



INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT

# How To Submit a Successful Imaging Request



## Imaging Training Outline:

- **Criteria**
- **Documentation**
- **Submitting request using iEXCHANGE**

- **Service Types**
  - **MRI - 0450**
  - **CAT - 0451**
  - **PET - 0452**

# Successful Request for Imaging

- **All relevant clinical information should be included in the Severity of Illness (SI) and Intensity of Service (IS) boxes.**
- **Please include type of scan and reason scan is being ordered.**
- **Signs and Symptoms**
  - **Pain, swelling, fever, nausea, headache, difficulty walking, numbness, unable to lift arm over head, drainage redness etc.**
  - **Fell on this date**
  - **Pain for X amount of time**
  - **Symptoms(headaches) have gotten worse in last month**

- **Pertinent History**
  - **Underlying conditions and disease such as cancer, multiple sclerosis, arthritis, diabetes, hypertension, heart disease etc.)**
    - **Neurological Findings on exam:**
      - **Weakness, loss of sensation**
        - » **indicate limb effected**
      - **Unsteady gait**
      - **Decreased range of motion**
      - **Hearing loss**

- **Is there a history of trauma? Yes/No**
  - **If yes, date of injury**
- **If diagnosis is headache, please state whether new onset, or chronic with increasing symptoms- describe current symptoms**
- **Previous x-rays, CT, MRI, or PET scans done and date and result of test(s):**

- **Any lab test done? Yes/No**
  - **Abnormal results? Yes/No**
- **Medications tried and length of time patient has been on meds?**
- **If diagnosis is seizures, please indicate if new onset or frequency increasing/meds not controlling seizures.**

- **Is Diagnosis of a Neo-plastic nature? Yes/No**
  - **If yes, enter current treatment regimen i.e., Chemo, Radiation, and/or Surgery. If completed, enter date treatment was completed**
- **Any other pertinent information regarding this request?**

- **An urgent imaging scan must be reported within 24 hours or next business day**
- **Make sure Procedure code matches Scan requested**
  - **e.g. MRI brain requested and CAT of brain is coded\**

# Successful Request for Imaging

Using iEXCHANGE



HELP

- Welcome
- Provider login**
- Payer login

**Provider login**

User ID

iEXCHANGE ID

Password

Select Provider login

Enter your **Login name** (User ID), the **iEXCHANGE ID** assigned to your office, and then your **Password**. Click the **Login** button to connect. Note that the IDs and Password you must enter are case-sensitive. You must enter each with the appropriate upper and lower-case letters as used when each was set up.

**Need help logging in?** Click the Help link above if you need more information to successfully connect to iEXCHANGE.

**First Time Login:** If you are using iEXCHANGE at a managed care organization, select the Payer Login link above.

THE iEXCHANGE SYSTEM IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE iEXCHANGE SYSTEM YOU ARE MANIFESTING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM. IF YOU DO NOT UNDERSTAND THE TERMS OR CONDITIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM, DO NOT PROCEED OR OTHERWISE USE THE iEXCHANGE SYSTEM. UNAUTHORIZED ACCESS TO THE iEXCHANGE SYSTEM IS PROHIBITED.

iEXCHANGE SYSTEM TERMS OF USE

1. These Terms of Use (the "Agreement") are between MEDecision, Inc. ("We", "Us" or "Our"), the group/practice entity that has been provided an ID (as defined in Section 3 below) using this System (as defined below) (the "Provider") and the Users (as defined in Section 1 below) (the Provider and Users shall collectively be "You" or "Your"). This Agreement governs the use



HELP

Welcome

Provider  
login

Payer  
login

Provider login

User ID

iEXCHANGE ID

Password

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HELP

Welcome    Provider login    Payer login

**Provider login**

User ID

iEXCHANGE ID

Password

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Provider login

User ID

iEXCHANGE ID

Password

Enter your password (lower case)

Enter your **Login name** (User ID), the **iEXCHANGE ID** assigned to your office, and then your **Password**. Click the **Login** button to connect. Note that the IDs and Password you must enter are case-sensitive. You must enter each with the appropriate upper and lower-case letters as used when each was set up.

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iEXCHANGE SYSTEM TERMS OF USE

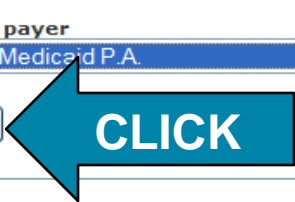
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Starting point | Inpatient | Other | Referral | Search

Select a payer

Virginia Medicaid P.A.

Select



Select a task



submit a transaction and then click the Select button. You may need to scroll to find the payer you want.

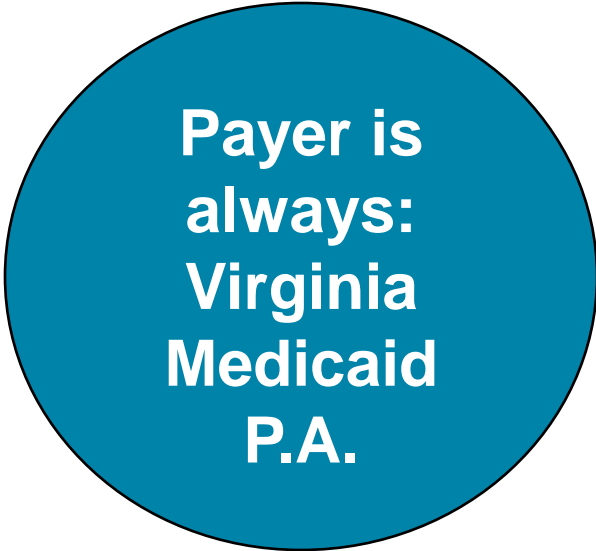
right of the payer you select the task you want to open the task page. Note that the available tasks may vary by payer.

MEDecision news

Announcement

iEXCHANGE® Web has been updated with the latest release. This release supports additional NPI compliance standards. Based on the payer selected Providers may be required to have a NPI in order to submit a request. Go to Online Help and click the Payer-Specific Help link to learn additional information when working with a particular payer.

