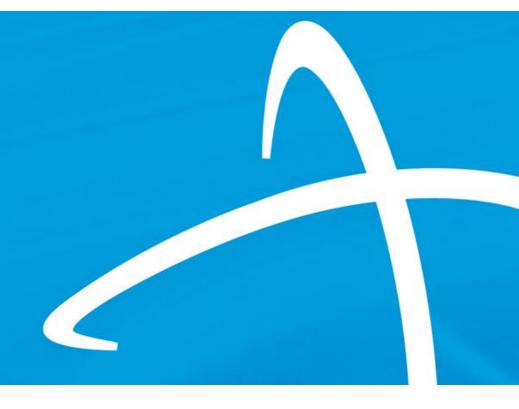


Durable Medical Equipment

Cashlee Cates- Provider relations Representative for Telligen on behalf of Wyoming Medicaid



Purpose



- To provide a comprehensive understanding of Durable Medical Equipment requests
- Show the process of how to submit a case to Qualitrac
- Explain how to respond to a Request for information (RFI)
- To explain common mistakes that occur when DME requests are submitted

House Keeping



Questions

- Please enter all questions into the chat
- Time at the end of the training will be used for answering chat questions
- Any questions that were not answered from the chat will be posted to the website

Content availability

- Presentation will be recorded and available to view at https://wymedicaid.telligen.com as well as the slides
- If you need one on one training regarding the Qualitrac portal please email Cashlee at ccates@telligen.com

Survey

- Email from Survey Monkey
- Feedback on content
- Constructive feedback
- Any additional training you would like to see presented in the future



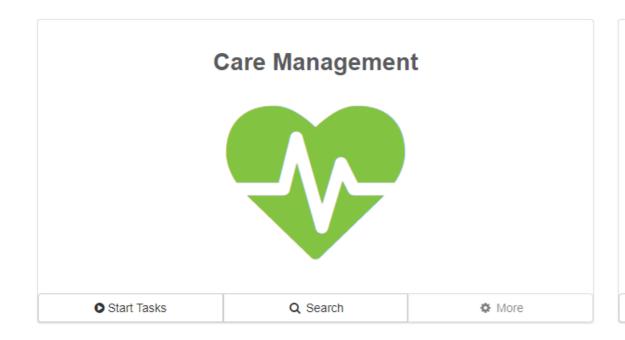
Portal

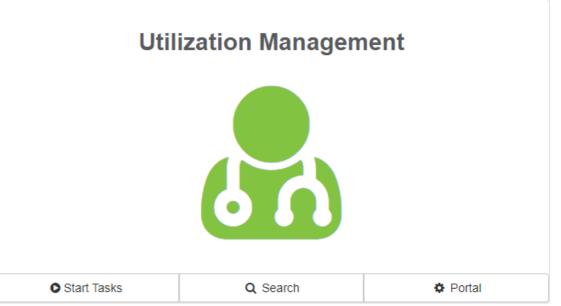


Qualitrac

▲ Q → **■** 0 Θ

Dashboard



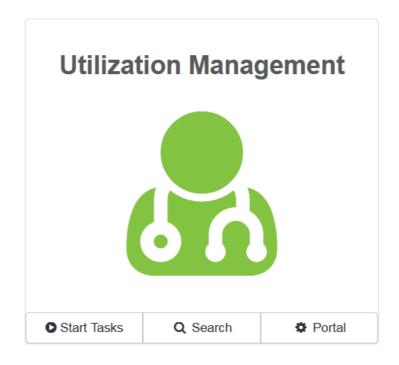








■ Click on the _____ box or the ____ "magnifying glass" icon in the tool bar to access the member search screen to look for information on a member or to start a new review.

