



# AUTHORIZATION SUBMISSIONS: DURABLE MEDICAL EQUIPMENT

CareOregon Connect Tutorial

*Revised April 2024*



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## CareOregon Connect Tutorial

### *Durable Medical Equipment (DME) Authorizations*

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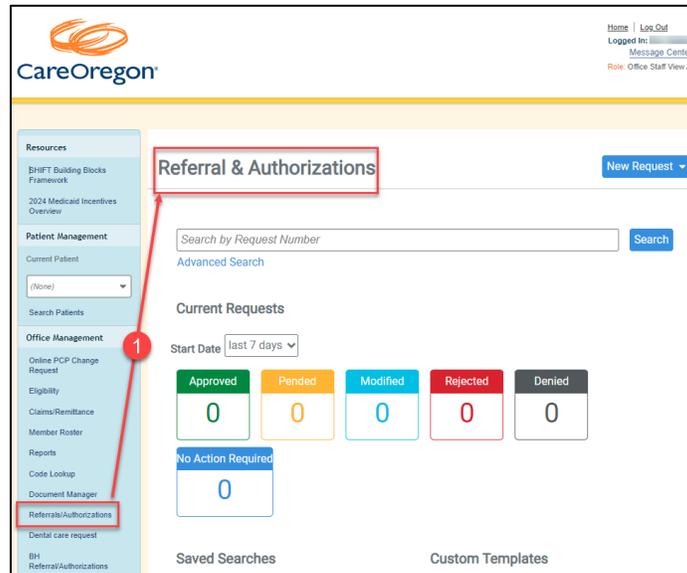
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## Entering DME Authorization Requests

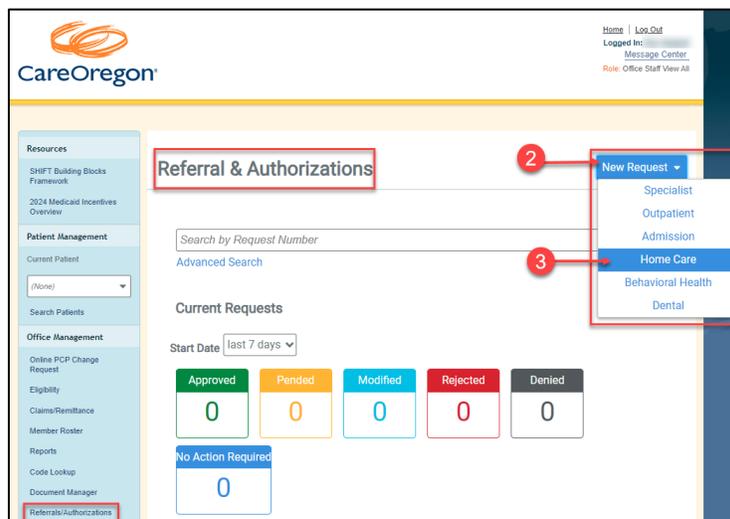
To start the process of entering DME Authorization requests:

### Referrals/ Authorizations

1. Click on **“Referrals/Authorizations.”**



2. Go to **“New Request”**
3. Go down to **“Home Care.”**



4. Fill out each of the required fields.

## Patient

Search your patient using the “**Select a Patient**” search field.

Referral & Authorizations / Search Requests

### DME or Home Enteral/Infusion Request

**This template should be used to request services for:**

Durable Medical Equipment (DME) Purchase and Rentals, Prosthetic/Orthotic Devices, and Enteral/Parenteral  
DME No Authorization Required List [Click this link](#)

**4 Patient**

\*Search Current Patients

Co-Morbidity  
 No  Yes

Select a patient

You can search by Member ID, First and/or Last Name:

Search Current Patients

Member ID First Name Last Name

ID Number First Last

Search

Close

Once you locate your patient, select “**+Add**” to include them in your request.

