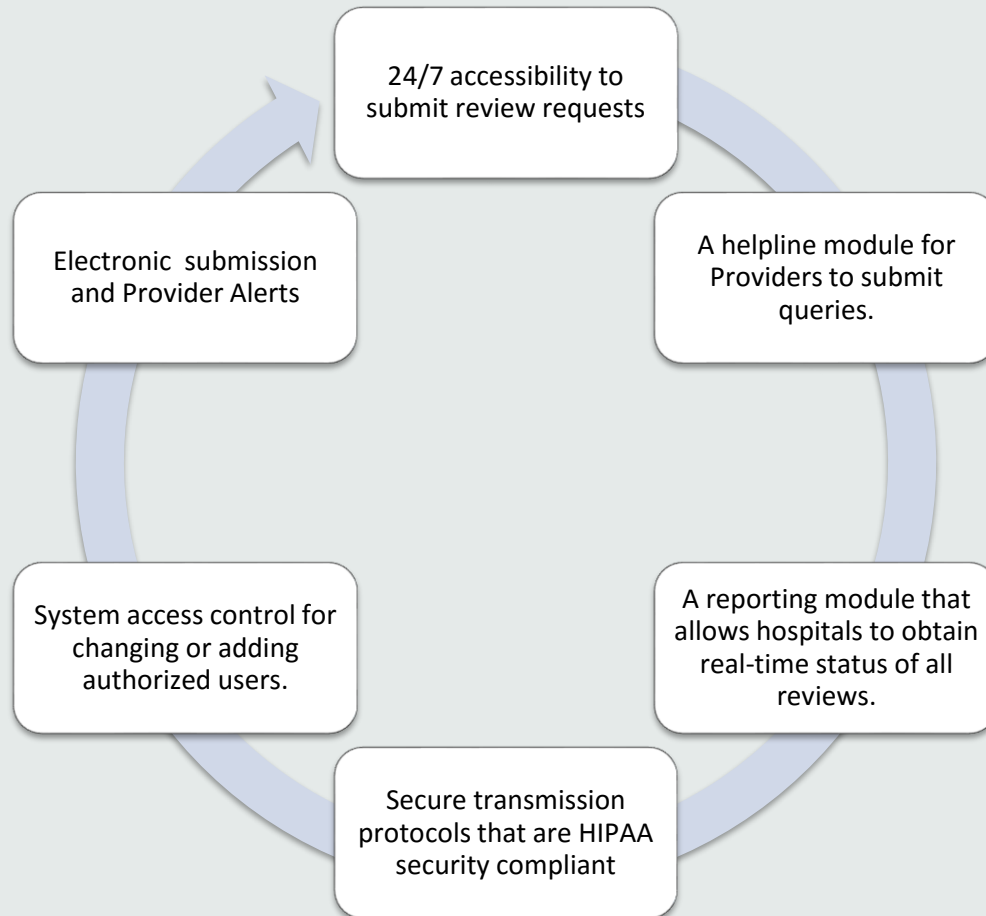




Multispecialty

2017

Overview of eQsuite[®]



How to 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.



Physician 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

Provider Name:			
Mailing Address:			
Group 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: _____

Introduction

- ❖ Overview of Florida Multispecialty Services review process
- ❖ Criteria for Multispecialty Services reviews
- ❖ Documentation requirements for Multispecialty Services reviews
- ❖ Live Demonstration on eQsuite portal

Please note that all Outpatient services are required to be entered online via eQsuite and submitted as Prior Authorization. The only time Retrospective requests will be permissible is if the recipient has Retroactive Medicaid eligibility or as specified in the FL Medicaid Authorization Requirements Coverage Policy.

What Codes Require Prior Authorization?

Physician Services

[Physician Services-Codes that Require Prior Auth](#)

Chiropractic

[Chiropractic-Codes that Require Prior Auth](#)

Hearing Services (Audiology)

[Hearing Services-Codes that Require Prior Auth](#)

ITB Pump

[ITB Pump-Codes that Require Prior Auth](#)

Oral Maxillofacial Surgery

[Oral Maxillofacial-Codes that Require Prior Auth](#)

Vision

[Vision-Codes that Require Prior Auth](#)

You can find these lists on our provider website FL.EQHS.ORG please check periodically as these list get updated from time to time.