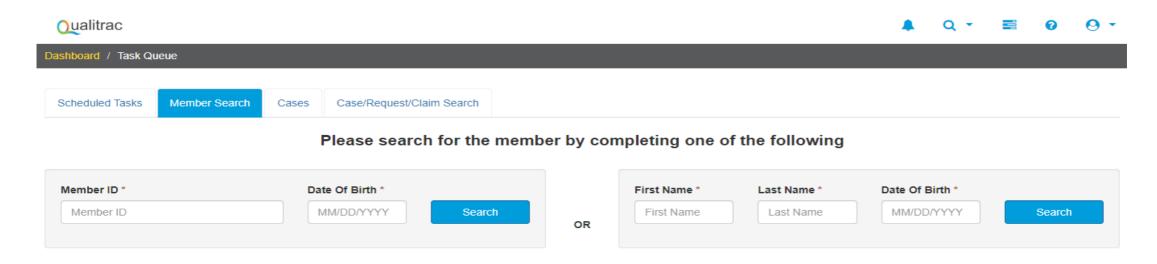




Telligen Provider Portal Adding a New Review



- How To Locate a Member:
- Enter the Member's ID and Date of Birth
- Enter the member's First name, Last name and date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file to locate the member information or to begin a new review for that member

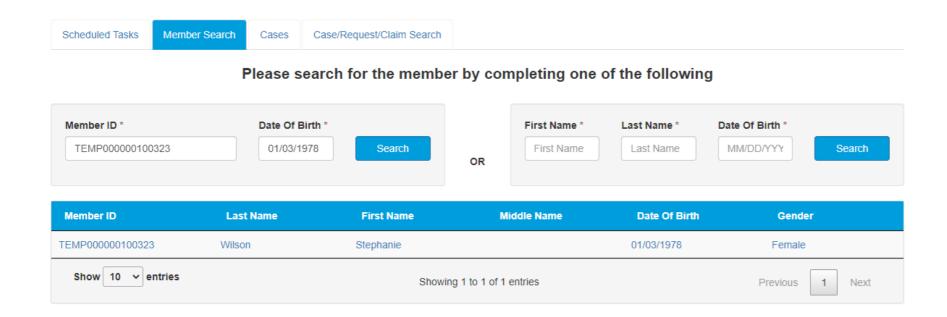




Telligen Provider Portal Adding a New Review



- The member(s) matching the criteria entered will populate
- Select the appropriate member
- Click on any of the data fields in blue to access the member information or to start a new review for the member.



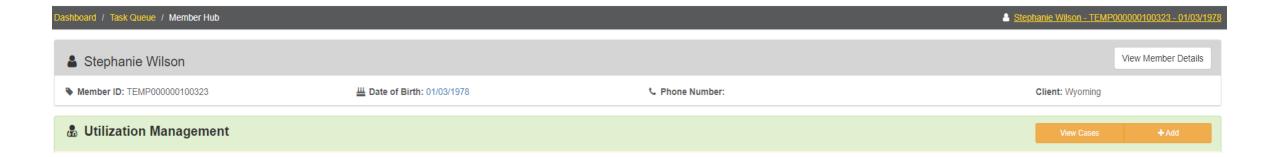


Telligen Provider Portal Adding a New DME Review



The Member Hub:

- The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
- You will be able to see their contact information.
- You will be able to see any reviews that have been submitted for them on behalf of your organization.





Telligen Provider Portal –Utilization Management Panel



- The Utilization Management Panel will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel
- Use the button to start a new request.





Telligen Provider Portal Required sections



- The following panels will be required for your request:
- Authorization Request
- Dates of Service
- Coverage
- Providers
- Provider Organization Visibility
- Diagnosis
- Durable Medical Equipment
- Documentation
- We will review each one of these sections.

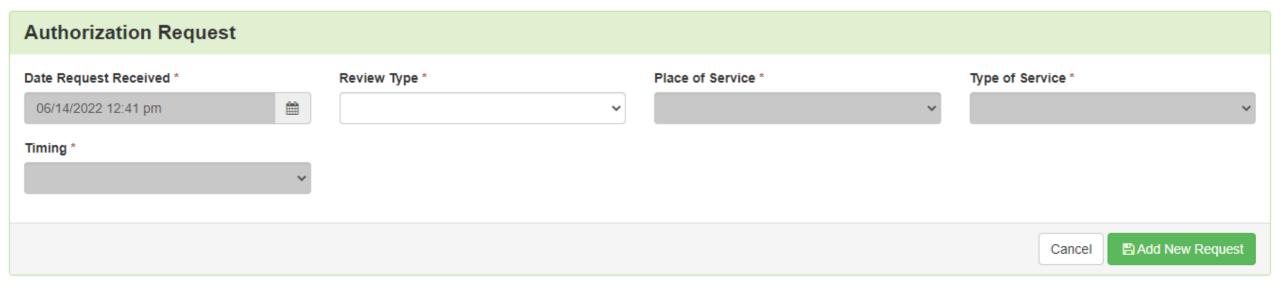


Telligen Provider Portal –Add New Request



To begin a new request, fill in the **Authorization Request** panel.

