

Outpatient prior authorization submissions

2020



Agenda

- What's new?
- Verifying authorization requirements
- Initiating a prior authorization
- Using InterQual Connect
- Tips and resources
- Demo

Ask questions

- Submit questions through the Q&A chat box
- We'll collect all your questions and incorporate it into an FAQ that will be available to providers
- Remember to include your contact info in the event we need to follow-up with you directly
- We encourage you to ask questions to help us enhance upcoming training and materials

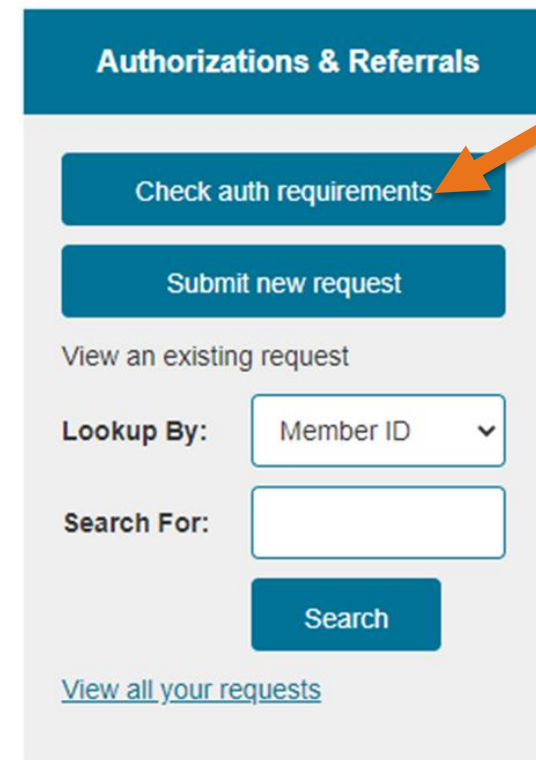
What's new?

Simplifying the provider experience

- Prior authorization verification tool
 - Obtain PA requirements by entering in a valid CPT/HCPCS code
 - Access the tool on our public site to view our standard PA requirements
 - Through the Provider Portal, you can verify PA requirements based on a member's specific plan
- Prompt approvals for medically necessary outpatient services
 - For outpatient services that meet criteria, you will receive approvals in seconds
 - Seamless process: request authorization and enter medical necessity information in one screen
 - Get approvals 24-hours a day, 7 days a week
- FYI - Rev codes can be submitted but will not generate an InterQual Connect review

Verifying prior authorization requirements

- Save time and validate prior authorization requirements before you submit a new request
- In the Authorization tile on the Provider Portal homepage, you will be able to access our new auth requirement tool. Validate requirements by code



Authorizations & Referrals

[Check auth requirements](#)

[Submit new request](#)

View an existing request

Lookup By:

Search For:

[Search](#)

[View all your requests](#)

Verifying prior authorization requirements

- Search by Member ID number and Code
- Coverage and prior authorization requirements will display

Check authorization requirements

Our new code look up tool makes it easy to check coverage and prior authorization requirements. Enter a valid CPT or HCPCS code to check:

- If an outpatient service is covered
- If a service requires a prior authorization
- Prior authorization requirements for specialty drugs covered under the medical benefit

Enter Member Id here:

Enter the Code here:

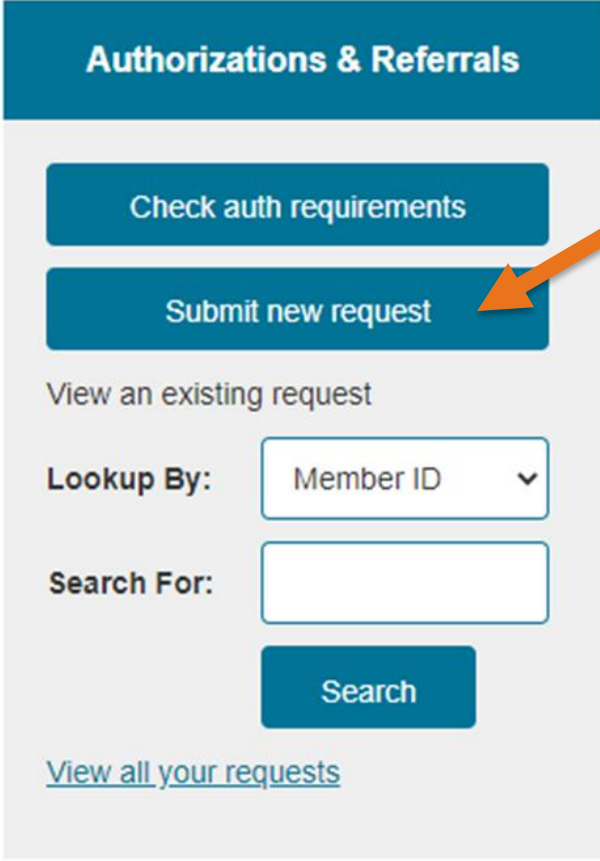
30520

Search

Code	Description	Is Covered	Is PA Required
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	YES	YES / ALLWAYS HEALTH PARTNERS