<http://fl.eqhs.org>

Review Process

1 st Level review	2 nd Level Review
<ul style="list-style-type: none"> •Nurses conduct 1st Level reviews. They check to make sure required administrative criteria are present and assess clinical information for Medical Necessity. •1st Level reviewers can approve a request, pend a request for more information or refer a review to 2nd Level review. 	<ul style="list-style-type: none"> •2nd Level Reviewers are physicians. They can approve, pend, partially or fully deny services. •Partial and full denials based on medical necessity are ONLY done by 2nd level reviewers according to Florida law <p>Partial and full denials have Reconsideration (Recon) and Fair Hearing rights. Recipients or their parent/legal guardian need to be aware of this Due Process. There are time limitations for requests which are outlined in the denial letters.</p>

Review Status Determinations

- Pend Additional information is being requested
- 1st Level Review The review is currently being reviewed
- 2nd Level Review If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- Cancel Duplicative Service
- Technical Denial Untimely Submission or incomplete documents provided

Request Submission & Review Completion Timeframes

Services	Review Completion Timeframes	Referred to Physician reviewer
Physician Services Outpatient Surgery, Chiropractic, Podiatry, Ambulatory Surgery, Oral and Maxillofacial Surgery	Within 2 business days	Within 3 business days of the receipt of the complete request
Hearing (Audiology)	Within 3 business days	Within 5 business days of the receipt of the complete request
Vision (Optometry)	Within 3 business days	Within 5 business days of the receipt of the complete request
ITB (Intrathecal Baclofen Pump)	Within 3 business Days	Within 5 business days of the receipt of the complete request
Retrospective Medically Needy or retroactive eligibility	Within 20 business days (Includes all levels of review)	

Documentation Requirements

Service Type	Documentation
Physician Services Outpatient Surgery, Chiropractic, Podiatry, Ambulatory Surgery, Oral and Maxillofacial Surgery	<ul style="list-style-type: none"> •Current medical records (within the past 6 months) •Treating physician referral to specialty provider •Radiographs, MRI, laboratory results, • High Quality colored photographs •Diagnostic studies •Medical clearance letter •Oral and Maxillofacial surgery-Prior dental records & treatment records as applicable
Blepharoplasties	<ul style="list-style-type: none"> •Current medical records (last 6 months) • Documentation of need for procedure • Visual field study • Eyelid photography with and without tape • Optical exam •High Quality colored photographs
Vision Contact Lens Eyeglasses	<ul style="list-style-type: none"> •Prescription (include appropriate procedure codes) •Documentation of recipient's condition that meets the criteria for provision of specific eyeglasses or lens types, Optical / refraction examination •Itemized invoice •Contact lens (completed contact lens form) •Contact lens (Optical/refraction examination)

Documentation Requirements

Hearing Services

SERVICE TYPE	DOCUMENTATION
Hearing Services Hearing Aids and related items	<ul style="list-style-type: none"> • Current audiogram (last 6 months) • Current medical records (last 6 months) • Physician's order • Medical clearance letter • Documentation of medical necessity • All procedure codes and related fees
Hearing Services Cochlear Implant (Repair/replacement)	<ul style="list-style-type: none"> • Current medical records (last 6 months) • Examination report • Medical clearance letter • Documentation indicating need /nature of repair and replacement • Itemized documentation of repair cost • Invoice pricing
ITB Pump	<ul style="list-style-type: none"> • Current medical records (last 12 months) • Documentation of successful Baclofen trial with intrathecal injection • Physical therapy assessment for the Baclofen pump trial • Referral letter from primary physician • Documentation of trial of PO Baclofen • Medical clearance letter

Physician Procedures

CPT Code 41899- Dental Surgery Procedure. Please make sure to list what is expected to be done with pricelist.

- Extractions
- X-ray
- Filling
- Cleaning
- Fluoride treatments
- Special procedures not listed

Important things to remember



If you obtain authorization for an inpatient request however, a multispecialty service has been requested during that stay, a new request will need to be entered in eQsuite for that service.