[Go to MEDecision](#)



Starting point    Inpatient    **Other**    Referral    Search

Payer selected:  
**Virginia Medicaid P.A.**

**Select a task**  
Available tasks (Inpatient, Other, Referral, or Search) appear above, to the right of the payer you select. Click the task you want to open the task page. Note that the available tasks may vary by payer.

**Select "other" for Outpatient**

**MEDecision news**

**Announcement**  
iEXCHANGE® We updated with the  
This release supports additional NPI compliance standards. Based on the payer selected Providers may be required to have a NPI in order to submit a request. Go to [Online Help](#) and click the [Payer-Specific Help](#) link to learn additional information when working with a particular payer.  
[Go to MEDecision](#)

<p><b>Starting point</b></p>	<p><b>Inpatient</b></p>	<p><b>Other</b></p>	<p><b>Referral</b></p>	<p><b>Search</b></p>
<p>Payer selected: <b>Virginia Medicaid P.A. - Train</b></p>		<p><b>New Other Request</b> <b>Extend Other</b></p>		

## Other instructions

Use this page to select the other transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new other request, an other request extension, a new other notification or an other notification extension.


### ▶ New Other Request

Click the **New Other Request** link, above. A blank Other request entry page appears. You can add a member ID and all request information for this member.

### ▶ Extend Other

Click the **Extend Other** link above. You must use the Treatment search functionality to search for the other treatment you wish to extend. Depending on the payer you have selected, you will be able to submit an Other request extension or an Other notification extension.

**A Note before you begin:** if you selected the wrong payer (you want to submit this request to a different payer) click the **Starting point** link above, to return to the Starting point page and select the correct payer.



**Click either location to open a New Request or Extend a current Request**



<b>Starting point</b>	<b>Inpatient</b>	<b>Other</b>	<b>Referral</b>	<b>Search</b>
Payer selected: <b>Virginia Medicaid P.A. - Train</b>		<ul style="list-style-type: none"> <li>▶ New Other Request</li> <li>Extend Other</li> </ul>		

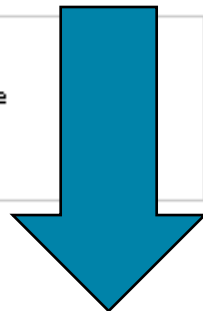
## Other request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your other request and displays the Other request preview page.

**Payer notice:**

When entering a Procedure or Diagnosis Code, capitalize the prefix alpha character, such as "E1399" or "V22". When entering a Revenue Code for the procedure, you must precede your code with a capital "R" with no space bet

[more information](#)



Member search

### 1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider as well as diagnostic information.

**Notification date** 03/24/2009 (mm/dd/yyyy)

**Member ID** You must search for a member.  
Search for ID

**Submitting provider**

**Treatment Setting**

**Is this an emergency?**

Starting point

Inpatient

Other

Referral

Payer selected:  
Virginia Medicaid P.A.

Search

- Treatment search
- Provider search
- Member search

**Member search**

Use this page to search for members. Choose a search category (by Member ID or Last name/Date of birth) and enter your search criteria. You may be prompted to value the optional fields if the search you perform identifies more than one member meeting the search criteria you have entered or does not identify any members meeting the search criteria. When you have entered the necessary information, click **Submit search**.

**Search by member ID**

The Member ID field is mandatory. The Date of birth and First name fields are optional. You may be instructed to value the Date of birth and/or First name field(s) if the member search you perform returns more than one member record matching the search criteria you entered.

**A Member ID search**

**Member ID**  
Enter the ID of an individual member

**Date of birth**  
(optional)  
Enter the member's date of birth

 /  / 

**First name**  
(optional)  
Enter the first name of the member

**Search by last name/date of birth**

When you search by last name/date of birth, you must value the Last name and Date of birth fields. The First name field is optional. You may be instructed to value the First name field if the Last name and Date of birth you have entered matches more than one member record.

**B Last name/date of birth search**

**Last name**  
Enter the last name of the member

**Date of birth**  
Enter the member's date of birth

 /  / 

**First name**  
(optional)  
Enter the first name of the member

**Search by Member ID**

**OR**

**Last Name and Date of Birth**

Starting point

Inpatient

Other

Referral

Search

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Treatment search
- Provider search
- Member search
- Treatment update search

### Member search result

Use this page to **Select** a specific member from a subscriber group. Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

	Member ID	Member name	Date of Birth	Relation
<input type="button" value="Select"/>				
<a href="#">View details</a>				
<a href="#">View existing cases</a>				

Select View Existing Cases to avoid duplicate requests

Starting point **Inpatient** **Other** Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

Search  
Treatment search  
Search  
Search  
Update

Check to see if the same case or a case with some of the same dates was already submitted.

Check the dates this will reduce errors!

### Treatment search summary

This page provides a summary of the treatments that meet the search criteria, such as the service, primary diagnosis and the status of the request. [View details](#) to see more information about the treatment and the treatment dates.

[View all](#) | [View open](#) | [next](#) »

	Service	Primary diagnosis	Treatment dates	Last detail line status/reason
09021-0001/ <a href="#">View details</a>	<b>Other request</b> - DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS - E1399	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
	<b>Other request</b> - CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH - A7000	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
09015-0002/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/01/2009 - 01/01/2009	Pend/iEXCHANGE Pend
09015-0004/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	250.0 - THIS IS AN INVALID ICD-9-CM CODE, 4TH/5TH DIGITS R	01/03/2009 - 01/03/2009	Pend/iEXCHANGE Pend
09014-0001/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/14/2009 - 04/14/2009	Pend/iEXCHANGE Pend
09015-0005/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIA - 72193	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFI	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend
	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFI	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend

DOE, JOHN  
(123123123123)

[View all](#) | [View open](#) | [next](#) »

[Return to member search](#)

# Avoid Duplicate/Overlapping Date Case Errors

- If a member was found using the information entered, you will be **required** to check the existing cases for that member by clicking on “**View existing cases**”. **You will not be able to select member, until this is completed**
  - Do not send duplicate / multiple requests unless specifically instructed by KePRO to re-send.

