

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

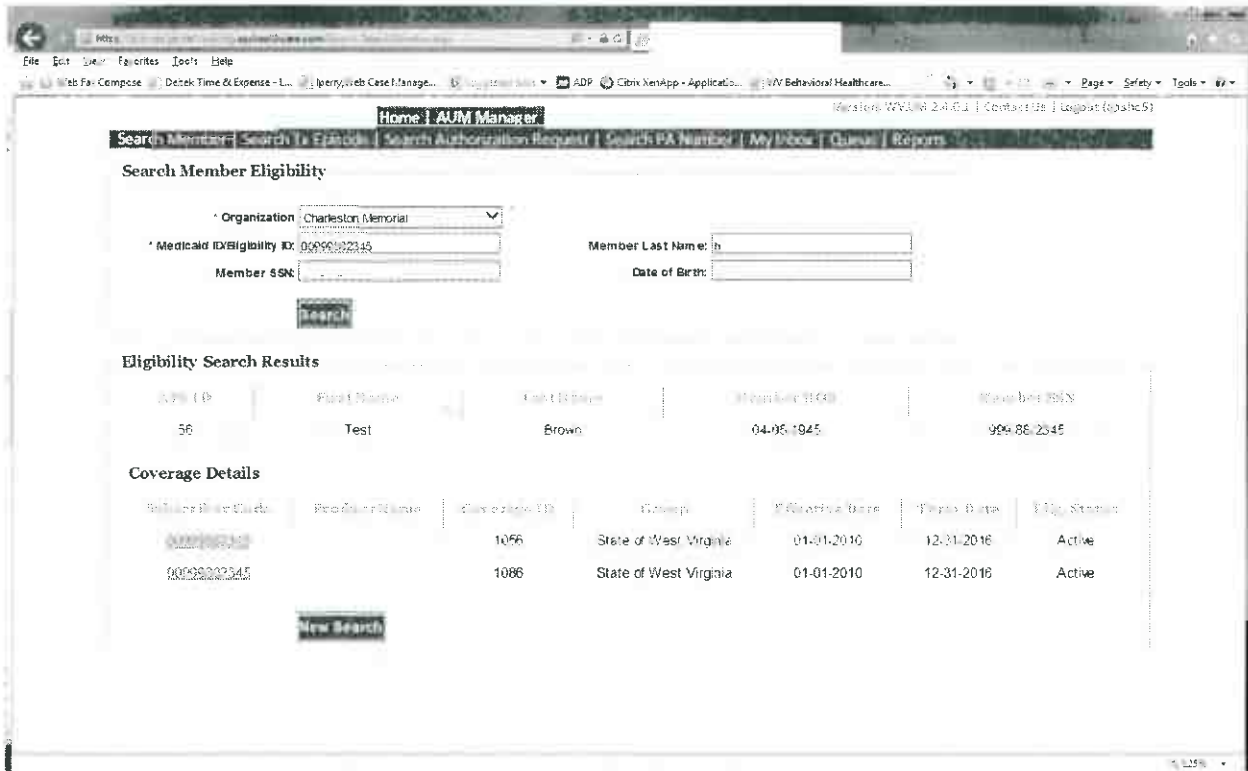
Go to <https://providerportal.kepro.com> and enter you login ID and password



