

# 1.1. Submit Pre-Authorisation Request for Assistive Device APP

#### Purpose

The purpose of this transaction is for the Employer / MSP to request the Pre-Authorisation for Assistive device using the APP.

#### **Business Scenario**

In this scenario an Employee / MSP request the Pre-Authorisation Request for Assistive device using CompEasy System.

#### Prerequisites

The following prerequisites are applicable when processing this transaction:

• Access to https://CompEasy.labour.gov.za website.

#### 1.1.1. Home - Google Chrome



Step	Action	
[1]	Click the <b>Submit Pre-Authorisation Request</b> transaction.	Submit Pre- Authorisation Request tile to access the







#### 1.1.2. Pre Authorisation for Claim - Google Chrome

A 🖒 🕅 K CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Please note that users need to be authorised to submit or view met Organisation Authorisation App.	lical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kin	ndly apply for authorisation through the
I Please capture all mandatory fields *		
✓ Pre-Authorisation Header Data		
*Service Provider Number:	Please select Service Provider number	
Service Provider Name:		2)
Practice Number:		9
*Claim Number:	Please enter Claim number	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of Employee:		
ID number of Employee:		
Employer:		
*Pre-Auth Type:	×	
Date Created:	08.10.2020	
*Notes:		
		+ Submission



Step	Action
[2]	Click the Service Provider Number of possible entries button to search for the required value.

#### 1.1.3. Pre Authorisation for Claim - Google Chrome









1	The Practice Number required must be linked to the User.

Step	Action
[3]	Enter <b>7410322</b> in the <b>Practice number</b> field.

# 1.1.4. Pre Authorisation for Claim - Google Chrome

A ← A CompEasy			orisation for Claim $\sim$				٩
		F	Pre-Authorisation				
I Please note that users need to be authorised Organisation Authorisation App.	l to submit or view med	ical reports, invoices	, and pre-authorisations on	behalf of a He	althcare Practice. K	indly apply for authori	sation through the
i Please capture all mandatory fields *							
<ul> <li>Pre-Authorisation Header</li> </ul>		Seni	ce Provider Search				
		56141	ce riovider Search				
*Sen Si	Practic	e number: 74103	22 Search				
	Name 1 of organization	Name 2 of organization	Bussiness Partner	Practice Nu	umber		
			No data				
Name and S				Close	Confirm		
	number of Employee:						
	Employer:						
	*Pre-Auth Type:						
	Date Created:	08.10.2020					
	*Notes:						

Step	Action			
[4]	Click the <b>Practice number Search</b> search.	Q	Search	button to start the







#### 1.1.5. Pre Authorisation for Claim - Google Chrome

A < ⋒ ≩CompEasy		Pre Autho	risation for Claim $ \smallsetminus $				٩
		P	re-Authorisation				
Please note that users need to be authorised     Organisation Authorisation App.	to submit or view med	dical reports, invoices,	and pre-authorisations on	behalf of a Heal	thcare Practice. Kindly ap	ply for authorisation through	the
i Please capture all mandatory fields *							
					ſ		
<ul> <li>Pre-Authorisation Header</li> </ul>		Servic	e Provider Search				
	Practic	ce number: 741.032	2				
"Sen. S	Theth	Q	2 Search				
	Name 1 of	Name 2 of			_		
	organization	organization	Bussiness Partner	Practice Num	ber		
	S		20000322741	7410322			
Name and S				Close	Confirm 5		
ID n	umber of Employee:						
	Employer:						
	*Pre-Auth Type:						
	Date Created:	08.10.2020					
	*Notes:						

Step	Action
[5]	Click to select the Service Provider Number $igodot$ radio button.

### 1.1.6. **Pre Authorisation for Claim - Google Chrome**

A < A ≩CompEasy		Pre Author	isation for Claim $\sim$			٩
		Pre	e-Authorisation			
Please note that users need to be authorised     Organisation Authorisation App.	l to submit or view med	lical reports, invoices, a	nd pre-authorisations on	behalf of a Hea	llthcare Practice. Kindly ap	ply for authorisation through the
Please capture all mandatory fields *						
<ul> <li>Pre-Authorisation Header</li> </ul>		Service	Provider Search			
*Ser	Practic	ce number: 7410322			]	
Se		Q	Search			
	Name 1 of organization	Name 2 of organization	Bussiness Partner	Practice Nur	nber	
	S		2000032274	7410322	•	
Name and S				Close	Confirm	
	number of Employee:				6	
	Employer:					
	*Pre-Auth Type:					
	Date Created:	08.10.2020				
	*Notes:					
						+ Submission

i

The Service Provider Number, Service Provider Name and Practice Number will autopopulate.







Step	Action
[6]	Click the <b>Confirm</b> button to confirm the selection.

#### **1.1.7. Pre Authorisation for Claim - Google Chrome**

A ← A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Please note that users need to be authorised to submit or view met Organisation Authorisation App.	lical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kindly	apply for authorisation through the
i Please capture all mandatory fields *		
✓ Pre-Authorisation Header Data		
*Service Provider Number:	2000032274	
Service Provider Name:	S	
Practice Number:	7410322	
*Claim Number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of Employee:		
ID number of Employee:		
Employer:		
*Pre-Auth Type:	~	
Date Created:	08.10.2020	
*Notes:		
		+ Submission



The Name and Surname of Employee, ID Number of Employee, Employer Name and Date of Loss will auto-populate

Step	Action
[7]	Enter <b>11395534</b> in the <b>Claim number</b> field.







#### 1.1.8. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Please note that users need to be authorised to submit or view met Organisation Authorisation App.	lical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Ki	indly apply for authorisation through the
i Please capture all mandatory fields *		
✓ Pre-Authorisation Header Data		
*Service Provider Number:	2000032274	
Service Provider Name:	S	
Practice Number:	7410322	
*Claim Number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of Employee:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	
*Pre-Auth Type:		
Date Created:	08.10.2020	8)
*Notes:		<u> </u>
		+ Submission

Step	Action
[8]	Click the <b>Type of Report</b> drop down option button to display the available list.

#### 1.1.9. Pre Authorisation for Claim - Google Chrome

A 🕻 🏠 ScompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
<ol> <li>Please note that users need to be authorised to submit or view med Organisation Authorisation App.</li> </ol>	ical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kin	ndly apply for authorisation through the
i Please capture all mandatory fields *		
✓ Pre-Authorisation Header Data		
*Service Provider Number:	Chronic Medication	
Service Provider Name:	Hospitalisation	
Practice Number:	Assistive Devices	
*Claim Number:	Occupational Therapy	
Ex(Old)ClaimNo:	Physiotherapy	
Name and Surname of Employee:	Chiropractor	
ID number of Employee:	Treatment Other	
Employer:	Specialised Radiology	
*Pre-Auth Type:	×	
Date Created:	08.10.2020	
*Notes:		
		+ Submission

Step	Action
[9]	Click on the <b>Pre-Auth Type</b> Assistive Devices option to select it.