# Avoid Duplicate/Overlapping Date Case Errors (cont'd)

- You will be able to see if a case has already been created and prevent a duplicate submission and view for potential overlapping dates of service with current request.
- Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.

- Starting point
- Inpatient
- Other
- Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Search
- Treatment search
  - Provider search
  - Member search
  - Treatment update search

**Member search result**  
Use this page to **Select** a specific member from a subscriber group. Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

	Member ID	Member name	Date of Birth	Relation
<input type="button" value="Select"/> <a href="#">View details</a> <a href="#">View existing cases</a>	123123123123	DOE, JOHN	10/11/1952	Enrollee

Click "Select" to return to the case entry page

- **Submitting Provider:** The provider that submits the request to KePRO (Dr.'s office submitting for an Outpatient Request or DME or a case manager submitting for a waiver etc.)
- **Servicing Provider:** The provider that will be rendering the service (Hospital for an Outpatient request, DME provider etc.)

1

## General information

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider as well as diagnostic information.

Select Treatment

[more information](#)

Notification date 03/24/2009 (mm/dd/yyyy)

Member ID You must search for a member.  
Search for ID

Submitting provider KEPRO RESPITE - 1212121212055297

Treatment Setting

Is this an emergency?

Primary diagnosis

Enter Diagnosis code or Select from Short list

- Home
- Intensive-Outpatient
- Outpatient Facility
- Partial Hospitalization
- Provider's Office

Member search

Enter submitting provider if needed

Diagnosis search

# 1

## General information

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider as well as diagnostic information.

Primary DX required and you must enter 4<sup>th</sup> or 5<sup>th</sup> digit if necessary



[More information](#)

**Notification date** 03/24/2009 (mm/dd/yyyy)

**Member ID** You must search for a member.  
Search for ID

**Submitting provider**

**Treatment Setting**

**Is this an emergency?**

**Primary diagnosis**   
Enter Diagnosis code or Select from Short list

**Secondary diagnosis 2**   
optional

**Secondary diagnosis 3**   
optional

**Secondary diagnosis 4**   
optional

**Secondary diagnosis 5**   
optional

Set up list of frequently used DX

**Attending physician**

Select attending physician from the list

or enter or search for ID

Provider search

**Service Type**

**Provider Fax Number**  
(Enter without dashes)

**Media Type**  
(Not for Provider Use)

**FIPS Code**

**Rate**

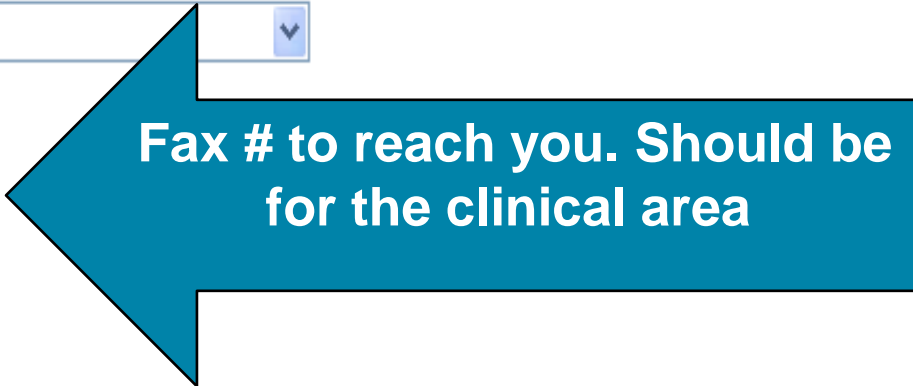
**iEXCHANGE requires an Attending physician. Enter name of physician writing the orders**



**Service Type - Mandatory**



**Fax # to reach you. Should be for the clinical area**



**Locality code & rate if required**



## 2 Services information

Enter or select the principal procedure code, and any additional secondary procedures. Enter the servicing provider, the number of requested units/visits as well as the start and end dates for each procedure.

### Principal Service

#### Procedure

Enter Procedure code or Select from Short list

You can list up to 5 procedure codes, additional requests need to be added under comment

Procedure search

Create Frequently used procedure lists

#### Servicing provider

Select servicing provider from the list

or enter or search for ID

Provider search

#### Unit(s)

#### Start date

 /  /  (mm/dd/yyyy)

#### End date

 /  /  (mm/dd/yyyy)

#### DME

#### Review Type

Units: Refer to specific service type or program for allowable units

Start date: the day you want the PA to begin

optional

**Attending physician**

Enter or Search for ID

**Service Type**

**Provider Fax Number**   
(Enter without dashes)

**Media Type**  (Not for Provider Use)

**FIPS Code**

**FIPS Rate**

## 2 Services information

Enter or select the principal procedure code, and any additional secondary procedures. Enter the servicing provider, the number of requested units/visits as well as the start and end dates for each procedure.

**Principal Service**

**Procedure**

Enter Procedure code or Select from Short list

**Servicing provider**

Enter or Search for ID

**Unit(s)**

**Start date**  /  /  (mm/dd/yyyy)

**End date**  /  /  (mm/dd/yyyy)

**DME**

**Review Type**

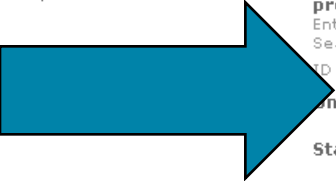
**Service 2**

**Procedure**

Enter Procedure code or Select from Short list

**Servicing**

Review Type is a required field. Provider needs to select Initial, Recertification, or Retrospective for the particular type of request being entered.



