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

APS HealthCare Home | AUM Manager

Member Name: Test Brown APS Member ID: 0000002344 Auth Request ID: 2377 Status: Saved Reason in Progress Request Category: Medical Request Type: Department Podiatry Lifecycle: Original Created by: Perry, Alicia Auth Start Date: 01/01/2016

Date of Referral:

Procedure Type:

Authorization Type:

Type of Admission/Procedure:

Auth Start Date:

Request Submitted Date:

Retro Request Reason:

Web Site Covered Retro's Denial by - Member's Primary Payer

Other

Retrospective Medicaid Eligibility

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

APS Member ID: 90999882045 | Auth Request ID: 2586 | Status: Saved | Reason: In Process | Request Category: Medical | Request Type: Outpatient Podiatry | Lifecycle: Original | Created by: Penny Aloia | Auth Start Date: 05/11/2016

**Add Service**

\* Servicing Provider: [Search] Show address

\* Service Code: [Select -] Search

\* Place Of Service: [Select -]

\* Unks: [ ]

\* Service Start Date: 05/12/2016

\* Service End Date: [ ]

**Requested Services**

Describe Procedure(s) / Functional Level:

test

**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

The screenshot shows the 'Add Service' form in the APS Provider Portal. The form is divided into several sections:

- Header:** 'Add Service' title.
- Provider and Service Code:**
  - \* Servicing Provider: Cherokee Memorial (dropdown), Search, Show Address
  - \* Service Code: L3215 - Orthopedic ftwear ladies oxf (dropdown), Search
- Search and Filter:**
  - Search Type: All (dropdown)
  - Service Code Group Name: L3215 (input), Any Words (dropdown)
  - Service Code Service Group: (input), Any Words (dropdown)
  - Results per page: 25 (dropdown), Search
- Service Table:**

Attach	Service Code / Group	Description
<input type="checkbox"/>	L3215	Orthopedic ftwear ladies oxf
- Additional Fields:**
  - \* Place Of Service: 11 - Office (dropdown)
  - Units: (input)
  - \* Service Start Date: 05/18/2016 (input)
  - \* Service End Date: 11/13/2016 (input)
  - \* Length of Time Needed: - Select - (dropdown)
  - \* Quantity Ordered: - Select - (dropdown)
  - \* Frequency of Use: - Select - (dropdown)
  - \* Functional Level: - Select - (dropdown)
  - \* Date Of Last Exam: (input)
  - \* Dollar Amount: (input)
- Buttons:** Add Service, Save
- Footer:** Requested Services, Describe (Procedures) / 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

Diagnosis Code Type: ICD10

Symptoms Onset Date

Symptoms Description

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: 901P

Diagnosis Code Type: ICD10

Symptoms Description

Annotations

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 diagnosis codes you have.



## Evaluation

The screenshot shows a web browser window with the URL <https://www.apshealth.com> and the page title "APS Provider Portal". The browser's address bar and menu bar are visible. The page content includes a navigation sidebar on the left with the following items: Member Demographics, Provider Information, Administrative, Service Selection, Biometrics, Diagnostic, Lab, Diagnosis, Evaluation, Medications, and Summary And Submit. The main content area has a header with "Delete Request", "Previous", "Save", and "Save & Continue" buttons. Below this, patient information is displayed: Member Name: Test Brown, APS Member ID: 00098892345, Auth Request ID: 2573, Status: Saved, Reason: In Process, Request Category: Medical, Request Type: Outpatient Podiatry, Lifecycle: Original, Created by: Penny Alissa, and Auth Start Date: 05/18/2016. The "Medical History" section features two dropdown menus for "Medical History" and "Relation", and a "Description" text area. Below these are six evaluation questions, each with radio buttons for "Yes", "No", and "N/A", and a "Medical Justification" text area. The questions are: "Does Patient Have Impaired Endurance?", "Does Patient Have Impaired Mobility?", "Does Patient Have Restricted Activity?", "Does Patient Have Skin Break Down? (Describe site, size, depth and drainage)", "Does Patient Require Assistance with ADL's?", and "Does Patient/Caregiver Demonstrate".

Member Demographics | Delete Request | Previous | Save | Save & Continue

Member Name: Test Brown | APS Member ID: 00098892345 | Auth Request ID: 2573 | Status: Saved | Reason: In Process | Request Category: Medical | Request Type: Outpatient Podiatry | Lifecycle: Original | Created by: Penny Alissa | Auth Start Date: 05/18/2016

Medical History

Medical History: Select - | Relation: Select -

Description

ADD | FILE

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? (Describe site, size, depth and drainage)  Yes  No  N/A \* Medical Justification

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

APS Provider Portal

Home | AUM Manager

Member Name: Test Brown APS Member ID: 000000000000 Auth Request ID: 2573 Status: Saved Reason for Process: Request  
Category: Medical Request Type: Outpatient Primary Licensure: Original Created by: Pein, Alexia Auth Start Date: 04/18/2018

Is member currently taking Medications? NO

Annotations

Status

Note:

Attach Document Browse Save

Notes and Attachments:  
No Annotation Data on File

Save

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.

