



Durable Medical Equipment

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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 Microsoft Forms
- Feedback on content
- Constructive feedback
- Any additional training you would like to see presented in the future



Care Management



Start Tasks

Search

More

Utilization Management





Start Tasks

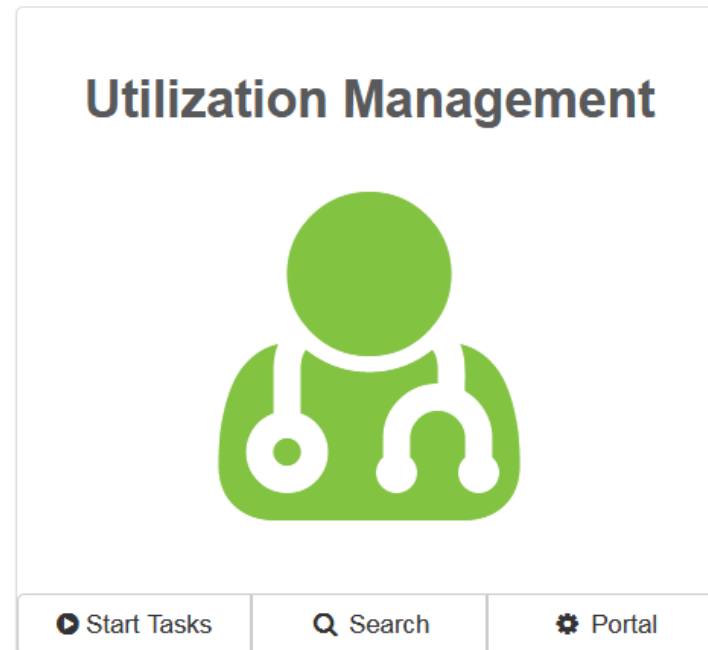
Search

Portal



Telligen Provider Portal –Adding a New Review

- 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

The screenshot shows the Qualitrac Provider Portal interface. At the top left is the Qualitrac logo. On the right side of the header, there are icons for notifications, search, menu, help, and user profile. Below the header is a breadcrumb trail: "Dashboard / Task Queue". A navigation bar contains four tabs: "Scheduled Tasks", "Member Search" (which is highlighted in blue), "Cases", and "Case/Request/Claim Search". Below the navigation bar, a heading reads "Please search for the member by completing one of the following". There are two search options presented in separate boxes. The first box is for searching by Member ID and Date of Birth. It contains a text input field labeled "Member ID *" with the placeholder text "Member ID", a text input field labeled "Date Of Birth *" with the placeholder text "MM/DD/YYYY", and a blue "Search" button. The second box is for searching by First Name, Last Name, and Date of Birth. It contains a text input field labeled "First Name *" with the placeholder text "First Name", a text input field labeled "Last Name *" with the placeholder text "Last Name", a text input field labeled "Date Of Birth *" with the placeholder text "MM/DD/YYYY", and a blue "Search" button. The word "OR" is placed between the two search boxes.



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.

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID * Date Of Birth * OR First Name * Last Name * Date Of Birth *

TEMP000000100323 01/03/1978 Search First Name Last Name MM/DD/YYYY Search

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

Show 10 entries Showing 1 to 1 of 1 entries Previous 1 Next



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.

Dashboard / Task Queue / Member Hub Stephanie Wilson - TEMP000000100323 - 01/03/1978

Stephanie Wilson View Member Details

Member ID: TEMP000000100323 Date of Birth: 01/03/1978 Phone Number: Client: Wyoming

Utilization Management View Cases + Add



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 **+ Add** button to start a new request.

Utilization Management View Cases + Add

Hiding canceled cases. Show

Show **10** entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	21735	21747	Behavioral Health Residential	Concurrent	WEBER, TAMRA	WYOMING BEHAVIORAL INSTITUTE	06/06/2022			...