- Initial CERT
- Recertification
- Retrospective

**Additional Comments (optional)**

**Severity of Illness**

**Intensity of Service**

**Additional Comments**

Enter clinical information or paste in "required PA information sheet"

iEXCHANGE has a 30 minute timeout. By clicking "Next Step" button, you can re-set this timer

Next step

Cancel

# Required PA Information

- Information checklists can be found on our web site <https://dmas.kepro.org>
- Information checklists can be used as templates or prompts to submit all the required information for a request.
- Information checklists can be edited, downloaded and customized and a copy pasted directly into iEXCHANGE® note field.

Thank you for visiting the Virginia KePRO/DMAS website.

Be sure to open our web site in a separate web page or before you start to enter your case data to avoid losing information



- DMAS Manuals
- Reference Material
- Forms
- Training
- Key Links
- FAQs
- Contact Us

**First time registration for iEXCHANGE**

Already registered with iEXCHANGE...

**Log in to iEXCHANGE | MEDecision**

Log in to the KePRO Provider Portal...

**KePRO Provider Portal**

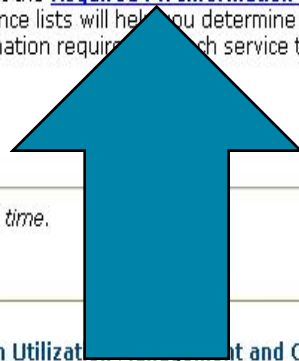
## Welcome to KePRO!

### Hot Topics

**Check It...** **Prior Authorization (PA) Checklists**  
 Want to avoid hold-ups caused by missing information in PA requests? Check out the [Required PA Information Checklists](#). These handy reference lists will help you determine at a glance all the information required for each service type.

### Announcements

*There are no announcements at this time.*



## Stay informed

- ◆ System Status ● **UP**
- ◆ [Training Schedules](#)
- ◆ [Newsletters](#)

## Take action

- ◆ [Reset your iEXCHANGE password](#)
- ◆ [Report fraud and abuse](#)



KePRO is URAC accredited in Health Utilization Management and Case Management. We are also licensed to perform medical reviews in 29 states.



## Prior Authorization Checklists



Want to avoid hold-ups caused by missing information in PA requests? Check out our **Prior Authorization Checklists**. These handy reference lists will help you determine at a glance all the information required for each service type. Don't be stuck retrieving information twice! Use the checklists for once-and-done submission!

Please note that not all special characters( such as ~) will copy correctly into iEXCHANGE. Please limit the use of special characters in your answers and review your information after you have pasted into iEXCHANGE to be sure it is correct.

Select appropriate  
Review type

**To view a document:** Click on the link. From the menu at the top of the browser, select FILE -> SAVE AS to name and save the document. Then save it.  
**To save the document without naming it:** Right-click the link in the document. Select "Save target as". Navigate to the folder in which you wish to save the document. Then save it.

- HOME
- DMAS Manuals
- Reference Material
- Forms
- Fraud & Abuse
- Key Links
- Training
- FAQs
- Contact Us



PA Checklists	Description	File Size	File Type
<a href="#">DME PA Check List</a>		38 KB	.doc
<a href="#">Home Health PA Check list</a>		38 KB	.doc
<a href="#">Imaging PA Check List</a>		38 KB	.doc
<a href="#">Outpatient Rehab PA Check List</a>		31 KB	.doc

Select appropriate checklist



## IMAGING

MRI – SERVICE TYPE 0450

CAT – SERVICE TYPE - 0451

PET SCAN – SERVICE TYPE 0452

### REQUIRED PA INFORMATION

1. Provider Contact Name:
2. Provider Contact Number:
3. Is this a Retro Review: Yes / No
4. Please include type of scan and reason scan is being ordered.
5. Please include patient history related to this request, including symptoms, duration of symptoms and clinical findings e.g Underlying conditions and diseases for example: Cancer, Multiple Sclerosis, Arthritis, Diabetes, Hypertension, Heart disease etc.
6. Is there a history of trauma? Yes/No
  - a. If yes, date of injury
7. If diagnosis is headache, please state whether new onset, or chronic with increasing symptoms- describe current symptoms
8. Previous x-rays, CT, MRI, or PET scans done and date and result of test(s):
9. Any lab test done? Yes/No
  - a. Abnormal results? Yes/No
10. Medications tried and length of time patient has been on meds?
11. If diagnosis is seizures, please indicate if new onset or frequency increasing/meds not controlling seizures.
12. Is Diagnosis of a Neo-plastic nature? Yes/No
  - a. If yes, enter current treatment regimen i.e., Chemo, Radiation, and/or Surgery. If completed, enter date treatment was completed
13. Any other pertinent information regarding this request?
14. Severity of Illness: Comment box in iEXCHANGE for entering specific information as noted in numbers 3 through 12 on this document
15. Intensity of Service: Comment box in iEXCHANGE for entering specific treatment information or copy and pasting of this form

#### \*\*\*Note\*\*\*

- An urgent imaging scan must be reported within 24 hours or next business day
- Make sure Procedure code matches Scan requested
  - e.g. MRI brain requested and CAT of brain is coded

Utilizing  
Imaging PA  
checklist will  
help define  
required  
information

EXAMPLE  
appropriate  
Checklist for  
service  
requested

## Additional Comments (optional)

### Severity of Illness

Eligibility.  
Which specific Opioid therapy is requested? (DT)  
List presenting clinical information or brief summary of signs & symptoms; please provide date of the patient's first visit with you, i.e. start of care date.  
Has the patient previously received therapy for this

### Intensity of Service

### Additional Comments

Once you've entered your information - click next step to see CASE PREVIEW. This will also re-set the 30 minute timer



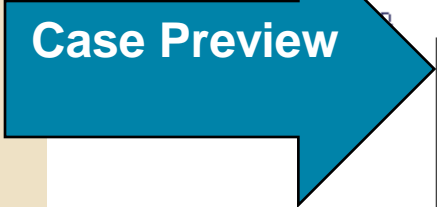
Next step

Cancel

Starting point | **Inpatient** | Other | Referral | Search

Payer selected: Virginia Medicaid P.A. - Train

▶ New Other Request  
Extend Other



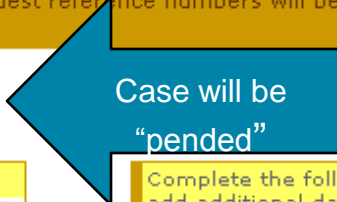
**Other request preview**

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this other request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The case and other request reference numbers will be assigned when you click **Submit**.

