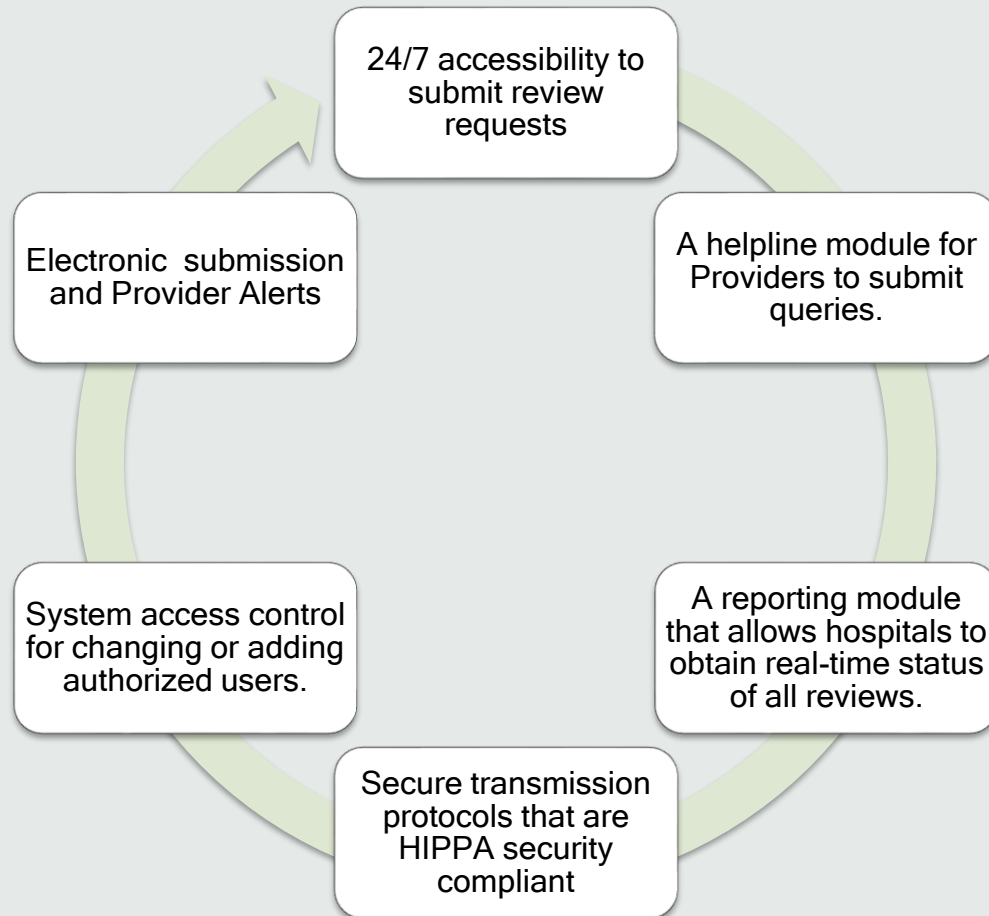




# Therapy Refresher

2017

# Overview of eQsuite ®



# Who can access eQsuite

## New Users:

You will need to complete and submit an access form.

*(Once received and entered you will receive an email confirmation with your user name and password)*

## System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



### Therapy Request for eQSuite® Access

All information must be complete for processing

NOTICE: It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information. ☐

Return Completed and Signed Forms

Attention: Provider Outreach

Fax: 855-440-3747

Email: [provideroutreach@eqhs.org](mailto:provideroutreach@eqhs.org)

Provider Name:			
Mailing Address:			
Provider Medicaid Number:	Provider Type:	NPI:	

*Handwritten forms cannot be accepted*

Contact Type	Contact Name (First & last name)	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

\_\_\_\_\_  
Administrator or CEO (PLEASE PRINT NAME & TITLE)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Therapy Codes that require Pre Auth

Code	Description
97110	Physical Therapy Treatment
97530	Physical Medicine Treatment, Therapeutic Exercise (OT)
92507	Speech Therapy
92508	Group Speech Therapy, per child in the group, per 15 minutes