Date will prepopulate with the current date

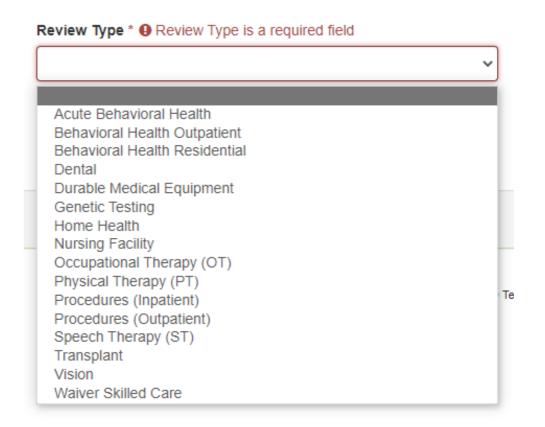








- Enter the Review Type: This is where you will select the type of review you are requesting.
 - Select the Durable Medical Equipment review type

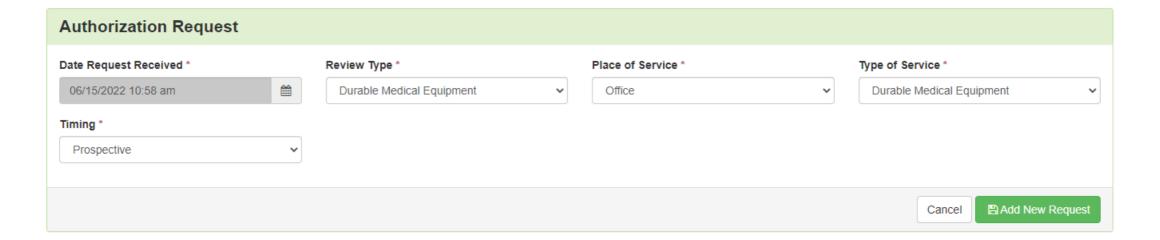




Authorization Request Panel cont.



- Place of Service: This is where you will select the place where care is being given.
- Type of Service: This is where the type of care is being provided.
- Timing: This is where you will select Prospective, Concurrent, or Retrospective
- Select Add New Request to complete the process.
 - If this was entered in error, you can select Cancel to remove the request





Dates of Service Panel



- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- Dates of Service panel is used to enter the Service Start Date and the Service End
 Date





Coverage Panel



- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility and submit the review through the system.

Plan	Start Date		
Disab-Medicaid	only or	12/31/2078	
		Previous 1	Next
Third Party Liability *			
No			
	Aid Perm&Total Disab-Medicaid Medicaid & Cas Third Party Liability *	Aid Perm&Totally 02/01/2016 Disab-Medicaid only or Medicaid & Cash A Third Party Liability *	Aid Perm&Totally 02/01/2016 12/31/2078 Disab-Medicaid only or Medicaid & Cash A Previous 1 Third Party Liability *



Providers Panel: Physician and Provider Information



- Providers: This section requires information related to who is ordering and providing the care:
 - Ordering Provider-The person or Organization ordering the DME
 - Treating Provider The organization providing the care or service
 - Click the Add button on each box to fill in the necessary provider information

Providers *								
Туре	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Ordering Provider *					Not Supplied			+ Add
Treating Provider*					Not Supplied		(+ Add



Provider Organization Visibility Panel



- Provider Organization Visibility: This box is not required but it allows you to share this
 review with everyone in the organization you are submitting it for.
- This will also allow you to share the review and allow for it to be seen by the Treating Providers organization for their knowledge and information

Provider Organization Visibility	
Wilson, Stephanie, User	
ST LUKE'S REGIONAL MEDICAL CENTER	-



Diagnosis Panel



- Diagnosis Panel: This is where you can enter the diagnosis information related to this review.
- You will use the button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag-and-drop feature.