Showing 1 to 1 of 1 entries Previous 1 Next



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

Authorization Request

Date Request Received *

06/14/2022 12:41 pm



Review Type *

Place of Service *

Type of Service *

Timing *

Cancel

Add New Request



Authorization Request Panel-Review Type

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

Review Type *  Review Type is a required field

- Acute Behavioral Health
- Behavioral Health Outpatient
- Behavioral Health Residential
- Dental
- Durable Medical Equipment
- Genetic Testing
- Home Health
- Nursing Facility
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Procedures (Inpatient)
- Procedures (Outpatient)
- Speech Therapy (ST)
- Transplant
- Vision
- Waiver Skilled Care

Te



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

Authorization Request

Date Request Received * 06/15/2022 10:58 am	Review Type * Durable Medical Equipment ▼	Place of Service * Office ▼	Type of Service * Durable Medical Equipment ▼
Timing * Prospective ▼			



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

Dates of Service

Service Start Date *	Service End Date *
<input type="text" value="MM/DD/YYYY"/> 	<input type="text" value="MM/DD/YYYY"/> 



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.

Group	Section	Plan	Start Date	End Date
Idaho Department of Health and Wellness		Aid Perm&Totally Disab-Medicaid only or Medicaid & Cash A	02/01/2016	12/31/2078

Showing 1 to 1 of 1 entries

Previous **1** Next

Medicare Indicator *

Third Party Liability *

Eligibility Comment *



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 *								
Type	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 						
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**

Add Durable Medical Equipment

Method:

Search by Code

Search by Term

Search By Term

Section	Category	Sub-Category
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="oxygen"/>		



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

Search By Code

K0108 Search

Show 10 entries Search:

Code	Description
<input checked="" type="radio"/> (HCPCS) K0108	Wheelchair component or accessory, not otherwise specified

Showing 1 to 1 of 1 entries Previous 1 Next

NOS Description * ! NOS Description is a required field

Describe the Not Otherwise Specified Durable Medical Equipment



DME Panel cont.



- Complete Modifiers and DME details: see codes below

Modifiers

Modifier 1 *

UE - Used durable medical equipment
NU - New equipment
RR - Rental (use the RR modifier when DME is to be rented)

1 unit(s)

Frequency

Frequency Qualifier

Allowed Amount

Cancel Add Another Add

If a modifier is added to modifier 1 after you select it, it will open Modifier 2, then you click add to have that code added to the review. If you have an additional HCPC Code/ line item click add another



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)			
A4616	TUBING PER FOOT		NU		1 unit(s)			



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 + Add


Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show entries Showing 0 to 0 of 0 entries Previous Next



Documentation Panel cont.

- To submit documentation, click the  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.

File Upload ✕

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

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

A screenshot of the 'File Upload' modal window. It includes a title bar with a close button, a 'File Upload Restrictions' section with bullet points for extensions (.pdf, .doc, .docx) and size (less than or equal to 300 MB), a dashed box for dropping a file with a 'Click here to Upload' button, a table of uploaded files, and form fields for Name, Category, and Topic, all with asterisks indicating they are required. The table has columns for File Name, Size, and Remove. At the bottom are 'Close' and 'Upload' buttons.

File Name	Size	Remove
sample health record.docx	12 KB	



Completing your Review



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

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Smoking Stop Smoking	Clinical	Medical & Treatment History	11/18/2018	swilsonexternal	

Show entries Showing 1 to 1 of 1 entries Previous Next

Continue



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

mcg

Patient : TEMP000000100323 **Name :** Wilson, Stephanie **DOB :** 1/3/1978 **Gender :** Female [show more](#)

Authorization : EPS-00034573 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)

Diagnosis Codes : J95.822(ICD-10 Diagnosis) *primary* **Procedure Codes :** A4575(CPT/HCPCS) *primary*, A4616(CPT/HCPCS)

Procedure Code: A4575 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : TOPICAL HYPRBR OXYGEN CHAMB DISPBL

Procedure Code: A4616 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : TUBING PER FOOT

[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 ✕ Cancel

The screenshot shows a web interface for documentation. At the top, it says 'No Guideline Applies'. Below this is a large text input area with a placeholder 'Please provide patient's clinical information...'. Underneath the text box, it indicates '1000 characters left for notes.' At the bottom right of the form, there are two buttons: a blue 'Save' button with a checkmark icon and a dark grey 'Cancel' button with an 'X' icon.