**Note:** Currently, evaluations are not authorized by eQHealth Solutions but required with each admission request.

# Review Completion Timeframes

Review Type	Completion Timeframe (1 <sup>st</sup> Level)	Referred to Physician/Peer Reviewer (2 <sup>nd</sup> Level)
Initial (Admission)	Within 1 Business day of the receipt of the complete request	Within 3 business days of the receipt of the complete request
Continued Stay  (Can request up to 14 Calendar Days prior to the end of current approval)	Within 1 Business day of the receipt of the complete request	Within 3 business days of the receipt of the complete request
Retrospective Review  (Retroactive Eligibility)	Within 20 Business days	
Reconsideration	Within 3 Business days of the receipt of the request	

# Documentation Requirements

Document	Required
Evaluation Results	<ul style="list-style-type: none"><li>• Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.</li></ul>
Prescription for services	<ul style="list-style-type: none"><li>• Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization.</li><li>• The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.</li></ul>
Plan of care (POC)	<ul style="list-style-type: none"><li>• Must be based on the results of the evaluation.</li><li>• Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist</li><li>• Must be signed and dated by the ordering provider prior to requesting authorization.</li><li>• Valid for up to 180 days, depending on the approved certification period.</li></ul>

# Therapy Grid

## Units /Visits/Periods

### Units/Visit

1 unit =15minutes

### Visits/Period

# of visits per week

### # of Periods

How many weeks within the date range

The screenshot shows a web application window titled "Code Add/Edit Page". Inside, there is a form for adding or editing a code. The code entered is "97110". Below the code, it says "PT Treatment". There is a "View Example" link. The "From Date" is "1/1/2012" and the "Thru Date" is "6/28/2012". Below these dates is a "Date Calculator" section. It contains the following fields: "Units/Visit" with the value "4", "Visits/Period" with the value "2", "Period Type" with a dropdown menu set to "Week", "# Periods" with the value "26", and "Total Units" with the value "208". There are "Add" and "Close" buttons at the bottom of the form. To the right of the form, there are four callout boxes: "#15 minute sessions per visit", "# visits per week", "select week", and "# weeks in date range". The browser's address bar at the bottom shows the URL "http://testfileqhs.org/PopupPages/ItemCodeEditPage.aspx".

# PENDS and Modifications

## Pended Reviews

- Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

## Modifications

- If a request is needed to increase in intensity (# of visits), please provide an explanation for the increase. You can document this information in the Clinical Summary tab.



# Denials

## Denial

- The physician reviewer may render a (full) medical necessity denial of one or more service line items.

## Partial Denial

- When a partial denial is rendered, some of the services are approved and some are denied. Therefore there is not a complete denial of the services. This adverse determination may involve a denial of the number of units requested, the frequency and/or the duration of the service.

## Technical Denial

- Please note all therapy requests must be submitted as Prior Authorization. If you are submitting a request for dates of service that have already passed this may result in a Technical Denial.

**NOTE: If the recipient has retroactive eligibility please indicate this information in the Summary Clinical Tab**

- The requesting provider receives immediate electronic notification, via email and the eQSuite review status report, of the denial.
- Within one business day of the determination, a written notification of the denial is posted electronically for the provider. The notice may be downloaded and printed.
- Written notifications are mailed to the ordering provider and to the recipient or the recipient's parent or legal guardian.
- The written notification includes information about the providers' and recipient's right to a reconsideration of the adverse determination.

# Reconsiderations

Any party may request a reconsideration of a PT, OT or SLP adverse determination. The written notification of the adverse determination includes information about the right to request a reconsideration and how to request one.

- ❖ The reconsideration must be requested within 5 business days of the date of the denial notification.
- ❖ PT, OT and SLP service providers request reconsideration through eQSuite. Ordering provider and recipients (or their parents or legal guardians) may submit reconsideration requests by fax, or mail.
- ❖ The requesting party should submit additional or clarifying information.
- ❖ Providers may submit the information using eQSuite, fax, or mail.
- ❖ Physicians and recipients (or their parent or guardian) may submit the additional information by fax or mail.

# Important things to remember



You can request up to 180 calendar days on request for therapy.



If you are requesting a continuation of care you must select your “Review Type” as “Continued Stay”

• (Note: You will need the eQHealth Case # or the PA#)



If you need to change or modify a previously authorized service you must submit a request on eQsuite and select the “Review Type” as “Modify Authorization”

• (Note: The modification cannot exceed the current “thru” date for the prior auth number)



All therapy requests must be submitted as Prior Auth. If you submit a request for dates of service that have already passed these requests will not be reviewed and will be “Technically Denied”.

• (Exception: If the recipient has Retroactive Eligibility)

# Live Demonstration



# eQHealth Resources