Initiating a prior authorization request

- If the service requires prior authorization, click on Submit New Request in the PA section of the Provider Portal homepage



Authorizations & Referrals

Check auth requirements

Submit new request

View an existing request

Lookup By: Member ID ▾

Search For:

Search

[View all your requests](#)

Initiating a new request

- The submission form looks similar to what you use today
- Select the authorization type you would like to complete (i.e. homecare, outpatient)
- Some information will auto-populate (i.e. referring provider information, your information)
- Enter all required fields
- When you press “Next”, the system will verify whether or not an authorization is required
 - If no PA is required, then you will be notified.
 - If PA is required, then InterQual Connect will display to conduct a criteria review

Select Authorization/Referral Type:

Patient Search (Member ID/Name)

Requesting Provider

Contact Name

Contact Phone

Requested Service:

Servicing Facility (Name/NPI)

Contact Name

Contact Phone

Diagnosis

Procedure Code

<input type="text" value="30520"/>	<input type="text" value="REPAIR OF NASAL SEPTUM"/>	Units/Visits <input type="text" value="1"/>	<input type="button" value="Remove"/>
<input type="text" value="A4615"/>	<input type="text" value="CANNULA NASAL"/>	Units/Visits <input type="text" value="1"/>	<input type="button" value="Remove"/>

Start Date

End Date

Remarks (limited to 255 characters)

Requested Service: new options added

- We've added additional services to the **Requested Service** drop-down menu

Home Care

Select One
Asthma Home Program
Enteral Product and Home Infusion
Home Health Aide
Home Health Aide ADL
Home Infusion
Hospice
Medical Social Worker
Medication Administration Visits
Nutrition Consultation
Occupational\Physical Therapy
Private Duty Nursing
Skilled Nursing Care
SNV Evaluation
Speech Therapy

Outpatient

Select One
Acupuncture
Chiropractic
Dental Accident
DME Enteral Product
DME Purchase
DME Rental
Early Intervention ABA
Experimental and/or Investigational
Infertility
Non Emergent Transportation
Observation
Occupational\Physical Therapy
Oral Surgery
Orthotics/Prosthetic Device
Other Medical
Outpatient Infusion
Pain Management
Specialty Medication
Speech Therapy
Surgical Day Care
Transplants

Using InterQual Connect

Select the applicable Subset

- For each code that is requested, you will be prompted to complete a review
- Services are reviewed one at a time. Once you complete the medical review of a service, you will be prompted back to this point to start the next review (if applicable)

Description	Version	
Septoplasty	InterQual 2020	Select
Septoplasty (Adolescent)	InterQual 2020	Select

End User License Agreement

- A one time End User License Agreement will popup
- Read and scroll down to the end
- Select Accept to proceed

End User License Agreement

PLEASE CAREFULLY READ THE END USER LICENSE AGREEMENT ("EULA") BEFORE CHECKING THE "ACCEPT/CONTINUE" BUTTON BELOW AND PROCEEDING TO USE THE FEATURES AND FUNCTIONALITY OF THE CHANGE HEALTHCARE PRODUCT. BY CLICKING ON THE "ACCEPT/CONTINUE" BUTTON, YOU INDICATE YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE EULA AND YOU FURTHER REPRESENT AND WARRANT THAT YOU HAVE THE REQUISITE AUTHORITY AND LEGAL CAPACITY, IF APPLICABLE, TO BIND YOUR ORGANIZATION TO THE EULA. IF YOU DO NOT AGREE WITH THE TERMS AND CONDITIONS OF USE, CLICK THE "DECLINE/CANCEL" BUTTON TO RETURN TO THE HOMEPAGE.

INTERQUAL® CLOUD SOLUTIONS END USER LICENSE

ACCEPT **DECLINE**

Using InterQual Connect

Start the medical review

- Click on “Medical Review” to proceed
- Additionally, you may access different views of the subset:
 - **Book View:** View the medical necessary criteria for the service in Q&A format
 - **Full Subset:** Enables you to see all clinical scenarios supported by the criteria
 - **SmartSheet:** Access a PDF of a subset that identifies the medical documentation required to support preauthorization

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Referrals and Authorizations

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HELP

Subset Overview

Subset Notes

InterQual® 2020, Apr. 2020 Release, CP:Procedures
Septoplasty [SHOW CODES](#) [CLINICAL REFERENCE](#)

