



Alliant Health Solutions

ICWP Supply Table

User Guide

1. Entering PA

- Log into [Medical Review Portal](http://www.mmis.georgia.gov) via www.mmis.georgia.gov
- Click Enter a [New Authorization Request](#) and then Independent Care Waiver Program (Form Number: DMA-80)
- Enter Medicaid ID Number then click [Submit](#)
- Enter approved DMA-6 PA number for the same member then click [Submit](#)
- Enter Contact Name, Contact Email, Contact Phone, and Contact Fax (if not already populated)

Contact Information			
★ Contact Name:	<input type="text"/>	★ Contact Email:	<input type="text"/>
Contact Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Ext:	<input type="text"/>
		★ Contact Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/>

- Answer question: Does member have a TBI? Once selected, let screen refresh before moving to next field

★ Does member have a TBI?	<input type="radio"/> Yes <input type="radio"/> No
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- Enter at least one diagnosis code and date. Click [Add](#). Let screen refresh before adding the next diagnosis code or moving onto adding a CPT code.

★ Diagnosis					
#	Diag Code	Diagnosis Description	Date	Primary	Type
	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	ADD

- To choose a CPT code, click on the down arrow to open the drop-down menu. Select T2029. Add From Date, To Date, Units, and Rendering Provider ID. Click [Add](#).

Procedures												
#	CPT - Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Requested Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	Mod 4
	<input type="text"/> ▼		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[ADD](#) [CANCEL](#)



- i. Upon Adding T2029 to the form a new table will populate directly underneath the procedure line

* T2029 Supply List				
Supply Item	Units Per Month	Number Of Months	Price/Unit	Total Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>

- i. Click on drop down menu to find Supply Item

*** T2029 Supply List**

Supply Item	Units Per Month	Number Of Months	Price/Unit	Total Cost	
Drain Sponge Pack of 50	2	12	8.56	205.44	
Chux per case of 150	2	12	50.09	601.08	
Briefs/pull-ups per case	2	12	67.59	1,622.16	
Compression Stocking	2	1	136	0.00	
<div style="border: 1px solid black; padding: 2px;">▼</div>	<div style="border: 1px solid black; width: 50px;"></div>	<div style="border: 1px solid black; width: 50px; text-align: center;">▼</div>	<div style="border: 1px solid black; width: 50px; text-align: center;">0.00</div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="background-color: #4CAF50; color: white; padding: 2px 5px; border-radius: 3px;">ADD</div>

☐ Yes ☒ No

☐ FAX ☐ MAIL ☐ PHONE ☒ WEB

Date Last Certified :

mm/dd/yyyy

☐ Initial Admission ☒ Renewal

Date Last Certified :

09/09/2025

treatments)

brief summary of the pertinent information that justifies medical necessity.)

- ii. At least one supply must be selected. Select the supply that is needed by clicking on the name. Wait for the page to refresh and a Price/Unit is populated for that supply.

* T2029 Supply List				
Supply Item	Units Per Month	Number Of Months	Price/Unit	Total Cost
Gloves - Wound/Skin Care			7.25	

- iii. When the Price/Unit populates, enter requested Units Per Month and the Number of Months the supply will be needed. Then click [Add](#).



Upon adding the supply, the total cost per year will populate in the Total Cost column and another supply can be selected.

- iv. **NOTE:** If supply is being requested as a one-time purchase, please select one (1) month as the number of months needed. This will ensure that the cost is calculated correctly.
- v. Continue adding supplies until all supplies requested for the year have been entered.
- vi. To delete a supply, click the red X to the right of the supply and it will be removed from the table.
- vii. Supplies will be listed alphabetically except for the most often used supplies. They will be found at the top of the list.
- j. Fill out the remainder of the form and click [Review Request](#).
- k. Read Attestation and click [I Agree](#).
- l. Check form for correctness. If any changes need to be made click [Edit Request](#) and the form can be updated. If it is correct, click [Submit Request](#).

2. Editing Supply List

- a. If PA status is Pending, then the supply list can be edited by the provider from the [Medical Review Portal](#).
- b. From the Medical Review Portal click [Search, Edit or Attach Documentation to Requests](#).
- c. Enter search criteria for the PA that needs to be entered and click [Search](#).

Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text" value="v"/>	Provider ID :	<input type="text" value=""/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>		
Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL	Notification From Date :	<input type="text"/>	Notification To Date :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					



- d. Click the Request ID for the appropriate PA.

Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	Pending <input type="button" value="v"/>	Provider ID :	<input type="text"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>		
Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL		Notification From Date :	<input type="text"/>	Notification To Date : <input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	PA Type
125082500004				8/25/2025 12:33:51 PM	08/25/2025	08/25/2025	Pending	I
125090400006				9/4/2025 1:13:06 PM	09/04/2025	09/03/2026	Pending	I

Clicking [Edit Request](#) will open the form to make changes. Follow steps 1-i, i-v to add additional supplies to the request.

Edit Request	Withdraw Request	Enter Change Request	Attach File	Return To Search Results	Return to Medical Review Portal	Contact Us
Return to the Auth Request Page						

- e. Provider can edit request as many times as needed when PA is in Pending statue (i.e. PA has not been reviewed by Alliant staff, and a decision has not been rendered). If PA is approved, changes will need to be made via [Change Request](#).