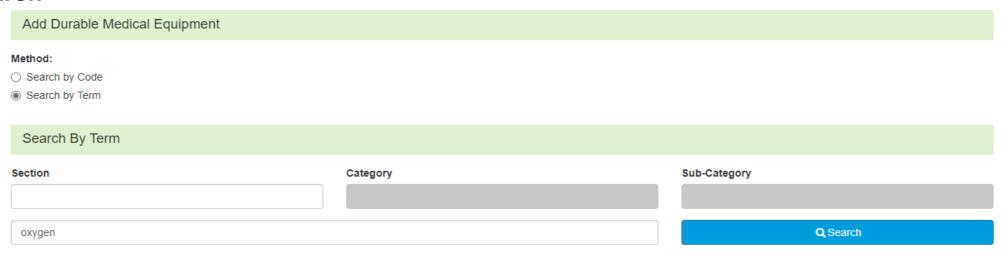
Diagnosis						+ Add
Seq.	Code	Description	Final Dx	POA	NOS	Action
			No Diagnoses Supplied			



Durable Medical Equipment Panel



- Add Durable Medical Equipment is where you will add each item that requires an authorization
- Click the + Add button to add a code to the case
- Search by code or by the term
- Enter information in the search box
- Click search

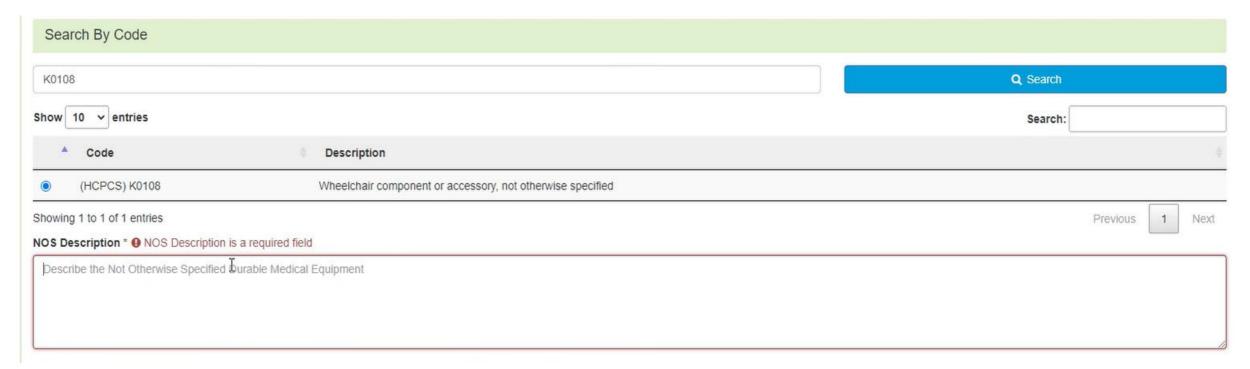




DME Panel cont.



- Adding a Miscellaneous Code:
 - If using a misc. code when submitting your request for DME, the NOS Description text will appear
 - Additional details are required to complete the review

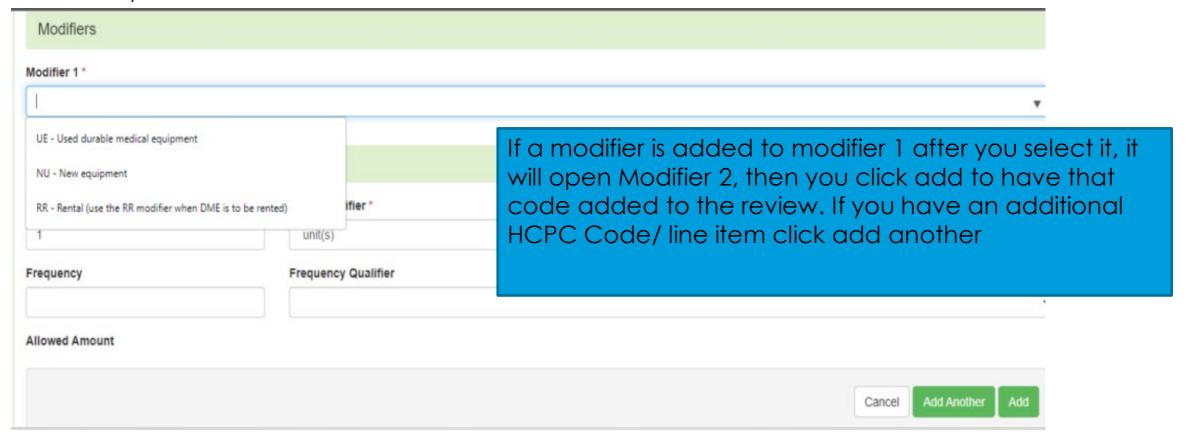




DME Panel cont.