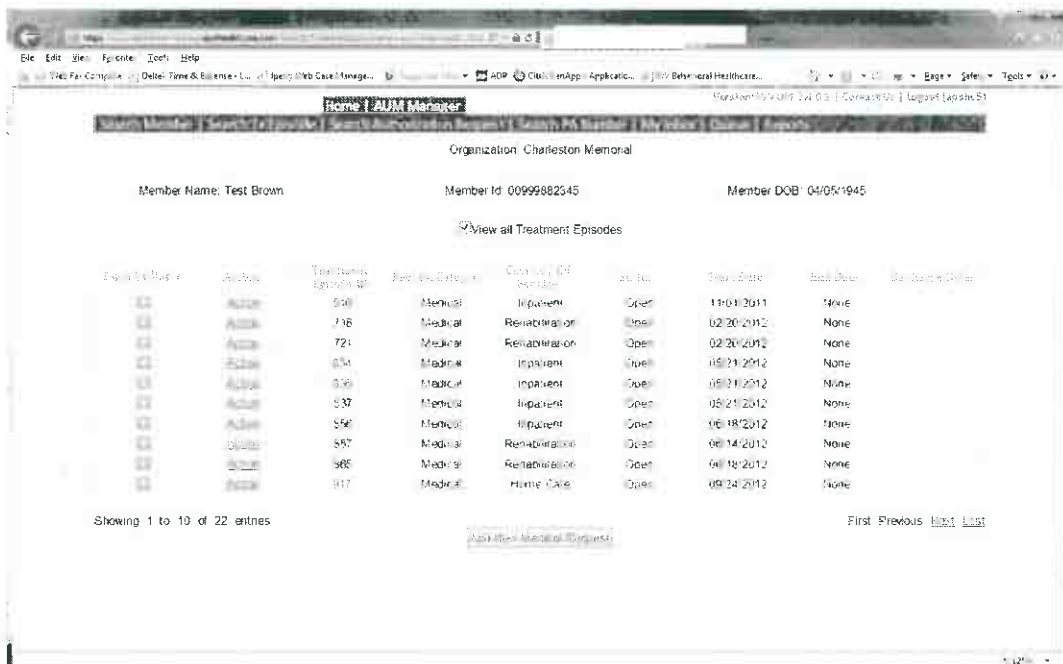
Click on AUM Manager Tab

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.



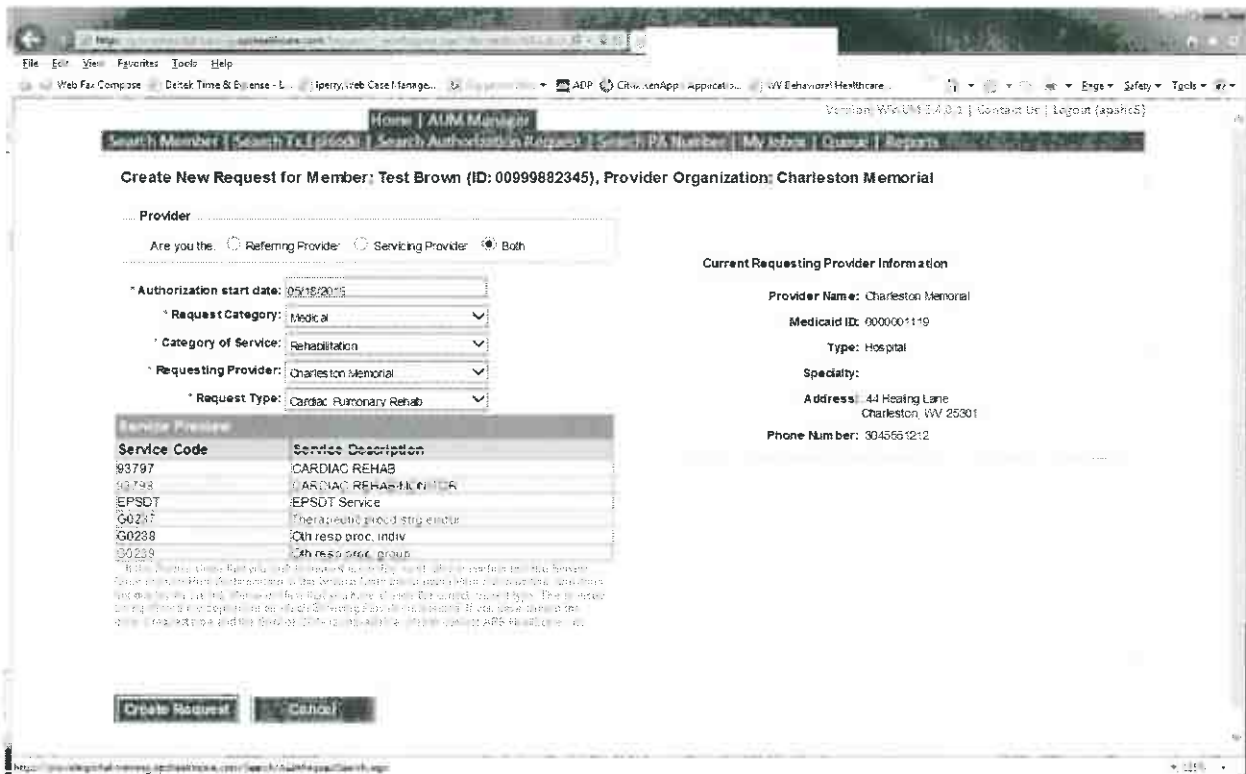
This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.