MCG Process cont. –Criteria Example



The pencil and paper icon allows for additional documentation. Please use this to indicate there is supporting information and where the documentation is located

Procedure Code: E1161 (CPT/HCPCS)
Requested Units: 1
Description : MANUAL ADLT SZ WC INCL TILT SPACE

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
 - 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 device.
- Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurs that manual wheelchair is most appropriate for improving primary or secondary mobility, and has written prescription specifying ...
- 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 powered wheelchair).
- No other uncompensated conditions that limit ability to participate in daily activities or to safely operate manual wheelchair (eg, impaired vision, cognitive judgment) are present.

Indication Note

see Progress notes page 2

225 characters left for notes



MCG Process cont.



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

✓ **Procedure Code:** A4616 (CPT/HCPCS)

▼ show more

Requested Units: 1

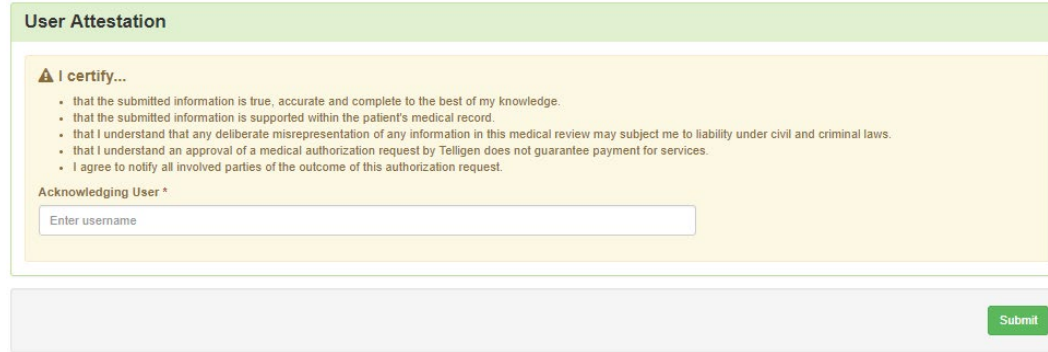
Description : TUBING PER FOOT

✓ Submit Request



Attestation

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



The screenshot shows a 'User Attestation' form. It has a light green header with the title 'User Attestation'. Below the header is a yellow box containing a warning icon and the text 'I certify...'. Underneath this are four bullet points: 'that the submitted information is true, accurate and complete to the best of my knowledge.', 'that the submitted information is supported within the patient's medical record.', 'that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.', and 'that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.'. Below the bullet points is the text 'I agree to notify all involved parties of the outcome of this authorization request.'. Underneath the yellow box is a section labeled 'Acknowledging User *' with a text input field containing the placeholder 'Enter username'. At the bottom right of the form is a green 'Submit' button.

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

❗ Error saving your Request

There was an error with the following panel(s):

- [Documentation](#) - You must have one or more documents



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.

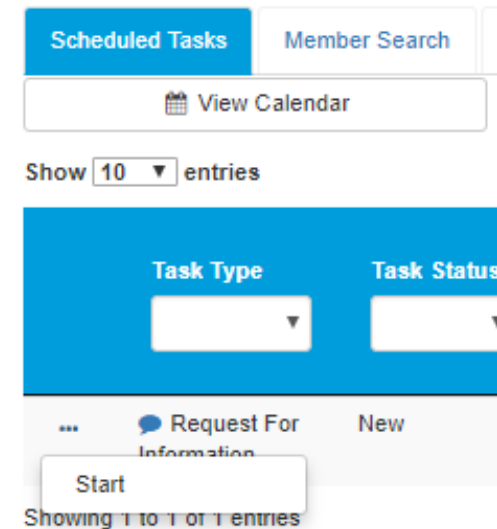


The screenshot shows a dialog box titled "Submit Review" with a close button (X) in the top right corner. Below the title bar, there is a section labeled "Comments" containing a large text input area with the placeholder text "Comments". At the bottom right of the dialog, there are two buttons: "Cancel" and "Submit".



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.

Correspondence + Add

Search:

Letter	Addressee	Date Sent
DRG Request for Information   	Treating Facility: UMEHR Test Provider 6 NPI: 8888888806	06/16/2022 10:57:18
DRG Request for Information   	Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815	06/16/2022 10:57:18

Show entries Showing 1 to 2 of 2 entries Previous Next



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.