DOE, JOHN

Case status will be — **Pended**



Authorization Questions!

**Other request information** [Edit]

**Principal service —**  
**Status — Pend**

Procedure	PORTABLE OXYGEN CONCENTRATOR, RENTAL - E1392
Unit(s)	3
Start date	03/30/2009
End date	04/01/2009
DME	

---

**Servicing provider** **KEPRO USA HEALTHCARE SVCS**

MCO ID	1212121212
Address 1	ADMINISTRATOR
Address 2	1800 PARHAM DR
City	CHESTER
State	VA
Zip code	238362400
Specialty	01 Site ID
Type	Home Health Agency - Pri

Complete the following Questionnaire forms to add additional data to your other request. Please note that (!) indicates questionnaires that can affect the request status — if you complete the questionnaire you may be able to change a of pend to an approval status.

**Description**

- !
- !
- !
- !

Accessed  Affects stat

If a questionnaire is available for your request it will appear here

Verify the case data is correct. If not correct, scroll to section that needs to be updated

## General information

**Member name** DOE, JOHN  
Member ID 123123123123  
Date of birth 10/11/1952  
Age 56  
Gender Male  
Coverage dates 06/26/2001 – 06/28/2006  
Plan

### Submitting provider **KEPRO USA HEALTHCARE SVCS**

MCO ID 1212121212  
Address 1 ADMINISTRATOR  
Address 2 1800 PARHAM DR  
City CHESTER  
State VA  
Zip code 238362400  
Specialty 01 Site ID  
Type Home Health Agency

Attending physician MCO ID 999999999  
Attending physician UNKNOWN, PROVIDER  
Treatment setting Home  
Notification date 03/27/2009  
Primary diagnosis 493.00 – EXTRINSIC  
UNSPECIFIED

Severity of Illness  
Intensity of Service  
Additional Comments  
Is this an emergency? No

**YOU MUST CLICK  
SUBMIT TO  
CREATE YOUR  
CASE**

Very common error is for providers to fail to click Submit. If this isn't done, the request is not transmitted to KePRO

Submit

Preview changes

Cancel



Starting point

Payer selected:  
**Virginia Medicaid P.A. - Train**

Inpatient

**CONFIRMATION case has been submitted**

[Search](#)

[Print friendly version](#)

This page can be printed and inserted in patient chart by clicking on Print Friendly page above

### Other request confirmation

This page contains other request information including the case ID and status (authorized or pend), the member's name and ID, and services. The service information includes the service description, service dates, units/visits and the status of the request. Additional provider information also appears.

When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.

**Payer notice:**  
 You can view the status of your prior authorization request by scrolling down the screen and viewing the STATUS OF EACH SERVICE LINE. DO NOT USE the case status displayed below as an indicator of your ENTIRE prior authorization request. The pur [more information](#)

Case ID — 09083-0001  
 Status — **Pended**  
 DOE, JOHN

Case ID is KePRO reference number

# Case and ID Numbers

- **Medicaid ID number consists of 12 digits**
- (example-123456789012).
  
- **KePRO Case Number consists of 9 digits with one dash** (example-07000-0000).
  
- **PA number generated by First Health is 11 digits** (example-12345678901).
  
- **Without correct Medicaid or NPI #'s your case can not be processed.**

# Search For Your Cases

Starting point    Inpatient    Other    Referral    Search

Payer selected:  
**Virginia Medicaid P.A. -  
Train**

Select a task  
Available tasks (Inpatient, O  
appear above, to the right o  
Click the task you want to o

**Treatment updates**

Select a link below to view treatment updates for the past 4 days

No new updates from the MCO

No new updates for PCPs

[View new or updated treatments](#)

**MEDecision news**

**Announcement**

Monthly maintenance on iEXCHANGE® Web is complete.

[Go to MEDecision](#)

You will also be notified when Treatment updates exist for your group after you have selected a payer on the iEXCHANGE starting point page

Treatment update will be the first place you will see recent updates to Service Requests. The following slides will show you how to find specific cases and or range of cases for review.

Starting point: Inpatient | Other | Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

Search

- Treatment search
- Provider search
- Member search
- Treatment update search

**Treatment update summary**

This page provides a summary of the treatment updates generated for providers in your group. Click **View details** to see more information about a treatment update. To remove one or more treatment updates from this view, check the box next to the treatment updates that you want to mark as viewed and click **Remove marked items from current view**. Once you have marked a treatment update as "Viewed", it will no longer appear on the Treatment update summary page when accessed from the iEXCHANGE starting point page.

**Updates for Facility/Servicing Provider: KEPRO USA HEALTHCARE SVCS**

**Member: DOE, JOHN - 123123123123**

Update summary	Facility/Servicing Provider	Case ID/PA Number	Service	Primary diagnosis	Treatment dates	Last request status/reason
Treatment was added on: 02/17/2009 <a href="#">View details</a>	KEPRO USA HEALTHCARE SVCS	09048-0001/	Inpatient request - LOS - Length of Stay	493.00 - EXTRINSIC ASTHMA, UNSPECIFIED	02/20/2009 - 02/21/2009	Pend/iEXCHANGE Pend

Advanced search Cancel

This page displays Treatment Updates that have been generated as the result of the addition of new treatments and/or modified treatments for the selected Providers

Starting point **Inpatient** Other Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

Search

- Treatment search
- Provider search
- Member search
- Treatment update search

### Treatment update details

This page lists all treatment updates associated with the case listed below. Click on a treatment update link below to view the details of a treatment update. Click **Remove all treatment updates from current view** to indicate that all the treatment updates listed below should no longer display on the Treatment update summary page when accessed from the iEXCHANGE starting point page. Click **Extend** to add units/providers/dates to a service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

