



Therapy Review Instructions

<ul style="list-style-type: none"> ● Sign in
<ul style="list-style-type: none"> ● Click on New Request
<ul style="list-style-type: none"> ● Enter Member Medicaid Number
<ul style="list-style-type: none"> ● Select Submitting Therapy Provider Number
<ul style="list-style-type: none"> ● Treatment setting for the TYPE of review <ul style="list-style-type: none"> ○ Therapy DMS 640 Validation-AR ○ Therapy PA/EOB-AR ○ Therapy Rehab-AR
<ul style="list-style-type: none"> ● Skip admit date; this is for Continue Inpatient Hospital Stay only
<ul style="list-style-type: none"> ● Treatment ICD-10 Diagnosis Code <ul style="list-style-type: none"> ○ Do not insert decimal
<ul style="list-style-type: none"> ● Select the type of modality <i>(each modality has to be requested separately)</i> <ul style="list-style-type: none"> ○ Speech, Physical or Occupational Therapy
<ul style="list-style-type: none"> ● Enter service (procedure code)
<ul style="list-style-type: none"> ● Modifiers <ul style="list-style-type: none"> ○ Only if there are modifiers

<ul style="list-style-type: none"> ● Choose Type of Service "B"
<ul style="list-style-type: none"> ● Start and end date is the date of service <i>Note: Start date on all validations will be 7/1/17, and the end date will be the expiration of the proscripton.</i>
<ul style="list-style-type: none"> ● Duration
<ul style="list-style-type: none"> ● Units <ul style="list-style-type: none"> ○ 1 unit equals 15 minutes ○ Units per week times the number of weeks is your total units
<ul style="list-style-type: none"> ● Add service code
<ul style="list-style-type: none"> ● Save and view <ul style="list-style-type: none"> ○ Click in post ○ Click on the paper clip (attach the records) ○ Click browse ○ Click open ○ Click share
<ul style="list-style-type: none"> ● This request is completed
<p>Click new request under tab OTHER to start a another new request</p>

Call the helpdesk at **479-573-7777**
 or email **ReviewPointHelp@afmc.org** with questions or problems.