3. Viewing Approved Supplies

- From the Medical Review Portal click [Search, Edit or Attach Documentation to Requests](#).
- Enter Request ID number (or other search criteria) and hit [Search](#).
- Click on the Request ID number.
- Supply List Table will show the following information:
 - Supply Item
 - Requested Units
 - Approved Units – This is the number of units that were approved.
Please note that this may differ from what was requested.
 - Number of Months
 - Price Per Unit



- vi. Status – This indicates whether the supply has been approved or denied (or is pending for review)
- vii. Comments – Alliant reviewer will add any comments
- viii. Total – This is the total cost per year approved for the supply.

T2029 Supply List							
Supply Item	Requested Units	Approved Units	Number Of Months	Price	Status	Comments	Total
Drain Sponge Pack of 50	2	2	12	8.56	Approved		205.44
Chux per case of 150	2	1	12	50.09	Approved	Decreased to 1 box/month	601.08
Briefs/pull-ups per case	2	2	12	67.59	Approved		1622.16
Compression Stocking	2	0	1	136	Denied	Does not need	0

- e.
- f. A written-out list of the supplies can also be found by hovering mouse over the Reason column

Procedures										
#	CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
01	T2029	SPECIAL MED EQUIP, NOSWAIVER							9/9/2025	No
<div> Enter Change Request Attach File Return to the Auth Request Page </div> <div> 9/9/2025 9:34:23 AM / Alliant Health Solutions Reviewer: Approved 9999 unit(s) of T2029 as follows : Drain Sponge Pack of 50 : 2 @ 8.56 = \$205.44 - ... Chux per case of 150 : 1 @ 50.09 = \$50.09 - Decreased to 1 box/month... Briefs/pull-ups per case : 2 @ 67.59 = \$1,622.16 - ... Compression Stocking : 0 @ 136.00 = \$0.00 - Does not need... Total for T2029 = \$2,428.68 - Alliant Reviewer, 09/09/2025 09:34:48 AM </div>										
<div> Medical Review Portal </div>										

4. Supply List

ITEM_DESCRIPTION
30cc sterile water/saline
A/D ointment
Adhesive ostomy skin bond
Alcohol pads/swabs per box
Aloe Vesta Ointment
Aloe vesta ointment
Antibiotic ointment
Automatic Door Opener
Automatic leg bag emptier
Barrier spray
Basic straws per box of 100
Bedside drainage bag
Betadine plus

Bibs- disposables per case of 500
Bibs- reusable - each
Bibs- reusable per case
Bisacodyl suppositories - each
Bisacodyl suppositories per box of 100
Bladder Control Pads case
Bladder control pads per pack of 42
Briefs/pull-ups per case
Chux per case of 150
Compression Stocking
Disposable Wipes Case
Disposable Wipes Each
Disposable wipes
Drain Sponge Pack of 50
Durapore Tape
Elbow Protectors
Elbow protectors
Extension drainage tubing
Flanges
Fleet enema - each
Foam/fabric leg strap for urinary bag
Foley Holder
Gauze - each
Gauze 4x4 Split Box 200
Gauze 4x4 split box of 200
Gauze per box of 200
Geomat
Gloves
Glycerin suppositories per box of 4
Glycerin swabs
Heel Positioner
Heel Protector
Heel positioner
Heel protector
Hoyer lift sling - \$170
Hoyer lift sling - \$95
Hypafix Tape
Hypafix tape
Intermittent coude/curved catheter

Irrigation supply sleeve
Irrigation tray set w/syringe
Jobst stocking (max 2)
Latex leg strap for urinary bag
Leg bag opener/electric
Lubricant
Magic Bullets (add)
Magic Bullets per item
Magic bullets per box of 100
Male condom cath with or without adhesive strip
Medipore tape
Miconazole
Mini enemeez enema box of 30
MultiLayer Compression System 1 case
Multidose Saline Box 100
Non- sterile eye pad
Not listed
Nutritional/Enteral Feedings Case
Nutritional/enteral feedings per case
Ostomy Pouch
Ostomy irrig cone/cath with brs
Ostomy irrigation bag
Ostomy pouch
Periwash
Petroleum Jelly
Posey Holder Box of 12
Posey holder
Quick Drain Valve
Quick drain valve
Reacher
Reusable Drinking Straws 10ct
Reusable drinking straws per 10
Reusable underpads
Saf clens
Self-cath catheter
Sip and puff straws per 10
Sip and puff straws per 100
Skin barrier wipes per box of 50

Skin cream (eucerin, baza, etc)
Skin prep per box of 50
Skin protective powder
Special Joystick Handle
Standard urinary leg bag
Sterile applicators
Sterile eye pad
TED hose/support stockings
Tape (waterproof or non-waterproof)
Thickener
Toothettes per box of 250
Trach Collar Tie x 12
Trach Holder
Trach Inner Cannula Box of 10
Trach care kit - each
Trach care kit per case
Trach collar
Trach inner cannula
Urinal
Urinary cath leg strap
Urinary leg or abdomen bag (alpine)
Urolux cleaner
Vaseline/Petroleum Jelly