**Treatment updates**  
[LOS # 090480001L001001 was added](#)

**DOE, JOHN** Case ID — **09048-0001** Status — **Pended**  
 PA Number —

Member ID	123123123123
Date of birth	10/11/1952
Member age	56
Line of business	Fee for Service
Plan	
Coverage dates	06/26/2001 — 06/28/2006
Group ID	
Group name	
Client code description	Virginia Med
Subscriber ID	123123123123
Subscriber name	DOE,JOHN
Primary care physician (PCP)	
PCP ID	
PCP phone	
PA Error Code	

Click on the Treatment update link to view the updated treatment information



Starting point  
Payer selected:  
**Virginia Medicaid P.A. -  
Train**

Inpatient

Other

Referral

Search  
Treatment search  
Provider search  
Member search  
Treatment update search

### Search instructions

Use this page to perform various searches. Treatment search allows you to view and extend existing referral, inpatient and other requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

#### ▶ Treatment search

Click the **Treatment search** link, above. The treatment search entry page appears. You can search by treatment range, case ID or request ID for treatment information. After performing a Treatment search you may choose to extend a service.

#### ▶ Provider search

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID, provider name or geographic location/specialty for provider information.

#### ▶ Member search

Click the **Member search** link, above. A blank Member search entry page appears. You can search by member ID only for member information.

#### ▶ Treatment update search

Click the **Treatment update search** link, above. The Treatment update search entry page appears.

**A Note before you begin:** if you selected the wrong payer (you want to perform a Treatment search, Provider search, Member search or Treatment update search for a different payer) click the

Select Treatment Search to check status of previously submitted requests and find current updates

Starting point

Payer selected:  
Virginia Medicaid P.A. - Train

Inpatient

Other

Referral

Search

- Treatment search
- Provider search
- Member search
- Treatment update search

### Treatment search

Use this page to search for existing referral requests and/or inpatient and other requests for a member(s) associated with a provider. This includes referring providers, servicing providers, submitting providers, and/or the member's PCP.

## 1 Choose a category to search by (A, B, or C)

Choose ONE Category and enter the appropriate values. Click **Submit search** to view referrals and/or inpatient and other requests.

### A Treatment Range

Start Date

01 / 01 / 2008 (mm/dd/yyyy)

End Date

02 / 01 / 2009 (mm/dd/yyyy)

Search filter

Show Referral, Inpatient and Other treatments

All cases  Open cases

Requesting provider

All

Member ID  
optional

Member search

Submit search Cancel

### B Case ID

Case ID

Requesting provider

KEPRO HOMEHEALTH - 1212121212 - 055296

Submit search Cancel

### C iEXCHANGE Service ID

iEXCHANGE Service ID

Requesting provider

KEPRO HOMEHEALTH - 1212121212 - 055296

Submit search Cancel

To submit a broad search, enter a Start Date, an End Date and select a Requesting Provider

Case ID is the quickest way to find out information concerning a request for service

Payer selected:  
Virginia Medicaid P.A. -  
Train

- Treatment search
- Provider search
- Member search
- Treatment update search

 [Print friendly version](#)

## Treatment search summary

This page provides a summary of the treatments that meet the search criteria entered, such as the service, primary diagnosis and the status of the requested treatment. Click **View details** to see more information about the treatment and the ability to extend the treatment dates.

[View all](#) | [View open](#)

Member	Case ID/ PA Number	Service	Primary diagnosis	Treatment dates	Last detail line status/reason
BOLTON, WAYNE (121212121212)	08203-0003/ <a href="#">View details</a>	<b>Inpatient request - LOS - LENGTH OF STAY</b>	493.00 - EXTRINSIC ASTHMA, UNSPECIFIED	07/21/2008 - 07/24/2008	Authorize/Nurse Reviewer Approval
DOE, JOHN (123123123123)	09021-0002/ <a href="#">View details</a>	<b>Other request - CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH - A7000</b>	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
	09015-0002/ <a href="#">View details</a>	<b>Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260</b>	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/01/2009 - 01/01/2009	Pend/iEXCHANGE Pend
	09015-0004/ <a href="#">View details</a>	<b>Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260</b>	250.0 - THIS IS AN INVALID ICD-9-CM CODE, 4TH/5TH DIGITS R	01/03/2009 - 01/03/2009	Pend/iEXCHANGE Pend
	09014-0001/ <a href="#">View details</a>	<b>Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260</b>	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/14/2009 - 04/14/2009	Pend/iEXCHANGE Pend
	09015-0003/ <a href="#">View details</a>	<b>Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260</b>	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFI	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend
	09022-0004/ <a href="#">View details</a>	<b>Inpatient request - LOS - LENGTH OF STAY</b>	799.9 - OTHER UNKNOWN AND UNSPECIFIED CAUSE OF MORBIDITY O	01/16/2009 - 01/24/2009	Pend/iEXCHANGE Pend
	09022-0003/ <a href="#">View details</a>	<b>Other request - SKILLED NURSE FOLLOW-UP - R0551</b>	343.9 - INFANTILE CEREBRAL PALSY, UNSPECIFIED	01/22/2009 - 02/22/2009	Pend/iEXCHANGE Pend

[View all](#) | [View open](#)

New search

Cancel

Submitting a search by date range will return cases for multiple members that occurred within the dates provided

Starting point

Inpatient

Other

Referral

Search

Payer selected:  
Virginia Medicaid P.A. -  
Train

- Treatment search
- Provider search
- Member search
- Treatment update search

## Treatment search

Use this page to search for existing referral requests and/or inpatient and other requests for a member(s) associated with a provider. This includes referring providers, servicing providers, submitting providers, and/or the member's PCP.

### 1 Choose a category to search by (A, B, or C)

Choose ONE Category and enter the appropriate values. Click **Submit search** to view referrals and/or inpatient and other requests.

