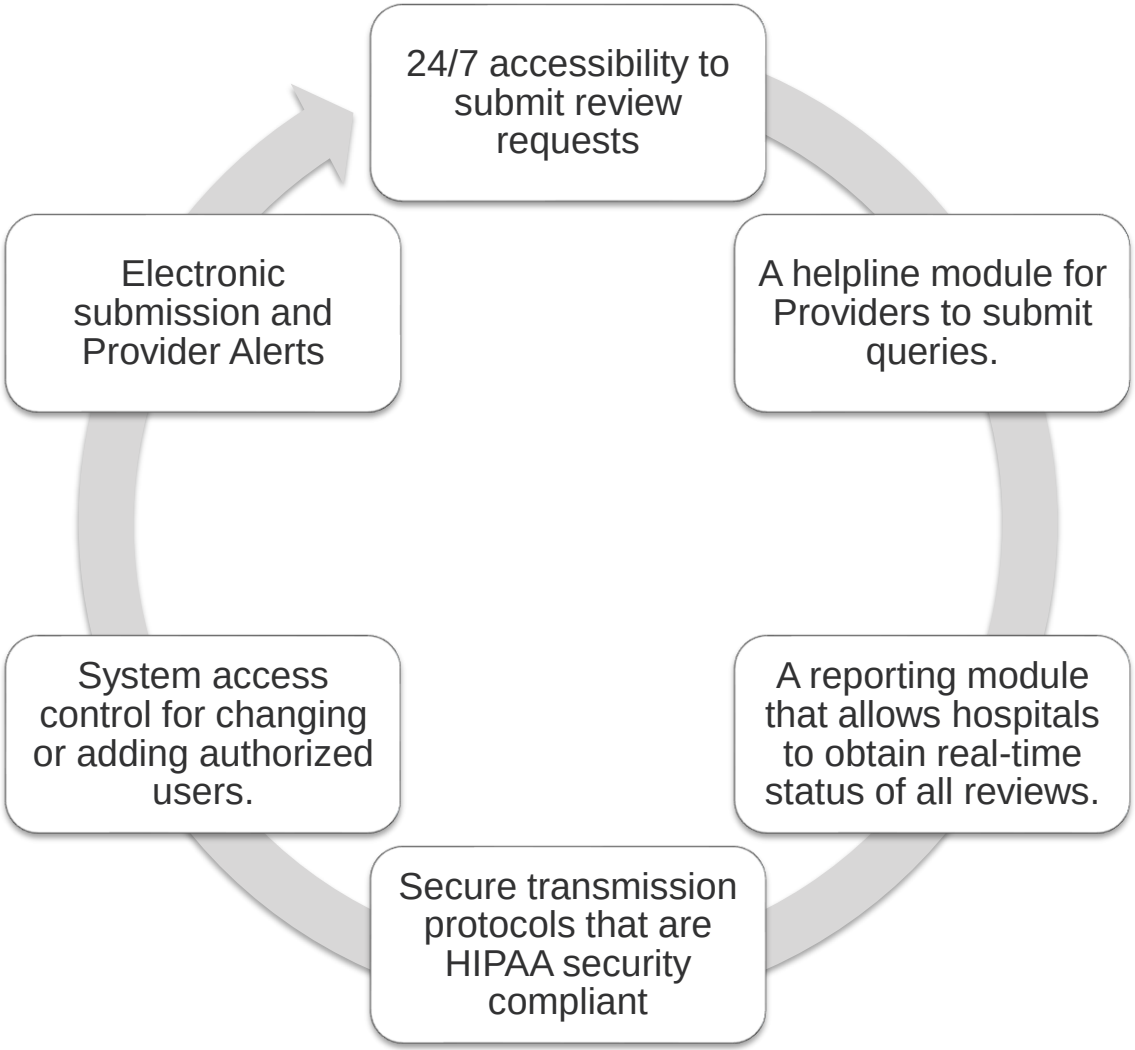
Multispecialty Services

2018

eQ·Health solutions

Overview of eQsuite®



How to access eQsuite®

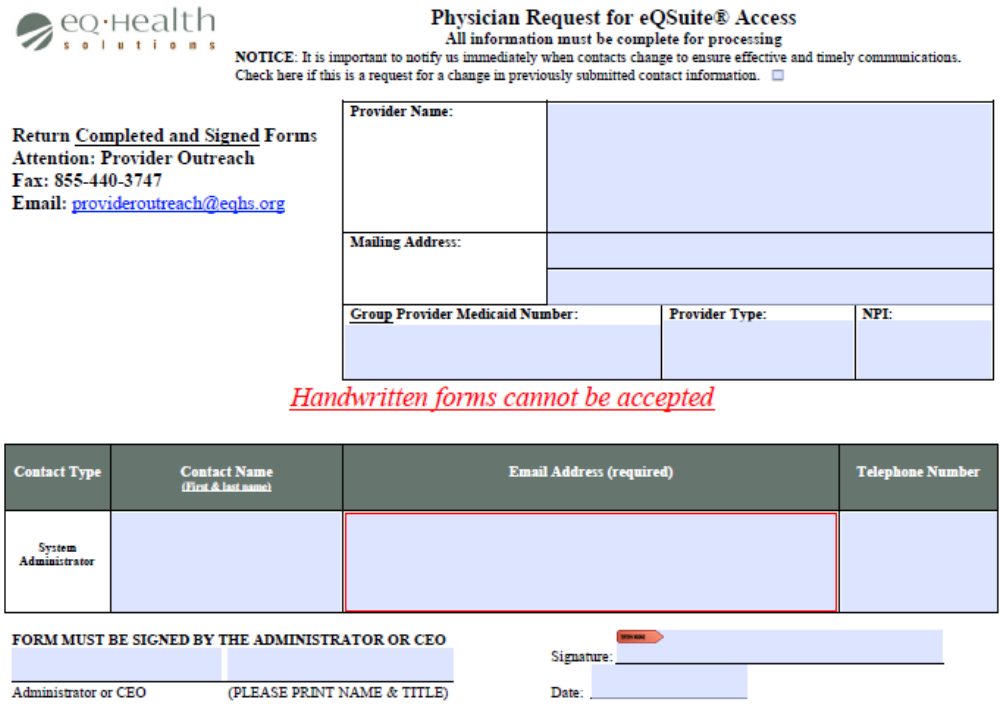
New Users:

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.**



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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: _____

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.

Important things to remember

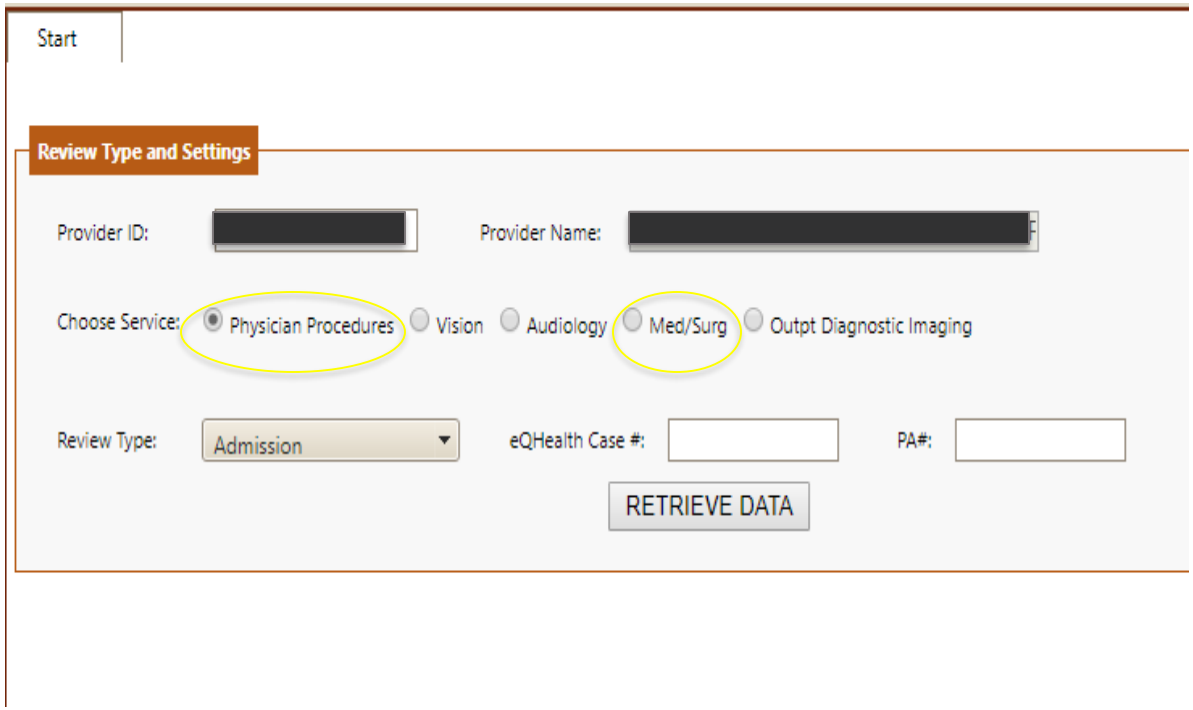
- Always check eligibility prior to requesting an authorization. If the recipient does NOT have Medicaid eligibility your request will be cancelled.
- If you obtain authorization for an inpatient request however, a multispecialty service has been requested during that stay, a new request will need to be entered in eQSuite for that service.
- Physician services should be entered with the Medicaid ID# for the physician not the Facility.
  - *(Group Medicaid ID#s should not be used)*
- There is a 120 day cap on the authorization date span
- If you have more than one Multispecialty request you must enter a separate request on eQSuite for each service.

Inpatient VS Outpatient

Choosing the correct service type

If you are requesting an inpatient authorization you need to choose **Med/Surg** as the service. And the Provider ID should reflect the rendering Hospitals Medicaid ID#.

If you are requesting and outpatient authorization you need to choose **Physician Procedures** as the service. And the Provider ID should reflect the Physicians Medicaid ID#.



Documentation Requirements

Service Type	Documentation
Physician Services Outpatient Surgery, Chiropractic, Podiatry, Ambulatory Surgery, Oral and Maxillofacial Surgery	•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	•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	•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	• 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)	• 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	•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 Procedure

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

Note:

This authorization is for an outpatient Dental procedure, the authorization # is assigned to the Dentist performing the procedure not the facility.

Pended Reviews/Making Changes

- 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
- If you need to make a change to the start date of service, or extend an authorization, please contact our Customer Service Dept. they will put in a request to update the case. A new authorization request should not be entered.

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)	

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 or line items not entered correctly, No Medicaid eligibility
- ***Technical Denial*** Untimely Submission or incomplete documents provided

Reconsideration and Fair Hearing Rights

Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.

LIVE DEMONSTRATION

eQHealth Resources