Physician services requires the Medicaid ID# for the physician

- *(Group Medicaid ID#s should not be used)*

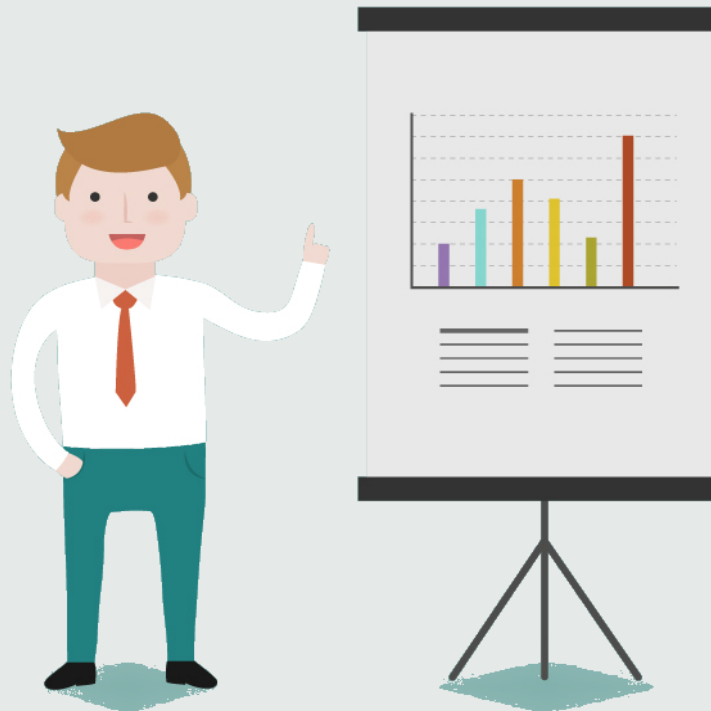


Please note there is no longer a 120 day cap on the date span

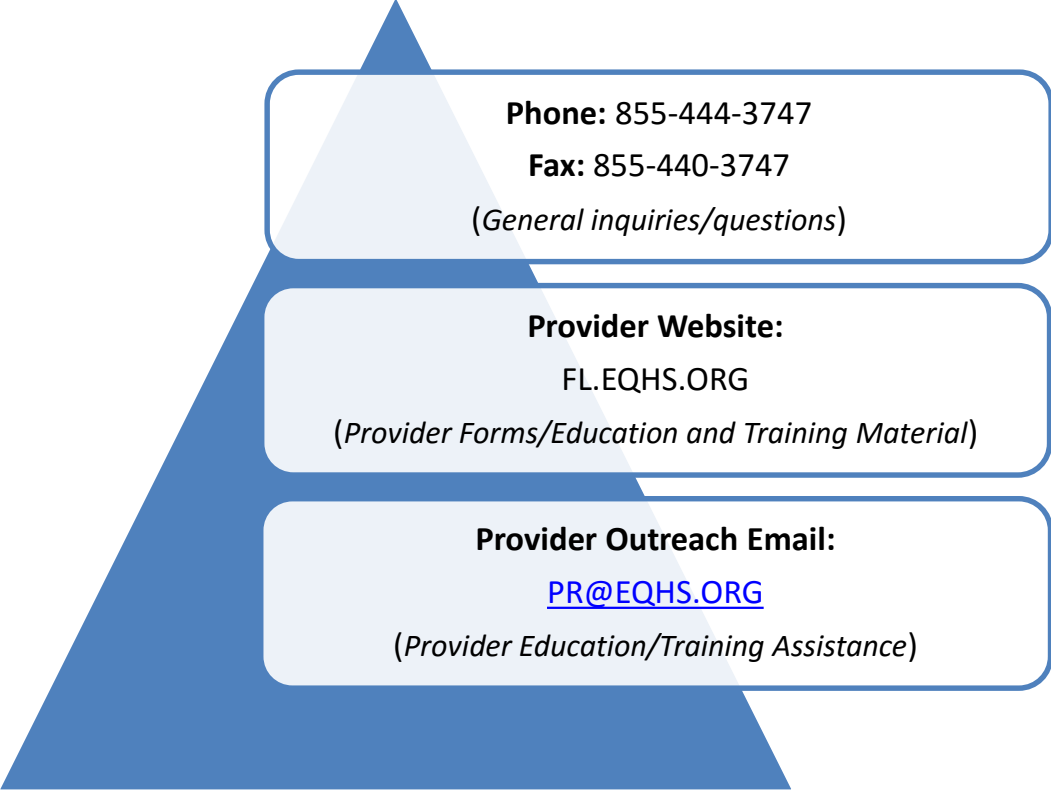


If you have more than one Multispecialty request you must enter a separate request on eQsuite for each service.

Live Demonstration



eQHealth Resources



Phone: 855-444-3747

Fax: 855-440-3747

(General inquiries/questions)

Provider Website:

FL.EQHS.ORG

(Provider Forms/Education and Training Material)

Provider Outreach Email:

PR@EQHS.ORG

(Provider Education/Training Assistance)