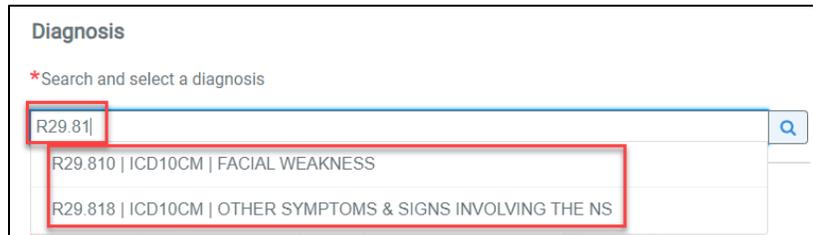
Search Current Patients

Names

TEST, [REDACTED]	Patient ID C [REDACTED]_Dental	Birthdate 10/20/[REDACTED]	+ Add
	Effective 12/3/2018-9/12/2019	PCP [REDACTED]	
	Dates [REDACTED]	HEALTH CENTER	
TEST, [REDACTED]	Patient ID AN [REDACTED]	Birthdate 11/[REDACTED]	+ Add
	Effective 11/12/2007-6/30/2008	PCP [REDACTED]	
	Dates [REDACTED]		
TEST, [REDACTED]	Patient ID A/[REDACTED]	Birthdate 7/1/[REDACTED]	+ Add
	Effective 5/1/2023-	PCP [REDACTED]	
	Dates [REDACTED]		
TEST, [REDACTED]	Patient ID C/[REDACTED]	Birthdate 6/5/[REDACTED]	+ Add
	Effective 11/12/2007-6/30/2008	PCP [REDACTED]	
	Dates [REDACTED]		

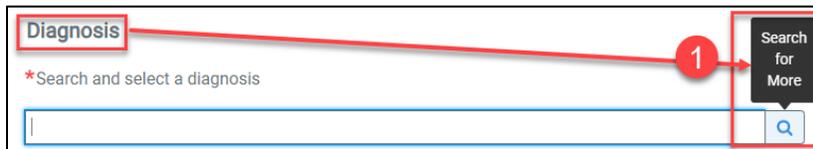
## Diagnosis

Enter a diagnosis code or description into the diagnosis search field. If the system recognizes the code, it will start to populate the code and description.



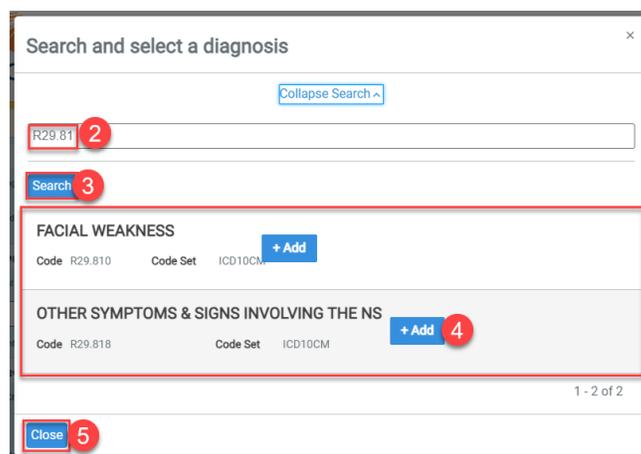
The screenshot shows a 'Diagnosis' search interface. At the top, it says '\*Search and select a diagnosis'. Below this is a search input field containing the text 'R29.81'. A magnifying glass icon is to the right of the input field. Below the input field, a dropdown menu is open, showing two search results: 'R29.810 | ICD10CM | FACIAL WEAKNESS' and 'R29.818 | ICD10CM | OTHER SYMPTOMS & SIGNS INVOLVING THE NS'. Both results are highlighted with a red box.

You can also search by clicking the magnifying glass.



The screenshot shows the 'Diagnosis' search interface. A red box highlights the 'Diagnosis' label. A red circle with the number '1' is placed over the magnifying glass icon to the right of the search input field. A red arrow points from the 'Diagnosis' label to the magnifying glass icon. A 'Search for More' button is also visible to the right of the magnifying glass icon.

1. The search and select diagnosis box appear to allow you to complete your search. Enter the description or code.
2. Click **“Search”**
3. Click **“+Add”** button to select the diagnosis that matches your request.
4. Click **“Close”** when finished.



The screenshot shows a 'Search and select a diagnosis' dialog box. At the top, it says 'Search and select a diagnosis' and has a 'Collapse Search' button. Below this is a search input field containing 'R29.81'. A red circle with the number '2' is placed over the input field. Below the input field is a 'Search' button with a red circle with the number '3' over it. Below the 'Search' button, there are two search results. The first result is 'FACIAL WEAKNESS' with a '+ Add' button next to it. Below this result, it says 'Code R29.810 Code Set ICD10CM'. The second result is 'OTHER SYMPTOMS & SIGNS INVOLVING THE NS' with a '+ Add' button next to it. Below this result, it says 'Code R29.818 Code Set ICD10CM'. A red circle with the number '4' is placed over the '+ Add' button for the second result. At the bottom of the dialog box is a 'Close' button with a red circle with the number '5' over it. The text '1 - 2 of 2' is visible at the bottom right of the dialog box.