I/O Setting: Outpatient

Septoplasty is a surgical procedure done to correct the shape of the septum of the nose. The nasal septum is the separation between the two nostrils and a deviated nasal septum is one of the most common causes of nasal obstruction. Septoplasty may also be performed concurrently with endoscopic sinus surgery to facilitate easier access to the paranasal sinuses and has been used as an adjunct procedure in cases where access to other intranasal areas is required. Dacryocystorhinostomy (DCR) and septorhinoplasty are two common examples where septoplasty is performed as an adjunct procedure. DCR is performed in cases of blockage of the nasolacrimal duct which causes excessive tearing. (1, 2)

These criteria cover septoplasty for deviated septum, as well as an adjunct to other procedures. If septoplasty is being done in conjunction with endoscopic sinus surgery, both procedures must be approved separately.

InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Library, Choosing Wisely, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, the National Institute of Health and Care Excellence (NICE), and the National Guideline Clearinghouse. Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

Origination date: 03-31-2009
Release date: 04-17-2020

1. Oriandi et al., Rhinosinusitis 2016
2. Han et al., Otolaryngol Head Neck Surg 2015, 153: 708-20

[MEDICAL REVIEW](#) [BOOK VIEW](#) [FULL SUBSET](#) [SMARTSHEETS](#)

Cancel

Using InterQual Connect

Question & Answer format

- The criteria is presented in a series of simple, rules-driven questions
- The answers you provide about the patient's clinical presentation lead to recommendations
- The best evidence-based recommendation is suggested for the clinical scenario presented
- Once you answer all the questions, click on "View Recommendations"

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Referrals and Authorizations

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Medical Review *Septoplasty* **CLINICAL REFERENCE**

COMMENTS 0

Choose all that apply: [2 One, except Other clinical information (add comment)]

Difficulty breathing through the nose

Nasal blockage or obstruction

Nasal congestion or stuffiness

Unable to get enough air through the nose during exercise or exertion

Or

Other clinical information (add comment)

Documented absence of other causes of obstruction

Yes

No

No remaining questions. Click View Recommendations to continue.

PREVIOUS VIEW RECOMMENDATIONS

Cancel

CRITERIA REVIEW

Using InterQual Connect

Types of questions asked

- Questions address symptoms and findings, prior imaging or testing results, and conservative treatment.
- Questions are in Yes/No, Choose one, or multiple choice (Choose all that apply) format.
- Follow the rules associated with multiple-choice questions. Rules display in brackets next to the question.
- For questions that enable you to select more than one answer, you must click Next to advance to the next question.
- During the review, reviewer comments can be added to support answer selections.
- In many questions, the last answer choice is “Other clinical information (add comment).” This answer is selected only when the clinical scenario does not support the other answer choices. **Tip: If you want to add in other information, add in your comments before you actually select the criteria point.**



Using InterQual Connect

View recommendations

- In this example, Septoplasty meets the criteria and is Recommended
- Click on Review Summary, to get a printable summary page
- Click on Complete, to finish the medical review of this service/code (note: the authorization is not yet finalized or submitted at this point)

The screenshot shows the InterQual Connect web application interface. At the top, there is a navigation bar with buttons for Home, E-Business, Reports, User Admin, Resources, and My Account. Below this is a header section with the CHANGE HEALTHCARE and InterQual logos, and a user login status: "Signed in as William1 Nolan Sign out". A HELP button is also present. The main content area is titled "Referrals and Authorizations" and features a "Recommendations" section. A green "CRITERIA MET" badge is visible in the top right of this section. The recommendations are listed as follows:

- Recommended** *Evidence supports services as medically necessary.*
 - ✓ Septoplasty - Outpatient Show codes
- Not Applicable** *The selected criteria is not applicable to the following requested services:*
 - ✓ HCPCS A4615

At the bottom of the recommendations section, there are three buttons: "PREVIOUS", "COMPLETE", and "REVIEW SUMMARY". A "Cancel" button is located at the very bottom of the page.

Using InterQual Connect

Review summary

- This page gives you an overview of the Q&A and Recommendations
- From this screen, you have the option to Print the summary page
- You can also copy & paste the notes into the patient's medical record

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Referrals and Authorizations

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HELP

Review Summary

SETTINGS PRINT

InterQual® Review Summary

Created By: Nolan, William1
Created Date: 08/03/2020, 11:10 AM EDT
Review Status: In Primary
Completed Date:
Facility:

Criteria Status: **Criteria Met**
Criteria Product: **CP:Procedures**
Criteria Subset: **Septoplasty**
Criteria Version: **InterQual® 2020, Apr. 2020 Release**

Recommendations ✓ indicates reviewer selection

RECOMMENDED Evidence supports services as medically necessary.