Complete Modifiers and DME details: see codes below





DME Panel cont.



- Use the trash can icon on the right side of the DME to delete anything entered incorrectly in this panel.
- The Pen and paper icon will reopen the DME details for editing

Durable Medical Equipment						+ Add		
Code	Description	NOS	Modifier 1	Modifier 2	Quantity	Frequency	Cost	Action
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL		NU		1 unit(s)			8
A4616	TUBING PER FOOT		NU		1 unit(s)			3

Documentation Panel



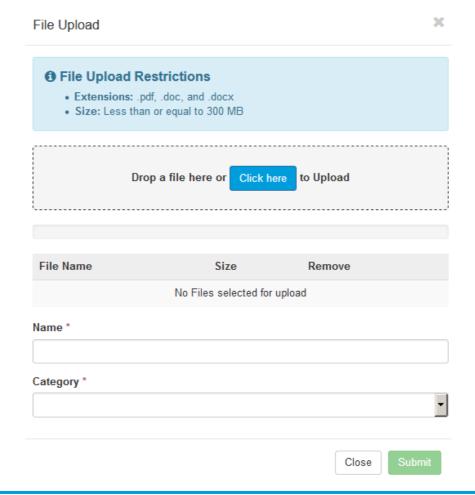
- Documentation Panel is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation related and necessary for the review to be processed.



Documentation Panel cont.



To submit documentation, click the + Add button on the Documentation Panel. This will open a modal where you can drag and drop files or select Click here to open a windows directory and find the necessary files.





Documentation Panel cont.

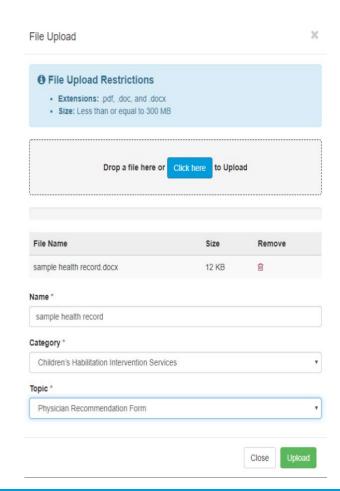


Complete the File upload fields

- Name:
 - The Name box allows you to name the file to what makes sense if needed
 - The file name cannot have any spaces or special characters in it.
- Category:
 - select from the drop-down the type of document that you are attaching.
- Topic:
 - Select from the drop-down type of the document being attached.

Click Upload to attach the information to the review.

NOTE: This can be repeated as many times as necessary to get all relevant documentation added and documents must be a .pdf or word document

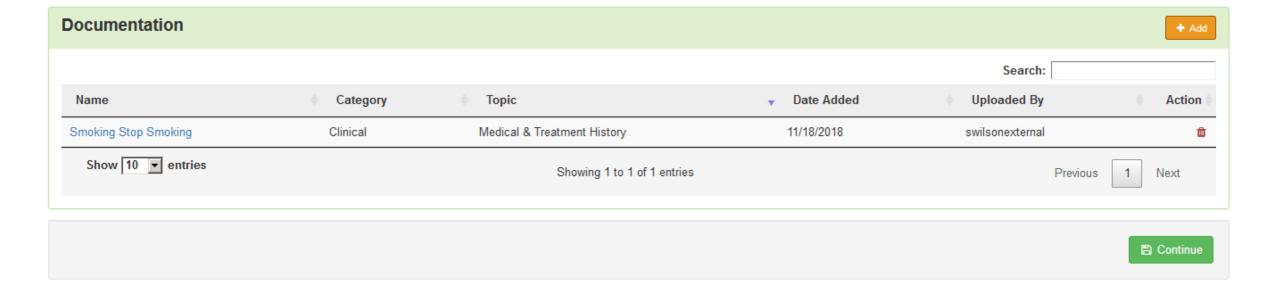




Completing your Review



 Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.