5. You should see the diagnosis you select below the search bar. You must enter at least one (1) diagnosis.

**Please Note:** A red asterisk (\*) indicates a required field.

Diagnosis **Required field.**

\*Search and select a diagnosis

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R29.818 | ICD10CM | OTHER SYMPTOMS & SIGNS INVOLVING THE NS

## Requesting Provider

This is the provider making the request.

1. Begin by clicking the magnifying glass.

R29.818 | ICD10CM | OTHER SYMPTOMS & SIGNS INVOLVING THE NS

Requesting Provider

\*Requesting Provider Search for More Contact Name \*Contact Info

1

Search

Phone

\*Contact Info

Fax

2. Enter either the facility name, Provider ID, or Provider NPI in the search bar.
3. Click **“Search”**

Requesting Provider

2

Name, Provider ID, Provider NPI

3

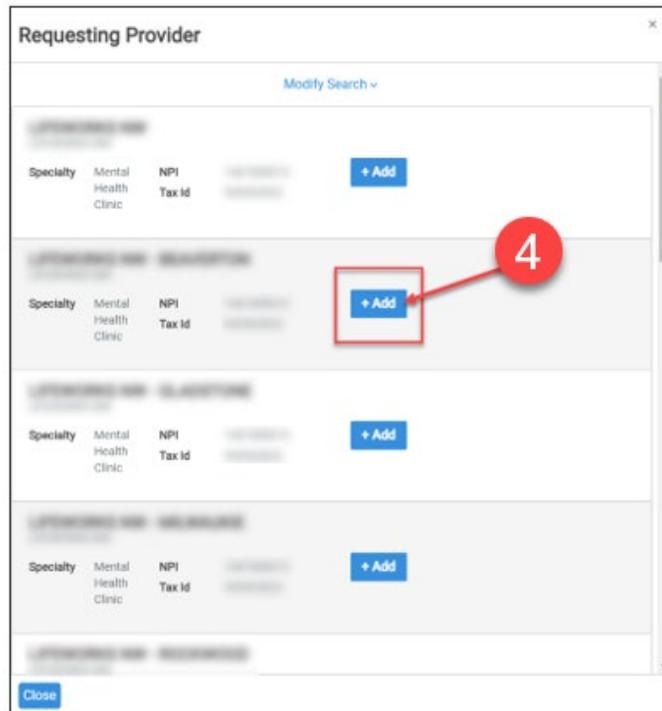
Search

Enter one of the following:

- Facility Name
- Provider ID
- Provider NPI

Close

- Once the search results are returned, select the appropriate requesting provider by clicking the “+Add button.”



- The provider’s name should now be showing in your request.
- Enter the “**Contact Name**” for the requesting provider.
- Enter “**Contact Information**”:
  - Phone Number
  - Fax Number

## Servicing Providers

Repeat the process for the “**Servicing Provider.**” The servicing provider is the one that will provide the actual service that is being requested.

The screenshot shows a web form titled "Provider (Agency/Vendor) Name". It contains several input fields and dropdown menus:

- A search bar with a magnifying glass icon.
- A text input field labeled "Contact Name" containing the text "Ima Vendor".
- A dropdown menu for "Phone" with the value "503-555-3333".
- A dropdown menu for "Fax" with the value "503-555-4444".

Red boxes highlight the search bar, the "Contact Name" field, and the "Phone" and "Fax" dropdown menus.

## Service Details

Complete the following fields:

### *Service Category*

Select from the following options:

- Beds
- Compression Stockings
- Diabetic Supplies
- Durable Medical Equipment
- EPIV
- Hearing Aid
- Lifts
- Orthotic Devices
- Other medical
- Oxygen
- PAP
- Prosthetic
- Respiratory
- Vision (Optometry)
- Wheelchairs
- Wheelchair Repairs
- Wound Vac

### Select Urgency

- Standard – 14 day turnaround timeline
- Urgent – 72 hour turnaround timeline
- Retro – for DME that has already been provided to the member



