



# Multispecialty

2016

# eQHealth Solutions



The banner features three overlapping circular images. The left circle shows a female nurse in pink scrubs talking to an elderly male patient. The right circle shows a male doctor in a suit smiling while looking at a laptop. The bottom circle is a close-up of a hand holding a stethoscope over a hexagonal grid of medical icons. To the left of the circles is the text 'CLINICALLY FOCUSED' and to the right is 'OUTCOMES ORIENTED'. Below the circles is the text 'TECHNOLOGY DRIVEN'. On the far right, a paragraph reads: 'For over 25 years, we've been improving healthcare quality and reducing costs through innovative IT and medical management services.' At the bottom right of the banner are four small circles, the first of which is orange.

CLINICALLY  
FOCUSED

OUTCOMES  
ORIENTED

TECHNOLOGY  
DRIVEN

*For over 25 years,*  
we've been improving healthcare  
quality and reducing costs  
through innovative IT and  
medical management services.



Colorado ›



Florida ›



Illinois ›



Louisiana ›



Mississippi ›



Texas ›



Vermont ›

<http://fl.eqhs.org>

# Overview of eQsuite

- » 24/7 accessibility to submit review requests to eQHealth via web.
- » Secure transmission protocols that are HIPPA security compliant.
- » System access control for changing or adding authorized users.
- » A reporting module that allows hospitals to obtain real-time status of all reviews.
- » Rules-driven functionality and system edits to assist Providers through immediate alerts such as when a review is not required or a field requires information.
- » A helpline module for Providers to submit queries.
- » Electronic submission of additional information needed to complete a review request.

# Who Can Access eQSuite®?

## » **New Users: Register for a Web Account**

- ➡ Some organizations may already have an assigned eQHealth System Administrator. This person is responsible for creating user IDs and assigning access rights to eQSuite for those who need to put in PARs.
- ➡ If an organization does not have a System Administrator, a Provider Access form needs to be submitted with a System Administrator assigned.

## » **Existing Web Account**

- ➡ Log into eQSuite® using your existing username and password.
  - Your username and password are unique to your organization.
  - If your organization needs to add an additional user account the System Administrator would be responsible for adding/inactivating user accounts.

### **Note:**

*You can locate the Provider Access form via our website [FL.EQHS.ORG](http://fl.eqhs.org)  
Access forms can be faxed 855-440-3747 or emailed to [Provideroutreach@eqhs.org](mailto:Provideroutreach@eqhs.org)*

# Introduction

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

# Multispecialty Services

**Please note that on October 15, 2016, eQHealth Solutions will no longer be accepting faxed in Multispecialty Services. These reviews will need to be entered in by your organization or the respective provider via eQSuite online. Any faxed in requests specified above on or after October 15, 2016, will not be reviewed.**

- Audiology/Hearing Services
- Optometric and Vision Services
- Out Patient Procedures (Ultrasound)
- Physician Services (includes Ambulatory Surgery, Oral and Maxillofacial Surgery)
  - Chiropractic Services
- Intrathecal Baclofen Therapy (ITB) Pump
  - VNS (Vagus Nerve Stimulator)
    - Proton Beam

# Documentation Requirements



# Documentation Requirements

## Physician Services

SERVICE TYPE	DOCUMENTATION (As appropriate for service type)
Physician Services – Includes Ambulatory Surgery, Oral and Maxillofacial Surgery	<ul style="list-style-type: none"><li>•Current medical records (within the past 6 months)</li><li>•Treating physician referral to specialty provider</li><li>•Radiographs, MRI, laboratory results,</li><li>• High Quality colored photographs</li><li>•Diagnostic studies</li><li>•Medical clearance letter</li></ul>
Oral and Maxillofacial Surgery Additional to above	Prior dental records & treatment records as applicable



# Documentation Requirements

## Physician Services

SERVICE TYPE	DOCUMENTATION
Blepharoplasties	<ul style="list-style-type: none"><li>• Current medical records (last 6 months)</li><li>• Documentation of need for procedure</li><li>• Visual field study</li><li>• Eyelid photography with and without tape</li><li>• Optical exam</li><li>• High Quality colored photographs</li></ul>