### 1.1.10. Pre Authorisation for Claim - Google Chrome

🛆 🕻 🏠 CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Please note that users need to be authorised to submit or view mea Organisation Authorisation App.	dical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kin	dly apply for authorisation through the
Please capture all mandatory fields *		
✓ Pre-Authorisation Header Data		
*Service Provider Number:	2000032274	
Service Provider Name:	S	
Practice Number:	7410322	
*Claim Number:	11395534	
Ex(Old)ClaimNo:	M/1030674/1	
Name and Surname of Employee:	Mic	
ID number of Employee:	5138082550513	
Employer:	FECT	(10)
*Pre-Auth Type:	Assistive Devices V	<u> </u>
Date Created:	08.10.2020	
*Notes:		
		+ Submission

Step	Action
[10]	Click in the area below the scroll bar to scroll down.

### 1.1.11. Pre Authorisation for Claim - Google Chrome

	Pre-Authorisation	
Date Created:	08.10.2020	
*Notes:		
*ICD10:	522.41/502.10/503.4/W31.42/	
	<u> </u>	
Assistive Device Questionnaire?		
What was the Previous circumference of the Limb:		
What was the current circumference of the Limb:		
Who was the Previous supplier of the Prosthesis:		
What was the Date when the Previous Prosthesis was	dd.MM.yyyy	1
Type of Orthotics:	~	-
Type of Prosthetics Upper Limb:		
Type of Prosthetics   ower   imb:		
Type of Other Assistive Devices		
type of Other Assistive Devices:		

Step	Action
[11]	Enter Assistive Device refit in the Notes field.





+ Submission



#### 1.1.12. Pre Authorisation for Claim - Google Chrome

A 🕻 🏠 CompEasy	Pre Authorisation for Claim $ \smallsetminus $		Q
	Pre-Authorisation		
Date Created:	08.10.2020		
*Notes:	Assistive Device refit		
*ICD10:	\$22.41/502.10/503.4/W31.42/		
Assistive Device Questionnaire?	12		
What was the Previous circumference of the Limb:			
What was the current circumference of the Limb:			
Who was the Previous supplier of the Prosthesis:			
What was the Date when the Previous Prosthesis was supplied:	dd.MM.yyyy		
Type of Orthotics:		$\sim$	
Type of Prosthetics Upper Limb:		$\sim$	
Type of Prosthetics Lower Limb:		$\sim$	
Type of Other Assistive Devices:		$\sim$	
			+ Submission



ICD10 Code is case sensitive, use capital letter's when inserting alphabets. Please note the format: the | must be added between and after the codes, no spaces allowed.

Step	Action
[12]	Enter <b>S42.20 W24.60 </b> in the <b>ICD10</b> field.

#### 1.1.13. Pre Authorisation for Claim - Google Chrome

	Pre-Authorisation		
C	Created: 08.10.2020		
	*Notes: Assistive Device refit		
	*ICD10: <u>\$42.20 W24.60 </u>		
Assistive Device Questionnaire?			
What was the Previous circumference	the Limb: 45cm		
What was the current circumference	the Limb:		
Who was the Previous supplier of th	rosthesis:		
What was the Date when the Previous Pre-	esis was dd.MM.yyyy supplied:		
Туре	Orthotics:	~	
Type of Prosthetics	per Limb:	~	
Type of Prosthetics	ver Limb:	~	
Type of Other Assis	Devices:	~	







Step	Action
[13]	Enter 45cm in the What was the Previous circumference of the Limb field.

## 1.1.14. Pre Authorisation for Claim - Google Chrome

Pre-Authorisation         Date Created:       08.10.2020         *Notes:       Assistive Device refit         *ICD10:       542.20/W24.60/
Date Created:       08.10.2020         *Notes:       Assistive Device refit         *ICD10:       542.20[W24.60]
*Notes: Assistive Device refit *ICD10: 542.20/W24.60/ Assistive Device Questionnaire? What was the Previous circumference of the Limb: 45cm
ICD10: 542.20/W24.60/  Assistive Device Questionnaire?  What was the Previous circumference of the Limb: 45cm
Assistive Device Questionnaire? What was the Previous circumference of the Limb:
What was the Previous circumference of the Limb: 45cm
What was the current circumference of the Limb: 43cm
Who was the Previous supplier of the Prosthesis:
What was the Date when the Previous Prosthesis was supplied:
Type of Orthotics:
Type of Prosthetics Upper Limb:
Type of Prosthetics Lower Limb:
Type of Other Assistive Devices:

Enter 43cm in the What was the current circumference of the Limb field.

#### 1.1.15. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	C
	Pre-Authorisation	
Date	Created: 08.10.2020	
	*Notes: Assistive Device refit	
	*ICD10: 542.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference of	he Limb: 45cm	
What was the current circumference of	he Limb: 43cm	
Who was the Previous supplier of the P	osthesis: Dizzy	
What was the Date when the Previous Prost	sis was dd.MM.yyyy 15	
Type of	vrthotics:	$\sim$
Type of Prosthetics Up	er Limb:	$\sim$
Type of Prosthetics Lo	er Limb:	$\sim$
Type of Other Assistive	Devices:	$\sim$



[14]





Step	Action
[15]	Enter Dizzy in the Who was the Previous supplier of the Prosthesis field.

# 1.1.16. Pre Authorisation for Claim - Google Chrome

	Pre-Authorisation		
Date Created:	08.10.2020		
*Notes:	Assistive Device refit		
*ICD10:	\$42.20 W24.60		
Assistive Device Questionnaire?			
What was the Previous circumference of the Limb:	45cm		
What was the current circumference of the Limb:	43cm		
Who was the Previous supplier of the Prosthesis:	Dizzy	]	
What was the Date when the Previous Prosthesis was	01.01.2015		
Suppued: Type of Orthotics:	(16)	~	
Type of Prosthetics Upper Limb:		~	
Type of Prosthetics Lower Limb:		$\sim$	
Type of Other Assistive Devices:		~	



You can select the date using the Calendar icon/button.

Step	Action
[16]	Enter 01.01.2015 in the What was the Date when the Previous Prosthesis was supplied field.







### 1.1.17. Pre Authorisation for Claim - Google Chrome

S CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Dat	Created: 08.10.2020	
	*Notes: Assistive Device refit	
	*ICD10: \$42.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference o	the Limb: 45cm	
What was the current circumference of	the Limb: 43cm	
Who was the Previous supplier of the	rosthesis: Dizzy	
What was the Date when the Previous Pros	esis was 01.01.2015 supplied:	
Туре о	Orthotics:	~
Type of Prosthetics U	per Limb:	
Type of Prosthetics L	wer Limb:	~ 11
Type of Other Assistiv	Devices:	~
		+ Submissio

Step	Action
[17]	Click the <b>Type of Orthotics</b> drop down option button to display the available list.