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Show entries Showing 1 to 1 of 1 entries Previous Next



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)

Search By Code

K0108

Show 10 entries Search:

Code	Description
(HCPCS) K0108	Wheelchair component or accessory, not otherwise specified

Showing 1 to 1 of 1 entries Previous 1 Next

NOS Description * NOS Description is a required field

Describe the Not Otherwise Specified Durable Medical Equipment

HEAVY DUTY FRAME x 1, SOILD REAR TIRES x 2,
Q GRIP HANDRIMS x 2, COMPOSITE SCISSOR
LOCKS x 3 , SIDE GUARDS x 2



Car seats



- Code E1399 (unspecified code)
- They are only covered if it is **MEDICALLY NECESSARY** for a custom car seat
- Safety is not considered medical necessity



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



- Repairs/modifications are covered to make equipment operable and will not exceed the cost of replacement. Providers should not bill for set up or assembly, however if they are adding, changing or modifying components, the provider needs to bill for their time under the repair code using the miscellaneous code. If a piece of equipment is billed with a specific code, assembly is included. A prior authorization for repairs should not be requested before determining the issue. The assessment would be considered part of the repair (an assessment could be billed, if for example, someone needed a new seat due to it no longer fitting).



Repairs Continued



- The rate for repair codes is being raised to \$45.00 per unit to include miscellaneous parts and accessories used in the repair/modification. One unit of service equals 15 minutes.

- Repairs/modifications should be billed using the appropriate code with the number of units based on the time the repair or modification takes. Units of service include basic trouble shooting, problem diagnosis, testing, cleaning, screws, nuts, bolts and cables, and other miscellaneous parts and accessories can no longer be billed separately with code K0108. Items/parts/accessories with unique HCPCS codes may still be billed in addition to the repair code. Example: E2221: Solid caster tire (removable) for a manual wheelchair
 1. **K0739 – repair or non-routine service for DME other than oxygen requiring the skill of a technician, labor component, per 15 minutes.**
 2. **K0740 – repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.**



- All standard DME must have a manufacturer's warranty of a minimum of one (1) year. If the provider supplies equipment that is not covered under a warranty, the provider is responsible for any repairs, replacement, or maintenance that may be required within one (1) year.
- DME suppliers must provide a one (1) year warranty of the major components for custom motorized/power wheelchairs unless the manufacturer's warranty is longer.
 - 1.The main electronic controller, motor, gear boxes and remote joystick must have a one (1) year warranty from the date of delivery.**
 - 2.Cushions and seating systems must have a one (1) year warranty for full replacement for manufacturer defects, such as if the surface does not remain intact due to normal wear.**
 - 3.Powered mobility bases must have a lifetime warranty on the frame against defects in material and workmanship for the lifetime of the member.**
 - 4.If the provider supplies a custom motorized/power wheelchair that is not covered under a warranty, the provider is responsible for any repairs, replacement maintenance that may be required within one (1) years.**



Warranties Continued



- When the item is under warranty and replacement is required, the provider of service is responsible to provide the repair and/or replacement. The warranty begins on the date of the delivery to the member.
 1. **A provider must notify a member of warranty coverage and honor all warranties.**
 2. **A provider must not charge the member or the Medicaid program for services covered under warranty.**
 3. **Record of the warranty must be retained in the member's record with the DME provider.**



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 to a piece of equipment that code must be used and not an unspecified code
 - The case will be ONR'd if not all codes on the case require authorization- only submit the codes that require authorization
 - [Fee Schedules | Serving Wyoming Medicaid Providers and Members](#)



Helpful Tips/Links



Links-

- [DME Manual](#)
- [CMS 1500 Provider Manual](#)
- [Provider Manuals and Bulletins | Serving Wyoming Medicaid Providers and Members](#)
- [Fee Schedules | Serving Wyoming Medicaid Providers and Members](#)

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
- Wyoming Medicaid will only pay for the most cost-effective equipment that meets the needs of the member. Post pay reviews may be completed to determine if a DME provider is determining and documenting that the member has met all criteria.
- Medicaid will also not pay for upgrades for equipment if not medically necessary
- A repair PA should not be requested prior to someone determining the issue and . We would not pay for an assessment of a chair as this would be part of the repair. An evaluation could be billed if it is something such as needing a new seat because the individual no longer fits or customizing a piece due to medical necessity.