#### A Treatment Range

Start Date

02 / 01 / 2009 (mm/dd/yyyy)

End Date

02 / 25 / 2009 (mm/dd/yyyy)

Search filter

Show Referral, Inpatient and Other treatments

All cases  Open cases

Requesting provider

KePRO Hospital - 12121212 - 884477

Member ID

optional

123123123123

Submit search

Cancel

#### B Case ID

Case ID

Requesting provider

KEPRO HOMEHEALTH - 12121212 - 055296

Submit search

Cancel

#### C iEXCHANGE Service ID

iEXCHANGE Service ID

Requesting provider

KEPRO HOMEHEALTH - 12121212 - 055296

Submit search

Cancel

To narrow your search, add a member ID or a Case ID

Starting point

Inpatient

Other

Referral

Search

Payer selected:  
**Virginia Medicaid P.A. - Train**

- ▶ Treatment search
- Provider search
- Member search
- Treatment update search

[Print friendly version](#)

### Treatment search summary

This page provides a summary of the treatments that meet the search criteria entered, such as the service, primary diagnosis and the status of the requested treatment. Click [View details](#) to see more information about the treatment and the ability to extend the treatment dates.

[View all](#) | [View open](#)

Member	Case ID/PA Number	Service	Primary diagnosis	Treatment dates	Last detail line status/reason
DOE, JOHN (123123123123)	09021-0001/ <a href="#">View details</a>	<b>Other request</b> - DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS - E1399	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
		<b>Other request</b> - CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH - A7000	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
	09014-0001/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/14/2009 - 04/14/2009	Pend/iEXCHANGE Pend
		<b>Other request</b> - COMPUTED TOMOGRAPHY, PELVIS; WITH	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG,	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend
	09042-0001/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	OF BRONCHUS AND LUNG, UNSPECIFI	04/15/2009	Pend
		<b>Other request</b> - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIA - 72193	599.9 - UNSPECIFIED DISORDER OF URETHRA AND URINARY TRACT	02/11/2009 - 05/11/2009	Pend/iEXCHANGE Pend
	09048-0001/ <a href="#">View details</a>	<b>Other request</b> - COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIA - 74160	599.9 - UNSPECIFIED DISORDER OF URETHRA AND URINARY TRACT	02/11/2009 - 05/11/2009	Pend/iEXCHANGE Pend
		<b>Inpatient request</b> - LOS - LENGTH OF STAY	493.00 - EXTRINSIC ASTHMA, UNSPECIFIED	02/20/2009 - 02/21/2009	Pend/iEXCHANGE Pend

Your search results will only include cases for the specific Member ID or the Case ID that was entered

[View all](#) | [View open](#)

Starting point | Inpatient | Other | Referral

Payer selected:  
Virginia Medicaid P.A. - Train

Search

- Treatment search
- Provider search
- Member search
- Treatment update search

[Print friendly version](#)

### Treatment search summary

This page provides a summary of the treatments that meet the search criteria entered, such as the service, primary diagnosis and the status of the requested treatment. Click **View details** to see more information about the treatment and the ability to extend the treatment dates.

[View all](#) | [View open](#)

Member	Case ID/ PA Number	Service	Primary diagnosis	Treatment dates	Last detail line status/reason
DOE, JOHN (123123123123)	<a href="#">View details</a>	Other request - DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS - E1399	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
		Other request - CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH - A7000	518.83 - CHRONIC RESPIRATORY FAILURE	12/03/2008 - 06/02/2009	Pend/iEXCHANGE Pend
	<a href="#">View details</a>	Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	01/14/2009 - 04/14/2009	Pend/iEXCHANGE Pend
	<a href="#">View details</a>	Other request - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIA - 72193	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFI	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend
		Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	162.9 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFI	01/15/2009 - 04/15/2009	Pend/iEXCHANGE Pend
	<a href="#">View details</a>	Other request - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIA - 7193	599.9 - UNSPECIFIED DISORDER OF URETHRA AND URINARY TRACT	02/11/2009 - 05/11/2009	Pend/iEXCHANGE Pend
	<a href="#">View details</a>	Other request - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIA - 71260	URINARY TRACT	05/11/2009 - 05/11/2009	Pend
<a href="#">View details</a>	Inpatient request - LOS - LENGTH OF STAY	493.00 - EXTRINSIC ASTHMA, UNSPECIFIED	02/20/2009 - 02/21/2009	Pend/iEXCHANGE Pend	

Click on View details for additional information about each case

[View all](#) | [View open](#)

- Starting point
- Inpatient
- Other
- Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Search
- ▶ Treatment search
  - Provider search
  - Member search
  - Treatment update search

### Treatment search details

This page lists the case you selected including the case ID, member data, and all services. Each service section includes an Extend button. Click **Extend** to add units/providers/dates to the service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

DOE, JOHN      Case ID — **09048-0001**    Status — **Pended**  
PA Number —

Member ID	123123123123
Date of birth	10/11/1952
Member age	56
Line of business	Fee for Service
Plan	
Coverage dates	06/26/2001 — 06/28/2006
Group ID	
Group name	
Client code description	Virginia Med
Subscriber ID	123123123123
Subscriber name	DOE,JOHN
Primary care physician (PCP)	
PCP ID	
PCP phone	
PA Error Code	
<a href="#">add to comments</a>	
Severity of Illness	
Intensity of Service	
Additional Comments	

**Case status can be misleading. See next slide for example**

**Click Add to comments to provide additional information or respond to requests for missing information**

Additional Comments	04/20/2009 11:39 AM ET User: Lisa Caro test
	04/20/2009 11:44 AM ET User: Lisa Caro extension test

**Service 49505** Extend (Request)

REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE

Service type	Other request
Treatment setting	Outpatient Facility
Treatment start date	04/22/2009
Treatment end date	04/23/2009
Confirmed treatment end date	
Primary diagnosis code	541
Primary diagnosis description	APPENDICITIS, UNQUALIFIED
Servicing provider	SMITH, ABBY A
Servicing provider MCO ID	1841267390
Servicing provider phone	540-774-6000
Servicing provider specialty	01 Site ID
Servicing provider type	Physician