#### 1.1.18. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \sim $	٩
	Pre-Authorisation	
Date	reated: 08.10.2020	
	Notes: Assistive Device refit	
	ICD10: S42.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference of t	Limb: 45cm	
What was the current circumference of t	Limb: 43cm	
Who was the Previous supplier of the Pr	thesis: Dizzy	
What was the Date when the Previous Prosth	is was 01.01.2015	
Type of C	hotics:	$\sim$
Type of Prosthetics Upp	Limb: Lower Limb Orthotics	
Type of Prosthetics Low	Limb: Knee Orthotics	
Type of Other Assistive	evices: Leg Othotics	
	Cervical Orthotics	
	Arm Orthotics	
	Hand Orthotics	
	Not Applicable 18	+ Submission

Step	Action		
[18]	Click on the <b>Type of Orthotics</b>	Not Applicable	option to select it.







### 1.1.19. Pre Authorisation for Claim - Google Chrome

	Production in the second se	
	Pre-Authorisation	
Date Created:	08.10.2020	
*Notes:	Assistive Device refit	
*ICD10:	S42.20 W24.60	
Assistive Device Questionnaire?	45cm	
What was the current circumforance of the Limb:	A3cm	
What was the Carlent circumerence of the Linit. Who was the Previous supplier of the Prosthesis:	Dizzy	
What was the Date when the Previous Prosthesis was	01.01.2015	
Type of Orthotics:	Not Applicable	~
Type of Prosthetics Upper Limb:		~
Type of Prosthetics Lower Limb:		<u></u>
Type of Other Assistive Devices:		~ <sup>IS</sup>

Step	Action
[19]	Click the <b>Type of Prosthetics Upper Limb</b> drop down option button to display the available list.

#### 1.1.20. Pre Authorisation for Claim - Google Chrome

A < A ScompEasy	Pre Authorisation for Claim $ \sim $		٩
	Pre-Authorisation		
Da	reated: 08.10.2020		
	Notes: Assistive Device refit		
	ICD10: S42.20 W24.60		
Assistive Device Questionnaire?			
What was the Previous circumference of	e Limb: 45cm		
What was the current circumference of	e Limb: 43cm		
Who was the Previous supplier of the	thesis: Dizzy		
What was the Date when the Previous Pros	is was 01.01.2015 pplied:		
Туре о	hotics: Not Applicable	~	
Type of Prosthetics U	r Limb:	~	
Type of Prosthetics L	r Limb: Wrist Disarticulation		
Type of Other Assisti	evices: Below Elbow Prosthesis		
	Elbow Disarticulation		
	Above Elbow Prosthesis		
	Shoulder Disarticulation		
	Not Applicable 20		+ Submission

Step	Action	
[20]	Click on the <b>Type of Orthotics</b> Not Applicable option to select it.	







# 1.1.21. Pre Authorisation for Claim - Google Chrome

CompEasy CompEasy	Pre Authorisation for Claim $ \smallsetminus $	Q
	Pre-Authorisation	
Dat	Created: 08.10.2020	
	*Notes: Assistive Device refit	
	*ICD10: \$42.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference of	the Limb: 45cm	
What was the current circumference of	the Limb: 43cm	
Who was the Previous supplier of the P	rosthesis: Dizzy	
What was the Date when the Previous Prost	esis was 01.01.2015 supplied:	
Type of	Orthotics: Not Applicable	~
Type of Prosthetics Up	per Limb: Not Applicable	~
Type of Prosthetics Lo	wer Limb:	×
Type of Other Assistiv	Devices:	21

Step	Action
[21]	Click the <b>Type of Prosthetics Lower Limb</b> drop down option button to display the available list.

#### 1.1.22. Pre Authorisation for Claim - Google Chrome

	Pre-Authorisation	
Date Created:	08.10.2020	
*Notes:	Assistive Device refit	
*ICD10:	\$42.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference of the Limb:	Symes Prosthesis	
What was the current circumference of the Limb:	Below Knee Prosthesis	
Who was the Previous supplier of the Prosthesis:	Through Knee Prosthesis	
What was the Date when the Previous Prosthesis was supplied:	Above Knee Prosthesis	
Type of Orthotics:	Hip Disarticulation	
Type of Prosthetics Upper Limb:	Not Applicable	
Type of Prosthetics Lower Limb:		
Type of Other Assistive Devices:		

Step	Action		
[22]	Click on the <b>Type of Prosthetics Lower Limb</b>	Below Knee Prosthesis	option to select it.







# 1.1.23. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	٩
	Pre-Authorisation	
Date Created:	08.10.2020	
*Notes:	Assistive Device refit	
*ICD10:	\$42.20 W24.60	
Assistive Device Questionnaire?		
What was the Previous circumference of the Limb:	45cm	
What was the current circumference of the Limb:	43cm	
Who was the Previous supplier of the Prosthesis:	Dizzy	
What was the Date when the Previous Prosthesis was supplied:	01.01.2015	<b>=</b>
Type of Orthotics:	Not Applicable	$\sim$
Type of Prosthetics Upper Limb:	Not Applicable	$\sim$
Type of Prosthetics Lower Limb:	Below Knee Prosthesis	~
Type of Other Assistive Devices:		× .
		+ Submission

Step	Action
[23]	Click the <b>Type of Other Assistive Devices</b> drop down option button to display the available list.

#### 1.1.24. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	٩
	Pre-Authorisation	
Date Created:	08.10.2020	
*Notes:	Assistive Device refit	
*ICD10:	Compression Stockings	
	Spectacles	
Assistive Device Questionnaire?	Not Applicable	
What was the Previous circumference of the Limb: What was the current circumference of the Limb: Who was the Previous supplier of the Prosthesis: What was the Date when the Previous Prosthesis was supplied: Type of Orthotics: Type of Prosthetics Upper Limb: Type of Prosthetics Lower Limb:	Wheelchair 23 Walking aids Crutches and ferrules Walking Frames Walking stick Occular Prosthesis Hearing Aids Dental Devices	
Type of Other Assistive Devices:		
		+ Submissi

Step	Action
[24]	Click on the <b>Type of Other Assistive Devices</b> Not Applicable option to select it.







### 1.1.25. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $		Q
	Pre-Authorisation		
Date Created:	08.10.2020		
*Notes:	Assistive Device refit		
*ICD10:	\$42.20 W24.60		
Assistive Device Questionnaire?			
What was the Previous circumference of the Limb:	45cm		
What was the current circumference of the Limb:	43cm		
Who was the Previous supplier of the Prosthesis:	Dizzy		
What was the Date when the Previous Prosthesis was supplied:	01.01.2015		
Type of Orthotics:	Not Applicable	~	
Type of Prosthetics Upper Limb:	Not Applicable	~	
Type of Prosthetics Lower Limb:	Below Knee Prosthesis	$\sim$	
Type of Other Assistive Devices:	Not Applicable	~	
			25
			+ Submi

Step	Action
[25]	Click in the area below the scroll bar to scroll down.

### 1.1.26. Pre Authorisation for Claim - Google Chrome

~	
~	
~	
 ~	
	~

Step	Action
[26]	Click the <b>Expand</b> Node to open the Pre-Authorisation Benefits Selection.