# Documentation Requirements Optometric/Visual Services

SERVICE TYPE	DOCUMENTATION
Visual Services - Eyeglasses	<ul style="list-style-type: none"><li>• Eyeglass Prescription</li><li>• Documentation of recipient's condition that meets the criteria for provision of specific eyeglasses or lens types,</li><li>• Optical / refraction examination,</li><li>• Itemized invoice for eyeglasses provided</li></ul>
Visual Services – Contact Lens	<ul style="list-style-type: none"><li>• Recipient's eligibility for contact lenses</li><li>• Contact lens prescription</li><li>• All appropriate procedure codes</li><li>• Substantiation for special fitting</li><li>• Itemized invoice for lenses provided</li><li>• Documentation the type of lens to be provided</li><li>• Completed contact lens request form</li></ul>

# Documentation Requirements

## Hearing Services

SERVICE TYPE	DOCUMENTATION
Hearing Services – Hearing Aids and related items	<ul style="list-style-type: none"> <li>• Current audiogram (last 6 months)</li> <li>• Current medical records (last 6 months)</li> <li>• Physician's order</li> <li>• Medical clearance letter</li> <li>• Documentation of medical necessity</li> <li>• All procedure codes and related fees</li> </ul>
Hearing Services – Cochlear Implant	<ul style="list-style-type: none"> <li>• Current medical records (last 6 months)</li> <li>• Examination report</li> <li>• Medical clearance letter</li> <li>• Documentation indicating need /nature of repair and replacement</li> <li>• Itemized documentation of repair cost</li> <li>• Invoice pricing</li> </ul>
Cochlear Implant Repair/Replacement	<ul style="list-style-type: none"> <li>• Current medical records (last 6 months)</li> <li>• Examination report</li> <li>• Medical clearance letter</li> <li>• Documentation indicating need /nature of repair and replacement</li> <li>• Itemized documentation of repair cost</li> <li>• Invoice pricing</li> </ul>

# Documentation Requirements

## Intrathecal Baclofen Therapy (ITB) Pump

SERVICE TYPE	DOCUMENTATION
ITB Pump	<ul style="list-style-type: none"><li>• Current medical records (last 12 months)</li><li>• Documentation of successful Baclofen trial with intrathecal injection</li><li>• Physical therapy assessment for the Baclofen pump trial</li><li>• Referral letter from primary physician</li><li>• Documentation of trial of PO Baclofen</li><li>• Medical clearance letter</li></ul>

# Review Process

1 <sup>st</sup> Level review	2 <sup>nd</sup> Level Review
<ul style="list-style-type: none"><li>•Nurses conduct 1<sup>st</sup> Level reviews. They check to make sure required administrative criteria are present and assess clinical information for Medical Necessity.</li><li>•1<sup>st</sup> Level reviewers can approve a request, pend a request for more information or refer a review to 2<sup>nd</sup> Level review.</li></ul>	<ul style="list-style-type: none"><li>•2<sup>nd</sup> Level Reviewers are physicians. They can approve, pend, partially or fully deny services.</li><li>•Partial and full denials based on medical necessity are ONLY done by 2<sup>nd</sup> level reviewers according to Florida law</li></ul> <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>

# Requesting Authorization

- ❖ Physician services requires the Medicaid ID# for the physician  
*(Group Medicaid ID#s should not be used)*
- ❖ You must enter a separate request on eQsuite for each service.

## Example:

If you receive 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.

# Chiropractic Services



# Authorization Requirements

## Chiropractic

Codes that **ONLY** require PA if the maximum number of visits  
(24 visits per year) are exceeded

98940 - Chiropractic Manipulative Treatment (CMT); Spinal, One To Two Regions

98941 - Chiropractic Manipulative Treatment (CMT); Spinal, Three To Four Regions

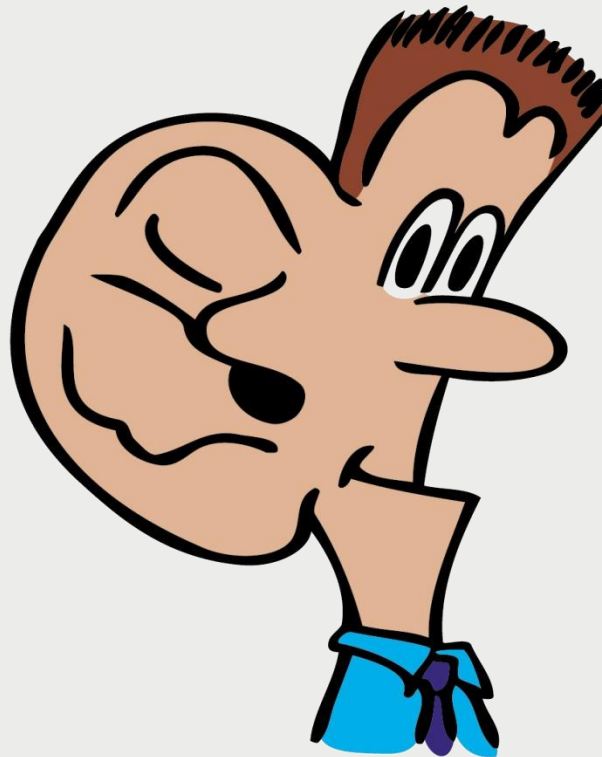
98942 - Chiropractic Manipulative Treatment (CMT); Spinal, Five Regions

### Exceptions:

For chiropractic services, prior authorization should only be obtained for the 25<sup>th</sup> visit within a specific calendar year.