✓ **Septoplasty - Outpatient**
✓ CPT 30520 REPAIR OF NASAL SEPTUM

NOT APPLICABLE The selected criteria is not applicable to the following requested services:

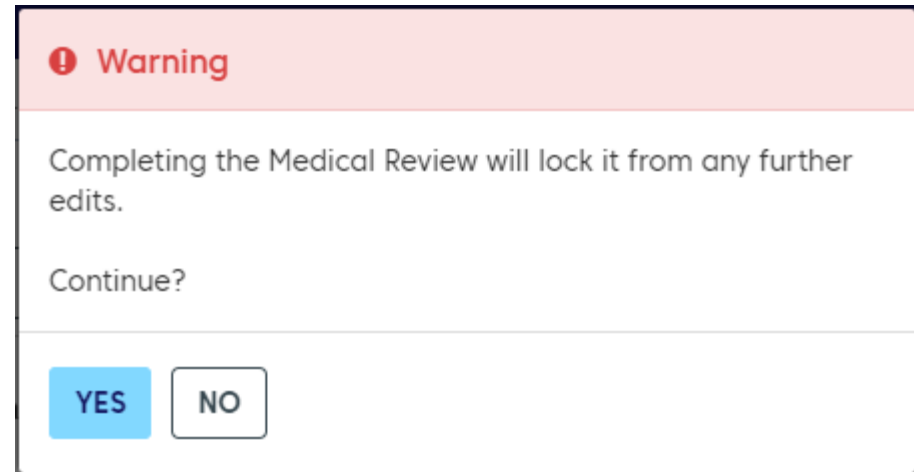
PREVIOUS COMPLETE

Cancel

Using InterQual Connect

Completing the medical review

- Once you click the “Complete” button, you will get a popup that indicates that no further edits can be made before submission
- Click “Yes” to confirm
- If you have additional codes to be reviewed, you will be prompted back to the first step



Using InterQual Connect

Submit the request

- Once you complete the InterQual Connect review, you will be taken back to the prior authorization request form
- The InterQual review results will now appear at the bottom
- **Important:** Please note that “Criteria Met” does not indicate an authorization approval. Click “Submit” to finalize the authorization request. Your authorization is not yet submitted until you see an authorization number.

The screenshot shows a web form for submitting an authorization request. It includes several input fields and buttons:

- Contact Name (text input)
- Contact Phone (text input)
- Requested Service (dropdown menu, currently showing "Other Medical")
- Servicing Facility (Name/NPI) (text input) with a "Search" button
- Contact Name (text input)
- Contact Phone (text input)
- Diagnosis (text input) with a "Search" button
- Procedure Code (text input) with a "Search" button
- Procedure list table:

Code	Procedure	Units/Visits	Action
30520	REPAIR OF NASAL SEPTUM	1	Remove
A4615	CANNULA NASAL	1	Remove

Start Date: 08/03/2020
End Date: 11/01/2020

Remarks (limited to 255 characters): [Text area]

InterQual Review Results:

Code	Criteria Status
30520	Criteria Met
A4615	Criteria Not Met

Buttons: Submit, Cancel

Using InterQual Connect

Submit the request

- Once submitted, the authorization number will appear
- If the authorization is pended, please submit clinical documentation from this page

allwaysSM HEALTH PARTNERS Current Site: William1 Nolan

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Authorization & Referrals Viewer

You may upload supporting documentation now if needed.
For Pended requests, please check your authorization referral status at a later time (generally 4 hours or by the following morning).

Authorization/Referral ID: 20216R00001
Member:
Member ID:
Member Date of Birth:
Authorization/Referral Status: PENDING
Refer From:
Refer To:
Service Start: 08/03/2020
Service End: 11/01/2020
Type of Request: Health Services Review
Units/Visits: 1
Message:

Submit Document Fax Document

Authorization Documents

Description	Document	Size	Uploaded
No data available in table			

Tips

- **Have the clinical information (medical chart) available**
Review the patient's medical chart to assemble documented clinical indications for the requested service (e.g., review history/physical, testing conducted prior to service, treatment plan). If the authorization pends, you will need to upload the clinical information.
- **Answer questions based on the patient's clinical information (medical chart)**
If the appropriate answer isn't available, select "Other clinical information" and add a comment
- **Add Reviewer Comments at the question level to document clinical details**
- **Review notes within the criteria;** they serve as a valuable resource in accurately conducting a review by:
 - Explaining criteria rationale
 - Defining medical terminology
 - Detailing new clinical knowledge/evidence

New: viewing visits/units status

- Current view: total visit count is tallied up on line 1

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				A -Pain Management	2	2
2	APPROVED				A -Pain Management	0	0

- New view: visits/units will appear with the corresponding line request

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				A -Pain Management	1	1
2	APPROVED				A -Pain Management	1	1

What's next?

- Instant approvals for prior authorization revisions
- Instant approvals for inpatient services

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Demo

Thank You