## 1.1.27. Pre Authorisation for Claim - Google Chrome

A ← A CompEasy	Pre Authorisation for Claim $ \smallsetminus $		Q
	Pre-Authorisation		
What was the Previous circumference of the	nb: 45cm		
What was the current circumference of the	mb: 43cm		
Who was the Previous supplier of the Prosti	sis: Dizzy		
What was the Date when the Previous Prosthesis sup	vas 01.01.2015		
Type of Orth	ics: Not Applicable		~
Type of Prosthetics Upper	mb: Not Applicable		~
Type of Prosthetics Lower	mb: Below Knee Prosthesis		~
Type of Other Assistive De	es: Not Applicable		$\sim$
Pre-Authorisation Benefits Selection       *Period     01.10.2020       #to     dd.MMyyyy       Benefit Catalogue       (27)			
Item ID	No data		
	140 Udid		
			+ Su



Step	Action
[27]	Enter 01.10.2020 in the Period field.

#### 1.1.28. Pre Authorisation for Claim - Google Chrome

A 🕻 🏠 KompEasy	Pre Authorisation for Claim $ \smallsetminus $		Q
	Pre-Authorisation		
What was the Previous circumference of the Limb:	45cm		
What was the current circumference of the Limb:	43cm		
Who was the Previous supplier of the Prosthesis:	Dizzy		
What was the Date when the Previous Prosthesis was supplied:	01.01.2015	Ē	
Type of Orthotics:	Not Applicable	~	
Type of Prosthetics Upper Limb:	Not Applicable	~	
Type of Prosthetics Lower Limb:	Below Knee Prosthesis	~	
Type of Other Assistive Devices:	Not Applicable	~	
Pre-Authorisation Benefits Selection     *Period     O1.10.2020     Benefit Catalogues     Long text of Benefit Catalogues	12 2020 E	도 Add E	enfit Catalogue
Item ID		0111	
	No data		_
			+ Submission







Step	Action
[28]	Enter <b>01.12.2020</b> in the <b>to</b> field.

#### 1.1.29. Pre Authorisation for Claim - Google Chrome

	Pre Authorisation for Claim $\checkmark$		Q
	Pre-Authorisation		
What was the Previous circumference of the Limb:	45cm		
What was the current circumference of the Limb:	43cm		
Who was the Previous supplier of the Prosthesis:	Dizzy		
What was the Date when the Previous Prosthesis was supplied:	01.01.2015		
Type of Orthotics:	Not Applicable	~	
Type of Prosthetics Upper Limb:	Not Applicable	~	
Type of Prosthetics Lower Limb:	Below Knee Prosthesis	$\sim$	
Type of Other Assistive Devices:	Not Applicable	$\sim$	
<ul> <li>Pre-Authorisation Benefits Selection</li> <li>Period 01.10.2020          <ul> <li>Period 01.10.2020</li> <li>Period 10.10.2020</li> <li>Period 10.10.2020</li></ul></li></ul>	12.2020  Etem Number No data	🛃 Add Ben Unit	fit Catalogue
<ul> <li>Pre-Authorisation Benefits Selection</li> <li>*Period 01.10.2020          <ul> <li>*10 01.1</li> <li>Benefit Catalogues I Long text of Benefit Catalogues I Item ID</li> </ul> </li> </ul>	tem Number No data	도 <sup>*</sup> Add Ben Unit	fit Catalogue
<ul> <li>Pre-Authorisation Benefits Selection         *Period 01.10.2020</li></ul>	tem Number No data	문 <sup>*</sup> Add Ben Unit	fit Catalogue
<ul> <li>Pre-Authorisation Benefits Selection</li> <li>Period 01.10.2020          <ul> <li>•to 01.3</li> <li>Benefit Catalogues Item ID</li> <li>Long text of Benefit Catalogues Item ID</li> </ul> </li> </ul>	12.2020)  Etem Number No data	L Add Ben Unit	fit Catalogue 29 + Submission

Click the Add Benefit Catalogue

# 1.1.30. Pre Authorisation for Claim - Google Chrome

A CompEasy Pre Authorisation for Claim V			
Pre-Authorisation			
What was the Previous circumference of the Limb: 45cm			
What was the current circumference of the Limb: 43cm			
Who was the Previous supplier of the Prosthesis: Dizzy			
What was the Date when the Previous Prosthesis v suppl Add Benefit Catalogues			
Type of Ortho			
Type of Prosthetics Upper Li			
Type of Prosthetics Lower Li			
Type of Other Assistive Device Please select Benefit Catalogues term D.			
Quantity:			
a construction of the second			
	_		
Pre-Authorisation Benefits Selection	fit Close		
*Period 01.10.2020 📰 *to 01.12.2020 📰			🛃 Add Benfit Catalogue
Benefit Catalogues Item ID Long text of Benefit Catalogues Item		Number	Unit
No data			
			1.0



[29]

catalogue.





Step	Action
[30]	Click the <b>Benefit Catalogue</b> drop down option button to display the available list.

#### 1.1.31. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \sim $		٩
	Pre-Authorisation		
What was the Previous circumference of the Limb: 4	l5cm		
What was the current circumference of the Limb: 4	l3cm		
Who was the Previous supplier of the Prosthesis:	Dizzy		
What was the Date when the Previous Prosthesis v suppl	Add Benefit Catalogues		
Type of Prosthetics Upper Li	ts Catalogues:		
Type of Other Assistive Devi Type of Other Assistive Devi Piec	thotic and Prostetic (ZCF17) ase select Benefit Catlog Ith 3 tity:		
✓ Pre-Authorisation Benefits Selection	∽ Add Benefit Close		
*Period 01.10.2020 📰 *to 01.12.	2020 📰		👫 Add Benfit Catalogue
Benefit Catalogues Item ID Long text of Benefit Catalogues Iten	n	Number	Unit
	No data		

Step	Action	Action
[31]	Click on the <b>Benefit Catalogue</b> Orthotic and Prostetic (ZCF17) option to select it.	Click on the Benefit Catalogue

#### 1.1.32. Pre Authorisation for Claim - Google Chrome









Step	Action
[32]	Click the <b>Benefit Catalogues Item ID possible entries</b> button to search for the required value.

#### 1.1.33. Pre Authorisation for Claim - Google Chrome

8 <		Pre Authorisation for Clain Benefit Catlog Items				Q
	Benefit C	atalague Item:				
	Benefit Catalague Item	Description	Benfit Catalague	Ben Type		
	A10010	Ankle brace - elastic	ZCF17	CF2000	0	
	A10012	Ankle brace - moulded with lacing	ZCF17	CF2000	0	
	A10020	Ankle brace - moulded plastic	ZCF17	CF2000	0	
	A10021	Ankle brace - lace up	ZCF17	CF2000	0	
	A10030	Ankle brace - neoprene	ZCF17	CF2000	0	
	A10031	Ankle brace - neoprene with splint (corrective)	ZCF17	CF2000	0	
	A10040	Ankle brace - pneumatic	ZCF17	CF2000	0	
$\sim$	A10050	Ankle foot orthosis - leg rotation control - resting splint	ZCF17	CF2000	0	
	A10060	Ankle foot orthosis - plantar flexion control - resting splint	ZCF17	CF2000	0	
*F	A10070	Ankle foot orthosis - m 01.12.2020	ZCF17	CF2000		Je Je
Be	A10080	Ankle foot orthosis - moulded - with system joint	ZCF17	CF2000	0	
Ite	A10090	Ankle foot orthosis - USMC spring loaded with socket	ZCF17	CF2000	0	
				Close	Confirm	

Step	Action
[33]	Enter A40290 in the Benefit Catalogues Item ID field.