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- 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"



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

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

Provider

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

Member Name: Test Brown APS Member ID: 000000000000 Auth Request ID: 1000 Status: Submitted Reason for Process: Request
Category: Medical Request Type: Pulmonary Related Lifestyle: Original Created by: Pam Allen Auth Start Date: 05/16/2016

Administrative

Date of Referral: _____

* Procedure Type: Pulmonary

* Authorization Type: Prior Authorization

* Type of Office: _____

Admission/Procedure: _____

* Auth Start Date: 05/16/2016

Request Submitted Date: _____

Process Save View & Print

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

Home | AUM Manager

Member Name: Test Brown APS Member ID: 000000000000 Auth Request ID: 1000 Status: Submitted Reason for Process: Request
Category: Medical Request Type: Pulmonary Related Lifestyle: Original Created by: Pam Allen Auth Start Date: 05/16/2016

Administrative

Date of Referral: _____

* Procedure Type: Pulmonary

* Authorization Type: Retrospective Request

* Type of Office: _____

Admission/Procedure: _____

* Auth Start Date: 05/16/2016

Request Submitted Date: _____

Retro Request Reason: Failure to Request Prior Authorization - Health and Covered Service Denied by - Member's Primary Payer

Process Save View & Print

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

HomeCare AUM Manager

Member Name: Test Green APS Member ID: 0000000000000000 Auth Request ID: 0000000000000000 Status: Service Reason for Request: Requested
Category: Medical Request Type: Cardiac Pulmonary Rehab Lifespan: Original Created by: Penny Acosta Auth Start Date: 10/14/2016

Add Service

Servicing Provider: [Dropdown] Search Show Address

Service Code: [Dropdown] Search

Units: [Text Box]

Place of Service: [Dropdown] Search

Service Start Date: 02/09/2016 Add Service

Service End Date: [Text Box]

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

HomeCare AUM Manager

Member Name: Test Green APS Member ID: 0000000000000000 Auth Request ID: 0000000000000000 Status: Service Reason for Request: Requested
Category: Medical Request Type: Cardiac Pulmonary Rehab Lifespan: Original Created by: Penny Acosta Auth Start Date: 10/14/2016

Add Service

Servicing Provider: Charleston Memorial Search Show Address

Service Code: [Dropdown] Search

Units: [Text Box]

Place of Service: [Dropdown] Search

Service Start Date: 02/09/2016 Add Service

Service End Date: [Text Box]

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

Annotations

Status:

Note:

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

Member Name: Tashir, APS Member ID: 0099882348, Auth Request ID: 2076, Status: Solved, Reason: In Process, Request Category: Medical, Request Type: Cardiac/Pulmonary/Other, Lifecycle: Original, Created by: Peiry, Nick, Auth Start Date: 01/16/2018

Diagnosis

Diagnosis:

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

Member Name: Tashir, APS Member ID: 0099882348, Auth Request ID: 2076, Status: Solved, Reason: In Process, Request Category: Medical, Request Type: Cardiac/Pulmonary/Other, Lifecycle: Original, Created by: Peiry, Nick, Auth Start Date: 01/16/2018

Diagnosis

Diagnosis: I10.0

Symptoms Onset Date:

Symptoms/Description: Test Demonstration

Annotations

Status

Note:

Attach Document: Browse

Notes and Attachments:
No Annotation Date 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 Name: **HIDDEN: LARIM MINGWAT**
Category: Medical
Request Type: Collective Pulmonary Disease
Status: Request
Created by: Peter Anila
Auth Stamp Date: 05/13/2019

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

Description:

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:

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

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

PAUM Manager

Member Name: Test Rows APS Member ID: 8650492274 Auth Request ID: 2072 Status: Open Reason in Progress Request Category: Medical Request Type: Initial Prescription Renew Lifecycle: Original Created by: Perry, Alice Auth Start Date: 05/18/2016

Is member currently taking Medications?

Annotations

Status:

Note:

Attach Document:

Notes and Attachments:
No Annotation Date on File

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.