---

**iEXCHANGE Service ID — 091100001S001001**

**Status — Authorize**

Start date	04/22/2009
End date	04/22/2009
Status reason	Clinical Reviewer
Units	1
Submitting provider	SMITH, ABBY A
Submitting provider MCO ID	1841267390
Submitting provider specialty	01 Site ID
Submitting provider type	Physician

---

**iEXCHANGE Service ID — 091100001S001002**

**Status — Authorize**

Start date	04/23/2009
End date	04/23/2009
Status reason	Clinical Reviewer
Units	2
Submitting provider	SMITH, ABBY A
Submitting provider MCO ID	1841267390
Submitting provider specialty	01 Site ID
Submitting provider type	Physician

**Click Extend (Request) for Recertification**

**Check status for each requested date of service. This is the most accurate picture of your Service request. Case status can be misleading.**

Starting point

Inpatient

Other

Referral

Search

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Treatment search
- Provider search
- Member search
- Treatment update search

## Search instructions

Use this page to perform various searches. Treatment search allows you to view and extend existing referral, inpatient and other requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

### ▶ Treatment search

Click the **Treatment search** link, above. The Treatment search entry page appears. You can search by treatment range, case ID or request ID for treatment information. After performing a Treatment search you may choose to extend a service.

### ▶ Provider search

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID, provider name or geographic location/specialty for provider information.

### ▶ Member search

Click the **Member search** link, above. A blank Member search entry page appears. You can search by member ID only for member information.

### ▶ Treatment update search

Click the **Treatment update search** link, above. The Treatment update search entry page appears.

**A Note before you begin:** if you selected the wrong payer (you want to perform a Treatment search, Provider search, Member search or Treatment update search for a different payer) click the

Select Treatment Update Search to view newly created or modified requests

- Starting point
- Inpatient
- Other
- Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Search
- Treatment search
- Provider search
- Member search
- Treatment update search

### Treatment update search

Use this page to search for treatment updates. Treatment updates inform you when the Payer has changed the status of or has added comments to a referral, inpatient or other request submitted by a provider in your group.

Specify the treatment update search criteria

**Search For**

- Updates from MCO
- Updates for PCPs
- New or updated treatments

**Provider(s)**  
Specify the provider(s) whose treatment updates you wish to view.

[Select all providers](#)

- KEPRO HOMEHEALTH - 1212121212
- KEPRO LEGACY - 1212121212
- KEPRO PERSONAL CARE - 1212121212

**Date range**  
Specify the date range for your treatment update search.

**Search filter**  
Specify the types of treatment updates you want to search for.

Specify the type of Treatment Updates and the Providers for whom you want to search

Starting point

Inpatient

Other

Referral

Search

Payer selected:  
**Virginia Medicaid P.A. - Train**

- Treatment search
- Provider search
- Member search
- Treatment update search

## Treatment update search

Use this page to search for treatment updates. Treatment updates inform you when the Payer has changed the status of or has added comments to a referral, inpatient or other request submitted by a provider in your group.

Specify the treatment update search criteria

Search For

- Updates from MCO
- Updates for PCPs
- New or updated treatments

Provider(s)

Specify the provider(s) whose treatment updates you wish to view.

[Select all providers](#)

KEPRO PERSONAL CARE - 1212121212055298  
KEPRO RESPITE - 1212121212055297  
KePRO Hospital - 1212121212884477

Date range

Specify the date range for your treatment update search.

Search filter

Specify the types of treatment updates you want to search for.

Submit search

Cancel

- Today
- Past 1 days
- Past 2 days
- Past 3 days
- Past 4 days
- Past 5 days
- Past 6 days
- Past 7 days
- Past 8 days
- Past 9 days
- Past 10 days
- Past 11 days
- Past 12 days
- Past 13 days
- Past 14 days

Set the date range for your search

Starting point | **Inpatient** | Other | Referral

Payer selected:  
**Virginia Medicaid P.A. - Train**

Search

- Treatment search
- Provider search
- Member search
- Treatment update search

## Treatment update search

Use this page to search for treatment updates. Treatment updates inform you when the Payer has changed the status of or has added comments to a referral, inpatient or other request submitted by a provider in your group.

Specify the treatment update search criteria

**Search For**

Updates from MCO  
 Updates for PCPs  
 New or updated treatments

**Provider(s)**  
Specify the provider(s) whose treatment updates you wish to view.

[Select all providers](#)

- KEPRO PERSONAL CARE - 1212121212055298
- KEPRO RESPITE - 1212121212055297
- KePRO Hospital - 1212121212884477

**Date range**  
Specify the date range for your treatment update search.

Past 14 days

**Search filter**  
Specify the types of treatment updates you want to search for.

Submit search    Cancel

- Comments added
- Status changed to Approved
- Status changed to Denied
- Status changed to Pend
- All MCO treatment update types

Specify the types of Treatment Updates you wish to view using the Search filter

# How do I verify recipient eligibility?

- Providers are responsible to verify recipient eligibility

- Eligibility Verification Contacts:

DMAS web-based ARS at: <http://virginia.fhsc.com>

Medicall at 1-800-884-9730 or 1-800-772-9996

# Eligibility and Units Available

- Eligibility verification avoids unnecessary delays associated with PA submission (due to incorrect payer source). Eligibility should be checked at each visit.
- Providers must submit PA requests for recipient eligible dates under the Medicaid Fee For Service Plan. Service requests for dates outside the recipient's coverage (future dates for on going coverage is an exception) will be rejected and returned for correction. Check eligibility for dates of service requested.

# Resource Information

- KePRO (1-888-827-2884)
- [ProviderIssues@kepro.org](mailto:ProviderIssues@kepro.org)
- [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov)

# Resource Information (cont'd)

**Check the Medicaid Memos and Manuals online at:**

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

**Click on the link to Providers Services**

**or**

<http://dmas.kepro.org>

**Please reference our other  
iEXCHANGE®  
training modules for additional  
information.**

<https://dmas.kepro.org>

**Thank You!**