#### 1.1.34. Pre Authorisation for Claim - Google Chrome

		Benefit Catlog Items				
	Benefit C	A40290			I	1
Bilto	enefit Catalague em	Description	Benfit Catalague	Ben Type		I
A	10010	Ankle brace - elastic	ZCF17	CF2000	0	I
A	10012	Ankle brace - moulded with lacing	ZCF17	CF2000	0	I
A	10020	Ankle brace - moulded plastic	ZCF17	CF2000	0	
A	10021	Ankle brace - lace up	ZCF17	CF2000	$\bigcirc$	I
A	10030	Ankle brace - neoprene	ZCF17	CF2000	$\circ$	
A	10031	Ankle brace - neoprene with splint (corrective)	ZCF17	CF2000	$\circ$	I
A	10040	Ankle brace - pneumatic	ZCF17	CF2000	$\bigcirc$	I
A	10050	Ankle foot orthosis - leg rotation control - resting splint	ZCF17	CF2000	$\bigcirc$	
A	10060	Ankle foot orthosis - plantar flexion control - resting splint	ZCF17	CF2000	$\circ$	
A	10070	Ankle foot orthosis - moulded - with lapped joint	ZCF17	CF2000	$\circ$	gu
A	10080	Ankle foot orthosis - moulded - with system joint	ZCF17	CF2000	$\circ$	ł
A	10090	Ankle foot orthosis - USMC spring loaded with socket	ZCF17	CF2000	0	
				Close	Confirm	







Step	Action			
[34]	Click the Search	Q	Search	button to start the search.

#### 1.1.35. Pre Authorisation for Claim - Google Chrome

ñ > 8	<b>≩</b> CompEasy			risation for Claim $ \smallsetminus $				Q
			Pr	e-Authorisation				
Wh	nat was the Previous (	circumference of the Limb:	45cm					
W	Vhat was the current of	circumference of the Limb:	43cm					
W	/ho was the Previous	supplier of the Prosthesis:	Dizzy					
			Bene	fit Catlog Items				
	Benefit C	atalague Item: A40290	Search					
	Benefit Catalague Item	Description			Benfit Catalague	Ben Type		
	A40290	Cush Jay xtreme 16x16 wit	h tritex cover		ZCF17	CF2000	0	
~						Close	Confin.	
*Period	01.10.2020		2.2020				🚓 Add Benfit Catalo	gue
Benefit C Item ID	atalogues Long	text of Benefit Catalogues It	em		Numb	per	Unit	
				No data				
Step	Action							
[35]	Click to	select the B	enefit Ca	atalogues It	em ID O	radio	button.	

#### 1.1.36. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $			٩
	Pre-Authorisation			
What was the Previous circumference of the Limi	: 45cm			
What was the current circumference of the Lim	: 43cm			
Who was the Previous supplier of the Prosthesi	Dizzy			
	Benefit Catlog Items			
Benefit Catalague Item: 44029	Search			
Benefit Catalague Description		Benfit Catalague	Ben Type	
A40290 Cush Jay xtreme 16x16	with tritex cover	ZCF17	CF2000	•
~ (			Close	onfirm 36
*Period 01.10.2020 🕮 *to 0	1.12.2020		🚛 Add B	enfit Catalogue
Benefit Catalogues Item ID	s item	Number	Unit	
	No data			
				+ Submission







Step	Action		
[36]	Click the Confirm	Confirm	button to confirm the selection.

#### 1.1.37. Pre Authorisation for Claim - Google Chrome

A CompEasy Pre 4		٩
	Pre-Authorisation	
What was the Previous circumference of the Limb: 45cm		
What was the current circumference of the Limb: 43cm		
Who was the Previous supplier of the Prosthesis: Dizzy		
What was the Date when the Previous Prosthesis v	Add Benefit Catalogues	
Type of Orthol	_	
Type of Prosthetics Upper Li Orthotic and Pro	s: stetic (ZCF17)	
Type of Prosthetics Lower Li Benefit Catalogue	s Item ID:	
Type of Other Assistive Devic A40290	P	
Quantity: □ ✓ Pre-Authorisation Benefits Selection	37) Add Benefit Close	
*Period 01.10.2020 🛅 *to 01.12.2020		😰 Add Benfit Catalogue
Benefit Catalogues Item ID Long text of Benefit Catalogues Item	Number	Unit
	No data	
		+ Submission

Step	Action
[37]	Enter 1 in the <b>Quantity</b> field.

# 1.1.38. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \checkmark $		٩
	Pre-Authorisation		
What was the Previous circumference of the Limb: What was the current circumference of the Limb:	45cm 43cm		
What was the Date when the Previous Supplier of the Producess. What was the Date when the Previous Prosthesis v suppl Type of Ortho:	Add Benefit Catalogues	E	
Type of Prosthetics Upper Li Type of Prosthetics Lower Li Type of Other Assistive Devi	enfits Catalogues: Orthotic and Prostetic (ZCF17) enefit Catalogues Item ID: Aroopo 47		
q	luantity:		
<ul> <li>Pre-Authorisation Benefits Selection</li> </ul>	∽ Add Benefit Close		
*Period 01.10.2020 📰 *to 01	.12.2020	🛃 Add B	enfit Catalogue
Benefit Catalogues Long text of Benefit Catalogues Item ID	Item	Number Unit	
	No data		







Step	Action
[38]	Click the Add Benefit Y Add Benefit button to add benefit.

# 1.1.39. Pre Authorisation for Claim - Google Chrome

< ⋒ ≽⊂	ompEasy		Pre Authorisation for Claim $ \smallsetminus $			Q
			Pre-Authorisation			
What was th	e Previous circumference of	the Limb:	45cm			
What was t	the current circumference of	the Limb:	43cm			
Who was th	ne Previous supplier of the P	rosthesis:	Dizzy			
What was the Da	ate when the Previous Prosth	nesis was supplied:	01.01.2015			
	Type of	Orthotics:	Not Applicable		$\sim$	
	Type of Prosthetics Up	per Limb:	Not Applicable		$\sim$	
Type of Prosthetics Lower Limb:			Below Knee Prosthesis		$\sim$	
	Type of Other Assistive	e Devices:	Not Applicable		$\sim$	
<ul> <li>Pre-Authorisa</li> <li>*Period</li> <li>01.10.20</li> <li>Benefit Catalogues</li> <li>Item 10</li> </ul>	ation Benefits Selectio	n * <sub>to</sub> 01.1: atalogues It	2.2020 🛅	Number	[관 <mark>*</mark> Add Benfi	t Catalogue
Item ID						-
A40290	Cush Jav xtreme 16x1	16 with tritex	cover	1	EA	<b></b>



You can add more than one benefit.