MCG Process



- MCG is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the MCG process

Authorization Request Porm Document Clinical Submit Request	√mcg
Patient: TEMP000000100323 Name: Wilson, Stephanie DOB: 1/3/1978 Gender: Female	▼ show more
Authorization: EPS-00034573 Type: Procedure Pre-authorization Status: NoDecisionYet Diagnosis Codes: J95.822(ICD-10 Diagnosis) Primary Procedure Codes: A4575(CPT/HCPCS) Primary, A4616(CPT/HCPCS)	▼ show more
Procedure Code: A4575 (CPT/HCPCS) Requested Units: 1 Description: TOPICAL HYPRBR OXYGEN CHAMB DISPBL	Q Document Clinical
Procedure Code: A4616 (CPT/HCPCS) Requested Units: 1 Description: TUBING PER FOOT	Q Document Clinical
	✓ Submit Request



MCG Process cont.



Click Add under the Action column to include the necessary guidelines

Procedure Code: A4616 (CPT/HCPCS)

Requested Units: 1

Description: TUBING PER FOOT

 Guideline Title
 Product
 Code
 Action

 No Guideline Applies
 add



MCG Process cont.



- If there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Once all applicable data has been entered, click the save button to finish the documentation.

No Guideline Applies	
Please provide patient's clinical information	
1000 characters left for notes.	
	✓ Save



MCG Process cont. -Criteria Example



Procedure Code: E1161 (CPT/HCPCS)		
Requested Units: 1 Description: MANUAL ADLT SZ WC INCL TILT SPACE	The pencil and paper ic documentation. Please	
A-0354 - Wheelchairs, Manual - (AC) The healthcare resource is/was needed for appropriate care of the patient because of ✓ Ambulation is impaired, and ✓ Mobility-related activities of daily living unable to be completed ✓ ☐ Mobility-related activities of daily living unable to be completed in reasonable amount of time ✓	is supporting information documentation is located	n and where the
 ☐ Mobility-related activities of daily living unable to be completed safely ✓ Ambulatory assistive device (eg. cane, crutches, walker) does not sufficiently resolve mobility deficit. ✓ Patient or caregiver available and able to participate in training ✓ Physical layout, surfaces, and obstacles in area in which wheelchair is to be used permit safe operation of ☐ Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurrent for improving primary or secondary mobility, and has written prescription specifying 	Indication Note see Progress not	es page 2
 ☐ Self-propulsion of manual wheelchair is feasible, or caregiver is willing and able to assist in propulsion. ☐ Short-term functional decline is not expected (ie, no requirement for additional support offered by power ☐ No other uncompensated conditions that limit ability to participate in daily activities or to safely operate r judgment) are present. 	red wheelchair). 🗹 manual wheelchair (eg, impaired vision, cogr	Add Cancel
	✓ Save	



MCG Process cont.



 Once all documentation is entered, click the Submit Request button to finish this section and return to finalizing the review.

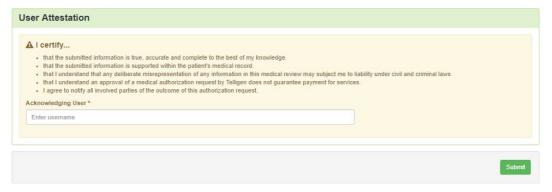




Attestation



The last piece of submission is to enter your Username in the attestation section



- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing





Comments



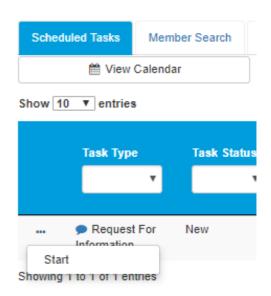
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments box will open, and the user can enter additional information related to the review.
- This is not required to complete the review.



Request for Information



- When a reviewer needs additional clinical documentation to make a determination, the submitter will be notified that additional information is needed.
- Notification Methods:
 - Email to user that they have a request for more information
 - A task will populate in the Qualitrac system
- User steps:
 - Log into Qualitrac
 - Proceed to scheduled tasks
 - Click on the ellipsis to the left of the page, to start the task.

