**Follow up from the June 2024 Durable Medical Equipment Provider Education Webinars**

**Q&A**

**“Can you please confirm the portal address for prior authorization submissions?”**

The ANG web portal can be accessed from either of the following sites:

<https://portal.kepro.com>

<https://scdhhs.acentra.com>

**“Can we download the PowerPoint?**

Yes, the presentation can be found on the Acentra Health website, under Resources and Training, Durable Medical Equipment.

**For patients with ongoing supplies/rentals what should be listed as the date of service since there is a 90 day requirement for patient to be seen and RX date and we can’t know when the patient has been seen to the doctor?**

When the patient receives an order for services and a MCMN has been completed by the physician, the MCMN is valid for up to 365 days, given the member’s eligibility remains active.

The service date should be the date you are requesting the service or anticipated delivery day. The authorization will be provided for a specific period of time, up to 365 days, based on the MCMN or SCDHHS regulations.

For specific case related questions, please call the Acentra Health Customer Service Center at 1-855-326-5219.

**What if there are discrepancies between what the manual states requires an authorization and the response we get back? As an example, the manual for SC Medicaid states that a PA is requires for E0465 but we received a response that no PA is required. Do we need to call?**

Acentra Health uses the SCDHHS DME Fee Schedule to verify codes requiring prior authorization. According to the most recent fee schedule dated 6/17/2024, E0465 does not require a prior authorization.

Codes that require prior authorization are indicated by a “Q” in the Auth Required Column.



Any time you are concerned about a discrepancy, please contact the Acentra Health Customer Service center and we will be happy to research it – 1-855-326-5219.

Acentra Health highly encourages DME providers to check the Fee Schedule at least once a month regarding frequently requested codes, manually priced codes, new codes, and codes that require prior authorization.

**If no PA is required for private insurance, then what documentation Is needed to submit to get an approval from Medicaid?**

Prior authorization is not required from Acentra Health when a member has other primary health insurance UNLESS the primary insurance **denies** your claim for exhausted benefits or noncovered services.

Rules of the primary insurance must be followed (including prior authorization and documentation requirements). Once a claim is filed to the primary insurance and adjudicated/processed/completed, the provider will then submit a claim to SC Medicaid following the rules outlined in the Provider Administrative and Billing Manual – you must include a copy of the member’s primary EOB or remittance.

If the **primary** insurance denies the member’s claims for exhausted benefits or noncovered services, the provider may submit a prior authorization request for the service dates denied. Medical necessity documentation and a copy of the EOB or remittance are required. Acentra Health will process the review and make a determination. A secondary claim can then be filed to SC Medicaid.

**Why only 2 days to respond to a pending request?**

The 2 day response time was determined by SCDHHS in 2012, it is a contractual requirement.

**For the manually priced – will a MSRP work or is a patient specific cost invoice required?**

Information related to manually priced items may be found in the SCDHHS Durable Medical Equipment Provider Manual, Chapter 6 – Billing Guidance.

“To ensure accurate payment of manually priced and NOC codes, the provider must submit an actual invoice or a manufacturer price quote. If submitting screen prints and web-page printouts, a signature is required certifying the date, quantity, cost, and description of items being billed.”

**If the DME equipment has not been delivered prior to PA submission, what date should be entered on the CMN as date of service?**

According to SCDHHS, the Service date must be the same as the delivery date. For the purpose of obtaining an authorization, Acentra Health does not need that date to be completed if the service has not been delivered. Providers must accurately record the date when the item is delivered and prior to claims submission. Please communicate in your PA request that services have not been delivered at the time of PA request.

**Just to clarify, the only items that require the Vendor Quote are those marked as Manually Priced on the Fee Schedule?**

All items marked with an M in the Payment Rate column on the DME Fee Schedule require an actual invoice or MSRP price quote. Please refer to the SCDHHS Durable Medical Equipment Provider Manual, Chapter 6 – Billing Guidance.