Step	Action		
[39]	Click the <b>Add Benefit Catalogue</b> catalogue.	교 Add Benfit Catalogue	button to add the benefits







#### 1.1.40. Pre Authorisation for Claim - Google Chrome

A 🚓 ScompEasy			
	Pre-Authorisation		
What was the Previous circumference of the Limb:	45cm		
What was the current circumference of the Limb:	43cm		
Who was the Previous supplier of the Prosthesis:	Dizzy		
What was the Date when the Previous Prosthesis v suppl	Add Benefit Catalogues		
Type of Ortho	Pro Catalance		
Type of Prosthetics Upper Li	nits Catalogues:		
Type of Prosthetics Lower Li			
Type of Other Assistive Devic	Nease select Benefit Catlog Item		
	anuty.		
Pro Authorization Donafite Colortion	∽ Add Benefit Close		
<ul> <li>Pre-Authorisation benefits Selection</li> </ul>			
*Period 01.10.2020 🔠 *to 01.1	2.2020	🔝 Add E	Benfit Catalogue
Benefit Catalogues Long text of Benefit Catalogues I Item ID	tem	Number Unit	
A40290 Cush Jay xtreme 16x16 with trite	x cover	1 EA	(m)
			+ Submiss

Step	Action
[40]	Click the <b>Benefit Catalogue</b> drop down option button to display the available list.

#### 1.1.41. Pre Authorisation for Claim - Google Chrome

A 🏠 KompEasy	Pre Authorisation for Claim $ \smallsetminus $		Q
	Pre-Authorisation		
What was the Previous circumference of the Limb:       45cm         What was the current circumference of the Limb:       43cm         Who was the Previous supplier of the Prosthesis:       Dizzy         What was the Date when the Previous Prosthesis:       Supp         Type of Orthor       Type of Orthor         Type of Prosthetics Lower L       I         Type of Other Assistive Devi       Orthodoc	Add Benefit Catalogues talogues:		
Pre-Authorisation Benefits Selection     *Period 0110.2020      *to 01.12.2020     Benefit Catalogues     Item ID	(41) ∽∵ Add Benefit Clos	Number	La Add Benfit Catalogue
A40290 Cush Jay xtreme 16x16 with tritex cover		1	EA 💼

Step	Action	
[41]	Click on the <b>Benefit Catalogue</b>	Orthotic and Prostetic (ZCF17) option to select it.







#### 1.1.42. Pre Authorisation for Claim - Google Chrome

음 < 🍙 🅃 CompEasy			
	Pre-Authorisation		
What was the Previous circumference	of the Limb: 45cm		
What was the current circumference	of the Limb: 43cm		
Who was the Previous supplier of the	e Prosthesis: Dizzy		
What was the Date when the Previous Pr	suppl Add Benefit Catalogues		
Тур	of Ortho:		
Type of Prosthetic	Upper Li Orthotic and Prostetic (ZCF17)		
Type of Prosthetic	Lower Li Benefit Catalogues Item ID:		
Type of Other Assi	Please select Benefit Catlog Item		
	Quantity: (42)		
	<b>`</b>		
Dro Authorization Donofite Colo	∽ Add Benefit Close		
<ul> <li>FIE-Authorisation benefits seter</li> </ul>			
*Period 01.10.2020	*to 01.12.2020 🗐		Add Benfit Catalogue
Benefit Catalogues Long text of Bene Item ID	t Catalogues Item	Number	Unit
A40290 Cush Jay xtreme	6x16 with tritex cover	1	EA

Step	Action
[42]	Click the <b>Benefit Catalogues Item ID possible entries</b> button to search for the required value.

#### 1.1.43. Pre Authorisation for Claim - Google Chrome

8 <		Pre Authorisation for Claim >> Benefit Catlog Items				٩
	Benefit C	Catalague Item: A21755			- 1	
	Benefit Catalague Item	Description	Benfit Catalague	Ben Type		
	A10010	Ankle brace - elastic	ZCF17	CF2000	0	
	A10012	Ankle brace - moulded with lacing	ZCF17	CF2000	0	
	A10020	Ankle brace - moulded plastic	ZCF17	CF2000	0	
	A10021	Ankle brace - lace up	ZCF17	CF2000	0	
	A10030	Ankle brace - neoprene	ZCF17	CF2000	0	
	A10031	Ankle brace - neoprene with splint (corrective)	ZCF17	CF2000	0	
	A10040	Ankle brace - pneumatic	ZCF17	CF2000	0	
$\sim$	A10050	Ankle foot orthosis - leg rotation control - resting splint	ZCF17	CF2000	0	
	A10060	Ankle foot orthosis - plantar flexion control - resting splint	ZCF17	CF2000	0	
*F	A10070	Ankle foot orthosis - moulded - with lapped joint	ZCF17	CF2000	O	
Be	A10080	Ankle foot orthosis - moulded - with system joint	ZCF17	CF2000	0	
lte	A10090	Ankle foot orthosis - USMC spring loaded with socket	ZCF17	CF2000	0	
A4				Close	Confirm	

Step	Action
[43]	Enter A21755 in the Benefit Catalogue Item field.







### 1.1.44. Pre Authorisation for Claim - Google Chrome

<		Pre Authorisation for Clair Benefit Catlog Items	m 🗤			Q
l	Benefit C	atalague Item: <u>A21755</u>				
	Benefit Catalague Item	Description	Benfit Catalague	Ben Type		
	A10010	Ankle brace - elastic	ZCF17	CF2000	0	
	A10012	Ankle brace - moulded with lacing	ZCF17	CF2000	0	
	A10020	Ankle brace - moulded plastic	ZCF17	CF2000	0	
	A10021	Ankle brace - lace up	ZCF17	CF2000	0	
	A10030	Ankle brace - neoprene	ZCF17	CF2000	0	
	A10031	Ankle brace - neoprene with splint (corrective)	ZCF17	CF2000	0	
	A10040	Ankle brace - pneumatic	ZCF17	CF2000	0	
$\sim$	A10050	Ankle foot orthosis - leg rotation control - resting splint	ZCF17	CF2000	0	
	A10060	Ankle foot orthosis - plantar flexion control - resting splint	ZCF17	CF2000	0	
*=	A10070	Ankle foot orthosis - moulded - with lapped joint	ZCF17	CF2000	0	ue
Be	A10080	Ankle foot orthosis - moulded - with system joint	ZCF17	CF2000	0	
lte	A10090	Ankle foot orthosis - USMC spring loaded with socket	ZCF17	CF2000	0	
A4				Close	Confirm	

Step	Action		
[44]	Click the Search	ک Search	button to start the search.