# Audiology



# Authorization Requirements

## Hearing Services

### Codes that ALWAYS require PA

- L7510 - Repair Of Prosthetic Device, Repair or Replace Minor Parts
- L8615 - Headset / Headpiece for use with Cochlear Implant Device, Replacement
- L8616 - Microphone for use with Cochlear Implant Device, Replacement
- L8617 - Transmitter Coil for use with Cochlear Implant Device, Replacement
- L8618 - Transmitter Cable for use with Cochlear Implant Device, Replacement
- L8619 - Cochlear Implant External Speech Processor And Controller, Integrated System, Replacement
- L8623 - Lithium Ion Battery for use with Cochlear Implant Device Speech Processor, Other than Ear Level, Replacement, Each
- L8624 - Lithium Ion Battery for use with Cochlear Implant Device Speech Processor, Ear Level, Replacement, Each
- L8627 - Cochlear Implant, External Speech Processor, Component, Replacement
- L8628 - Cochlear Implant, External Controller Component, Replacement
- L8629 - Transmitting Coil And Cable, Integrated, for use with Cochlear Implant Device, Replacement
- L8691 - Auditory Osseointegrated Device, External Sound Processor, Replacement
- L8692 - Auditory Osseointegrated Device, External Sound Processor, used without Osseointegration, Body Worn, Includes Headband or other means of External Attachment
- V5299 - Hearing Service, Miscellaneous

# Authorization Requirements

## Hearing Services

Codes that ONLY require PA if the limits are exceeded

V5014 - Repair/Modification of a Hearing Aid (Use for Factory Repair)

V5050 - Hearing Aid; (Use for Category 1 Hearing Aids)