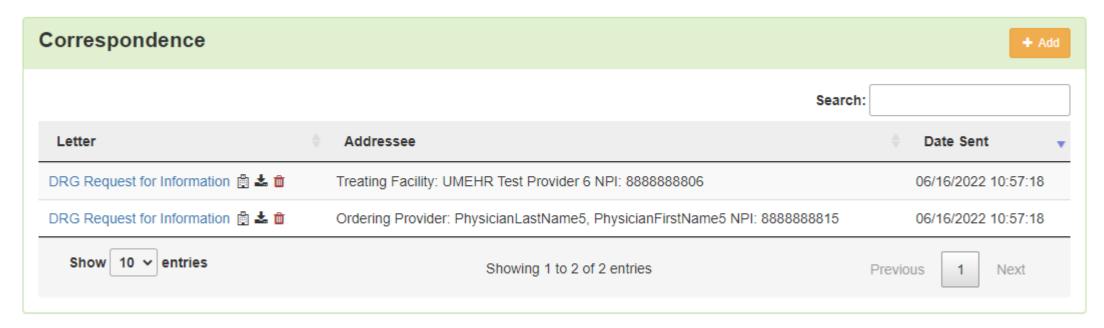




Request for Information



- Scroll down the summary page of the review
- Proceed to the correspondence section.
- Click on the blue name of the letter to open it and see what information is being requested.





Request for Information



- Scroll up to the Documentation panel to attach additional information.
- Click on the Add button, as was demonstrated earlier in the presentation, to attach additional clinical documentation to the review.





Request for Additional Information

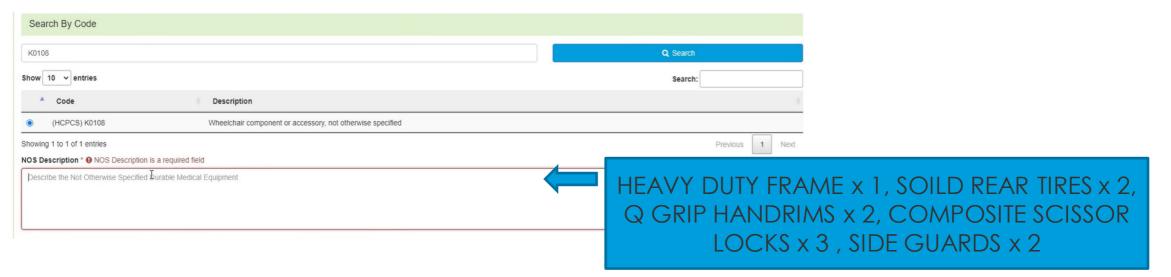


- Once you had added all the necessary information, the system will trigger a task for the reviewer
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- **Do NOT start a new review to submit additional clinical that was requested. This will delay the response. Please follow the steps we just outlined when a Request for Information task is available in the task queue.

Unspecified Code mistakes



- Many make the mistake of adding a miscellaneous code on multiple lines of the case. It should only be listed one time. (unless multiple different unspecified codes are used)
- List the total number of units to be used and then break it all down in the NOS Description section (below is an example in the blue box)





Car seats



- Code E1399 (unspecified code)
- They are only covered if it is MEDICALLY NECESSARY for a custom car seat
- Car seats are not covered for safety reasons

CPAP Machine / Ventilator



Ventilator

- Ventilators are covered for rental when necessary, in the treatment of neuromuscular diseases, thoracic restrictive diseases, chronic respiratory failure consequent to chronic obstructive pulmonary disease, and respiratory paralysis. Ventilators are exempt from the capped rental policy that applies to most other medical equipment rentals.
- The 10-month rental cap does not apply

CPAP

- C-pap are given an initial 3-month trial
- Follow up is the 7 months to purchase rule.
- If they don't pass the initial 3-month trial, they can be placed on another trial to improve compliance



Common Mistakes



- Telligen will not police modifiers or codes.
- Provider needs to be sure the case they are submitting will match the claim they will submit
 - Modifier needs to match case to claim
 - Total number of units for the time span of the case should also be requested (Telligen does not calculate these)
- Be sure you are using the proper codes when submitting the case -
 - If there is a code that is specific, please be using that and not an unspecified code

Helpful Tips/Links



Links-

- DME Manual
- CMS 1500 Provider Manual

Tips

- Be sure to upload all documentation for a prompt review
- The DME manual is a great resource when any questions arise
- NU or RR be sure if these are required you are submitting these on the case