#### 1.1.45. Pre Authorisation for Claim - Google Chrome

8 <			Pre Authorisatio Benefit Ca	tlog Items				٩
	Benefit C	Catalague Item;	A21755 Q Search				1	
	Benefit Catalague Item	Description			Benfit Catalague	Ben Type		
	A21755	Refit AK endo	skeletal CAT 3		ZCF17	CF2000	$\circ$	
							45	
							0	
							0	
							0	
							0	
							0	
~							0	
							0	
*							0	gue
B∉ Ite							0	
A4								
						Close	Confirm	

Step	Action
[45]	Click to select the <b>Benefit Catalogues Item ID</b> $^{igodoldoldoldoldoldoldoldoldoldoldoldoldol$







### 1.1.46. Pre Authorisation for Claim - Google Chrome

8 <	☆ CompEasy		Pre Authorisation for Cla	im $\sim$			Q
			Pre-Authorisation				
	What was the Previous	s circumference of the Limb:	45cm				
	What was the current	t circumference of the Limb:	43cm				
	Who was the Previou	s supplier of the Prosthesis:	Dizzy				
1 A			Benefit Catlog Items				
	Benefit	Catalague Item: A21755	Search				
	Benefit Catalague Item	Description		Benfit Catalague	Ben Type		
	A21755	Refit AK endoskeletal CA	Т 3	ZCF17	CF2000		
~					Close	Confirm	
*Perio	d 01.10.2020	₩ <sub>to</sub> 01	.12.2020			46 Add Benfit Catalo	gue
Benefit Item IE	t Catalogues Lon	g text of Benefit Catalogues	Item	Numb	er	Unit	

Step	Action
[46]	Click the <b>Confirm</b> button to confirm the selection.

#### 1.1.47. Pre Authorisation for Claim - Google Chrome

A CompEasy Pre Authorisation for Claim ∨		٩
Pre-Authorisation		
What was the Previous circumference of the Limb: 45cm What was the current circumference of the Limb: 43cm		
Who was the Previous supplier of the Prosthesis: Dizzy		
What was the Date when the Previous Prosthesis v suppl Add Benefit Catalogues Type of Orthol		
Type of Prosthetics Upper L Orthotic and Prostetic (ZCF17)		
Type of Other Assistive Device A21755		
Quantity:     2     47 Add Benefit Close		
*period 01.10.2020 🕮 *to 01.12.2020 🖼		🚓 Add Benfit Catalogue
Benefit Catalogues Long text of Benefit Catalogues Item Item ID	Number	Unit
A40290 Cush Jay xtreme 16x16 with tritex cover	1	EA 💼

Step	Action
[47]	Enter <b>2</b> in the <b>Quantity</b> field.







#### 1.1.48. Pre Authorisation for Claim - Google Chrome

A c CompEasy			٩
	Pre-Authorisation		
What was the Previous circumference of the Lim	45cm		
What was the current circumference of the Lim Who was the Previous supplier of the Prosthesi	s: Dizzy		
What was the Date when the Previous Prosthesis v suppl	Add Benefit Catalogues		
Type of Prosthetics Upper Li	Benfits Catalogues: Orthotic and Prostetic (ZCF17)		
Type of Prosthetics Lower Li- Type of Other Assistive Devic	Benefit Catalogues Item ID: A21755		
	Quantity:		
✓ Pre-Authorisation Benefits Selection	∽‡ Add Benefit Close		
*Period 01.10.2020 🗐 *to	1.12.2020		🛃 Add Benfit Catalogue
Benefit Catalogues Long text of Benefit Catalogu	es Item	Number	Unit
A40290 Cush Jay xtreme 16x16 with t	ritex cover	1	EA 🗑

Step	Action
[48]	Click the Add Benefit <sup>4</sup> Add Benefit button to add benefit.

#### 1.1.49. Pre Authorisation for Claim - Google Chrome

	pEasy	Pre Authorisation for Claim $\checkmark$		Q
		Pre-Authorisation		
What was the F	revious circumference of the Limb:	45cm		
What was the	current circumference of the Limb:	43cm		
Who was the	Previous supplier of the Prosthesis:	Dizzy		
What was the Date	when the Previous Prosthesis was	01.01.2015		Ē
	Type of Orthotics:	Not Applicable		$\sim$
	Type of Prosthetics Upper Limb:	Not Applicable		$\sim$
	Type of Prosthetics Lower Limb:	Below Knee Prosthesis		$\sim$
	Type of Other Assistive Devices:	Not Applicable		$\sim$
✓ Pre-Authorisati	on Benefits Selection	12.2020		[₽] Add Benfit Catalogue
*Period 01.10.2020				L
*Period 01.10.2020 Benefit Catalogues Item ID	Long text of Benefit Catalogues I	tem	Number	Unit

Step	Action
[49]	Click in the area below the scroll bar to scroll down.







#### 1.1.50. Pre Authorisation for Claim - Google Chrome

≤ < îŝ <mark>≽⊂</mark>	mpEasy	Pre Authorisation for Claim $ \smallsetminus $			Q
		Pre-Authorisation			
	Type of Prosthetics Lower Limb:	Below Knee Prosthesis		~	
	Type of Other Assistive Devices:	Not Applicable		~	
✓ Pre-Authorisa	tion Benefits Selection				
*Period Benefit Catalogues Item ID	20 to 01.	12.2020 📰	Number	Unit	fit Catalogue
*Period 01.10.202 Benefit Catalogues Item ID A40290	20 EI *to 01. Long text of Benefit Catalogues Cush Jay xtreme 16x16 with trite	12.2020 EII Item ex cover	Number 1	Unit EA	fit Catalogue
*Period 01.10.202 Benefit Catalogues Item ID A40290 A21755	20 • 11 Long text of Benefit Catalogues Cush Jay xtreme 16x16 with tritt Refit AK endoskeletal CAT 3	Item ex cover	Number 1 2	Unit EA EA	fit Catalogue
*Period 01.10.202 Benefit Catalogues Item ID A40290 A21755 Pre-Authorisa	20 II • to Decuments	12.2020 E3	Number 1 2	L <sup>*</sup> Add Ben Unit EA EA	fit Catalogue

If the wrong Benefit Catalogue item is added on the system, it can be easily deleted by using the delete button and the correct one can be loaded.

Step	Action
[50]	Click the <b>Expand</b> Node to open the Pre-Authorisation Documents.

#### 1.1.51. Pre Authorisation for Claim - Google Chrome

	CompEasy		Pre Authorisation for Claim $ \smallsetminus $		
			Pre-Authorisation		
	Type of Pros	thetics Lower Limb	Below Knee Prosthesis		~
	Type of Othe	er Assistive Devices	Not Applicable		~
<ul> <li>Pre-Author</li> <li>*Period</li> <li>Benefit Catalog Item ID</li> </ul>	0.2020 us Long text of	Selection          Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection         Image: Selection	1.12.2020 🔠	Number	표 Add Benfit Catalogue
A40290	Cush Jay xt	reme 16x16 with tr	itex cover	1	EA
A21755	Refit AK end	doskeletal CAT 3		2	EA 💼
Pre-Autho	orisation Documer	nts			







Step	Action
[51]	Click in the area below the scroll bar to scroll down.