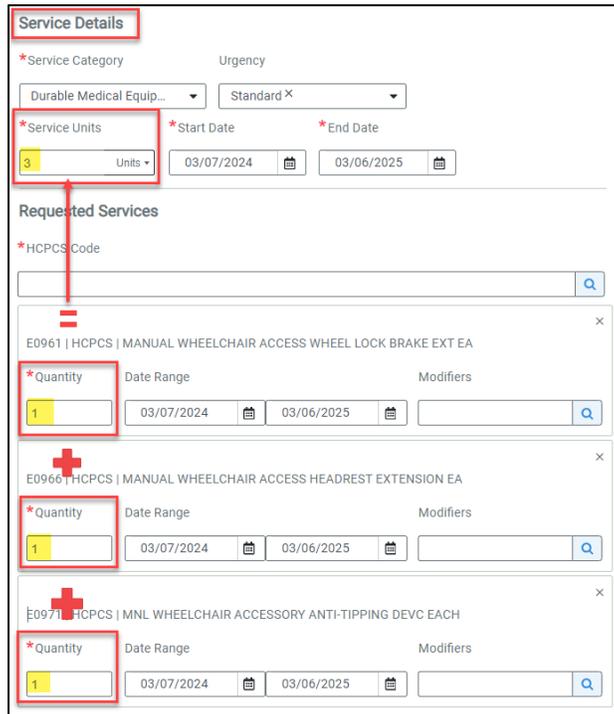
The screenshot shows the 'Service Details' section of a form. It includes three dropdown menus: 'Service Category' (set to 'Mental Health X'), 'Service Type' (set to 'Select...'), and 'Urgency' (set to 'Standard X'). A red box highlights the 'Urgency' dropdown, and a red arrow points to it from above.

### Service Units

Enter the total units of all the codes you entered in the “Requested Units” section.

### Please Note:

- Units relate to each code being entered. It’s per line.
- Units relate to how you want to bill for each item.
- Each line item should have reflected units.
- What you enter is what will pay on a claim.



The screenshot shows the 'Service Details' and 'Requested Services' sections of a form. In the 'Service Details' section, the 'Service Category' is 'Durable Medical Equip...', 'Urgency' is 'Standard X', and 'Service Units' is '3'. In the 'Requested Services' section, there are three items listed, each with a quantity of '1' and a date range from '03/07/2024' to '03/06/2025'. Red boxes highlight the 'Service Units' field and the quantity fields for each item. A red arrow points from the 'Service Units' field to the quantity field of the first item.

### *Service Dates*

- Select the **start date** of the service.
- Select the **end date** of the service.

Date span should reflect how you bill.

- For example, if you want a year, ask for a year.
- Rentals should always be a year.
- Purchased items should be for 3-6 months based on scheduling &/or how quickly you can get the device.

### *Remarks*

Type in any additional remarks/comments.



The screenshot shows a rectangular box titled "Additional Information". Inside the box, the word "Remarks" is displayed above a yellow text input field. The input field contains the text "Records attached." and has a small cursor icon at the end. Below the input field, the text "Characters remaining: 208 / 225" is visible.

### *Add Paperwork*

Upload chart notes/medical records if a clinical review is required for this request type. To upload records, click “**Add Paperwork.**”



If you need more information about uploading or searching for clinical documentation, see the section [Uploading Documentation](#) or [Search for a Document](#) later in this guide.

## Save and/or Submit the Request

The request if you wish to save this as a template. This is helpful for requests that are submitted frequently for a specific level/type of care. After saving, you will need to name the template.

- See [“Creating a Template for Common Requests.”](#)

The screenshot shows a 'Paperwork' form with the following fields and callouts:

- 1**: \*Description (Medical Records)
- 2**: \*Report Type (Medical Record Attachment X)
- 3**: \*Transmission Method (Electronically Only X)
- 4**: \*File (Choose file to add)

Buttons: + Add paperwork, Submit, Load, Save, Delete.

**Instructions:**

- If you wish to save this request as a template, ex. if you request this level of care with these codes frequently, click "Save," name your template and then click ok. Next, click "Submit."
- If you do not wish to save the template, click "Submit." YOU MUST CLICK SUBMIT TO TRANSMIT THE REQUEST!

## Status

After submission, you will see the status of your request.

The screenshot shows the 'Request Detail' page with the following sections:

- Home Care Request**: Approved
- Confirmation Number**: 698926 (Note: Your authorization number will be CC698926.)
- Diagnosis**: R23.818 Other symptoms and signs involving the nervous system
- Requesting Provider**: RICHARD, 1234
- Servicing Providers**: JAAFAR
- Requested Service**: Durable Medical Equipment, Standard (E), Start Date 3/7/2024, End Date 3/6/2025
- Requested Procedures**: ED961: Manual wheelchair accessory, wheel lock brake extension (handle), each; ED966: Manual wheelchair accessory, headrest extension, each; ED971: Manual wheelchair accessory, anti-tipping device, each
- Additional Information**: Additional Remarks: Your request has been approved based on the service code(s) submitted.
- Paperwork**: Description 698926\_1, Identification Code, Transmission EL, Report Type Medical Record Attachment (M1)
- Attachments**: Download File 698926\_1\_Chart Notes JS.docx



THANK YOU!

Please reach out to CareOregon Provider  
Customer Service at (800) 224-4840 if you have  
additional questions.