## **1.1.52. Pre Authorisation for Claim - Google Chrome**

< ि <mark>≩Com</mark>	pEasy		Pre Authorisation for Claim $\sim$			Q
			Pre-Authorisation			
M40230	Cush Jay Xireme 10	XTO MILLINEX COASI		1	LA	
A21755	Refit AK endoskelet	al CAT 3		2	EA	1
✓ Pre-Authorisati	on Documents					
				*Document type		× +
						(52)
			No files found.			
			use the + Button			
						+ Submission

Step	Action
[52]	Click the <b>Document type</b> drop down option button to display the available list.

#### 1.1.53. Pre Authorisation for Claim - Google Chrome









Step	Action
[53]	Click on the <b>Document Type</b> option to select it.

# 1.1.54. Pre Authorisation for Claim - Google Chrome

8 < ⋒ ≱∙	CompEasy	Pre Authorisation for Claim $ \smallsetminus $			Q
		Pre-Authorisation			
A40230	Cuart bay kuenie 10x10 with	ultex cover			
A21755	Refit AK endoskeletal CAT 3		2	EA	
✓ Pre-Authori	sation Documents				
	ation bocaments				_
			*Document type Assistive	e Devices Quota	ti ~ +
					54
		No files found.			
		use the + Button			
					+ Subr

Step	Action
[54]	Click the <b>Add</b> + button to upload a document.

#### 1.1.55. Pre Authorisation for Claim - Google Chrome

8 <	☆ Cor	mpEasy	Pre Authorisation f	or Claim 🗸			Q
			Pre-Authori	sation			
MHU.	12.50	сизн зау хнетне тох	TO MITLUTIEX COARL		Ŧ	LA	
A21	1755	Refit AK endoskeletal	CAT 3		2	EA	
		Open				×	
		$\leftarrow \rightarrow \neg \uparrow$ $\blacksquare$ > This	PC > Desktop	ٽ ~	Search Desktop	م	
_		Organise 🔻 New folder			8=	- 🔳 🕜	
✓ P	Pre-Authorisa	Standard Docum ^	Name	Date modified	Туре	Size ^	
		Creative Cloud Fil	Doctors Invoice	2020/10/08 12:07	Adobe Acrobat D	7 KB	
			YES YES	2020/10/05 11:48	Text Document	2 KB	ati 🗸 🕂
		OneDrive - Persor	How to Capture a Pre-Authorisation	2020/10/04 11:26	Producer Package	44 879 KB	
		<ul> <li>Transnet</li> </ul>	Fiori Link	2020/10/02 11:16	Text Document	1 KB	
		Projects Cloud Is	Pre-Auth Motivation	2020/10/01 13:58	Adobe Acrobat D	7 KB	
		- riojecti cioda il	Assistive Device Quotation	2020/10/01 13:58	Adobe Acrobat D	7 KB	
		💻 This PC	Medical Report	2020/10/01 13:58	Adobe Acrobat D	7 KB	
		3D Objects	🔊 SA ID	(55)'10/01 13:58	Adobe Acrobat D	7 KB 🗸	
		📃 Desktop 🗸 🗸	<			>	
		File na	me: Assistive Device		All Files	~	
					Open	Cancel	
_							
							+ s







<b>i</b>	Repeat Step 1.1.52 to 1.1.55 to add more documents.

Step	Action
[55]	Double click on the <b>Document Type</b> Assistive Device Quotation option to select it.

# 1.1.56. Pre Authorisation for Claim - Google Chrome

	asy	Pre Authorisation for Claim $ \sim $			ų
		Pre-Authorisation			
A40230	Cush Jay Xuenie 10X10 with thexit	LUVEI	1	LA	
A21755	Refit AK endoskeletal CAT 3		2	EA	1
Pre-Authorisation	Documents				
			*Document type Pre-Au	th Assistive Devi	ces 🗸 🕂
					(56)
		No files found.			
		No files found.			
Pre-Auth for A	ssitive device.pdf	No files found. use the + Button			
Pre-Auth for A 6.5 KB	ssitive device.pdf	No files found. use the + Button			
Pre-Auth for A 6.5 KB	ssitive device.pdf	No files found. use the + Button			+ Submi

Step	Action
[56]	Click the <b>Document type </b> drop down option button to display the available list.







## 1.1.57. Pre Authorisation for Claim - Google Chrome

8 < 🍙 🎉	CompEasy				
		Pre-Authorisation			
✓ Pre-Authoris	sation Benefits Selection				
*Period 01.10.2	2020 🛅 🔥 01.12.202	0		正* Add Benfit Catalogue	
Benefit Catalogue Item ID	Long text of Benefit Catalogues Item		Number	Unit	
A40290	Cush Jay xtreme 16x16 with tritex cove	r	1	EA 💼	
A21755	Refit AK endoskeletai CAT 3	Confirm	2	EA 💼	
✓ Pre-Authori	sation Documents	Ves 57	*Document type Assistive	) Devices Quotatis 🗸 🕂	
Assisti 6,3 KB	ve Device Quotation.pdf			8	
					1.00.0

Step	Action
[57]	Click the <b>Yes</b> button to acknowledge the message.

# 1.1.58. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \sim $			à
	Pre-Authorisation			
<ul> <li>Pre-Authorisation Benefits Selection</li> </ul>				
*Period dd.MM.yyyy 🖪 *to dd.M	Myyyy 📰		또 Add Benfit Catalogue	
Benefit Catalogues Item ID Long text of Benefit Catalogues Ite	m	Number	Unit	
	No data			
	Success			
	Pre-Authorisation has been created successfully.			
<ul> <li>Pre-Authorisation Documents</li> </ul>	OK			
	58	*Document type	~ +	
	No files found.			
			1	+ Submission

Step	Action
[58]	Click the <b>OK</b> button to acknowledge the message.







#### 1.1.59. Pre Authorisation for Claim - Google Chrome

A CompEasy	Pre Authorisation for Claim $ \smallsetminus $	٩					
Pre-Authorisation							
Please note that users need to be authorised to submit or view medical reports, invoices, and pre-authorisations on behalf of a Healthcare Practice. Kindly apply for authorisation through the Organisation Authorisation App.							
Please capture all mandatory fields *							
<ul> <li>Pre-Authorisation Header Data</li> </ul>							
*Service Provider Number:	Please select Service Provider number	<u>8</u>					
Service Provider Name:							
Practice Number:							
*Claim Number:	Please enter Claim number						
Ex(Old)ClaimNo:	M/1030674/1						
Name and Surname of Employee:							
ID number of Employee:							
Employer:							
*Pre-Auth Type:		$\sim$					
Date Created:	08.10.2020						
*Notes:							
		+ Submission					



Well done! You have successfully submitted Pre-Authorisation Request for Assistive Device using the APP.