V5090 - Dispensing Fee, Unspecified Hearing Aid

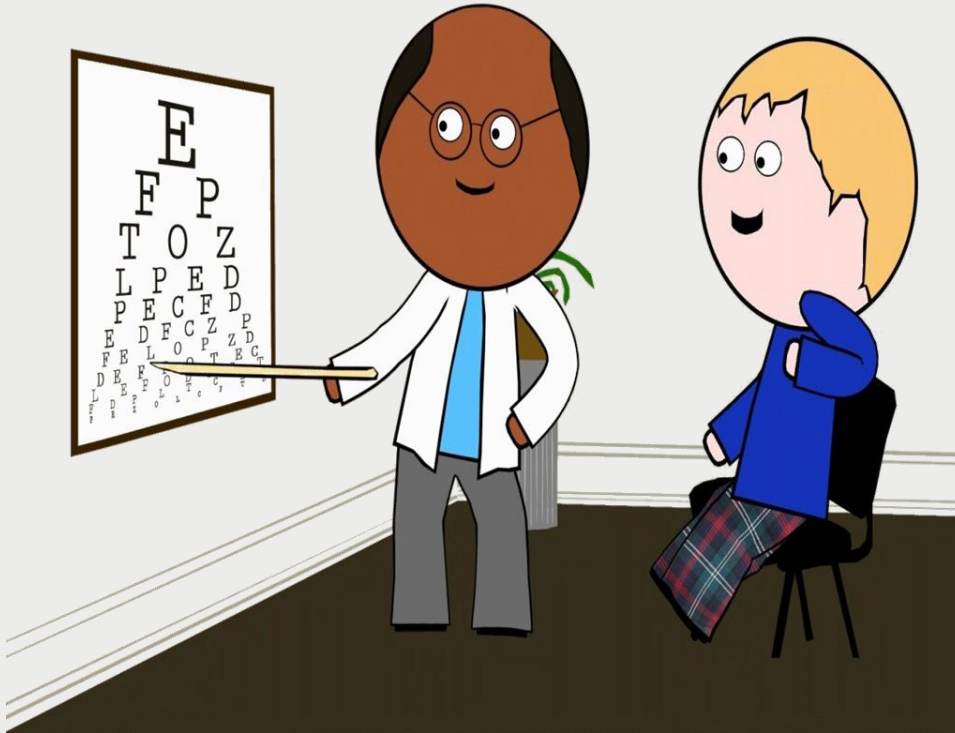
V5200 - Dispensing Fee, Cros

V5240 - Dispensing Fee, Bicros

V5264 - Earmold/Insert, Not Disposable, Any Type

V5267 - Hearing Aid Supplies / Accessories

# Vision



# Authorization Requirements

## Vision/Optometric Services

### Codes that ALWAYS require PA

- S0590 - Integral Lens Service, Miscellaneous Services Reported Separately
- V2199 - Not Otherwise Classified, Single Vision Lens
- V2299 - Specialty Bifocal
- V2399 - Specialty Trifocal
- V2500 - Contact Lens, Pmma, Spherical, Per Lens
- V2501 - Contact Lens, Pmma, Toric or Prism Ballast, Per Lens
- V2511 - Contact Lens, Gas Permeable, Toric or Prism Ballast, Per Lens
- V2513 - Contact Lens, Gas Permeable, Extended Wear, Per Lens
- V2520 - Contact Lens Hydrophilic, Spherical, Per Lens
- V2521 - Contact Lens Hydrophilic, Toric or Prism Ballast, Per Lens
- V2523 - Contact Lens Hydrophilic, Extended Wear, Per Lens
- V2599 - Contact Lens, Other Type
- V2730 - Special Base Curve, Glass or Plastic, Per Lens
- V2799 - Vision Service, Miscellaneous

# Authorization Requirements

## Vision/Optometric Services

**Codes that ONLY require PA when the maximum is exceeded**

- 92340 - Fitting Of Spectacles, Except For Aphakia; Monofocal
- 92341 - Fitting Of Spectacles, Except For Aphakia; Bifocal
- 92342 - Fitting Of Spectacles, Except For Aphakia; Multifocal, Other than Bifocal
- 92352 - Fitting Of Spectacle Prosthesis For Aphakia; Monofocal
- 92353 - Fitting Of Spectacle Prosthesis For Aphakia; Multifocal
- V2020 - Frames, Regular, Office Repair, Plastic
- V2025 - Deluxe Frame (New Or Replacement; Metal)
- V2115 - Lenticular, (Myodisc), Per Lens, Single Vision
- V2121 - Lenticular Lens, Per Lens, Single
- V2315 - Lenticular, (Myodisc), Per Lens, Trifocal
- V2319 - Trifocal Seg Width Over 28 Mm
- V2320 - Trifocal Add Over 3.25D
- V2410 - Variable Asphericity Lens, Single Vision, Full Field, Glass or Plastic, Per Lens
- V2430 - Variable Asphericity Lens, Bifocal, Full Field, Glass or Plastic, Per Lens
- V2510 - Contact Lens, Gas Permeable, Spherical, Per Lens
- V2710 - Slab Off Prism, Glass or Plastic. Per Lens
- V2715 - Prism, Per Lens
- V2745 - Addition To Lens; Tint, Any Color, Solid, Gradient or Equal, Excludes Photochromatic, Any Lens Material, Per Lens
- V2755 - U-V Lens, Per Lens
- V2780 - Oversize Lens, Per Lens

# Physician Services



# Authorization Requirements

## Physician Services

### Codes that ALWAYS require PA

15781 - Dermabrasion, chemical peel  
15820 - Blepharoplasty and Brow Pitosis repair  
15822 - Blepharoplasty of upper lids  
15823 – Blepharoplasty  
15830 – Excision of excessive skin  
15847 – Abdominoplasty  
19318 - Breast Reduction Surgery  
19324 - Breast Repair and Reconstruction  
19325 – Mammoplasty, augmentation  
36468 - Single or multiple injections of sclerosing solutions  
36470 - Sclerotherapy injection, single vein  
56805 - Ligation or transaction of fallopian tubes  
67901 - Repair of blepharoptosis; frontalis muscle technique with suture or other  
67902 - Eyelid Reconstruction, pitosis surgery  
67903 – Repair of Blepharoptosis; (Tarso) Levator Resection



# Authorization Requirements

## Physician Services

### Codes that ALWAYS require PA

- 67904 - Bilateral levator resection for upper lid ptosis
- 67906 – Repair of blepharoptosis, superior rectus technique
- 67908 - Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator res
- 67909 - Reduction of overcorrect of pitosis
- 67911 – Upper or lower eyelid retraction
- 69300 - Otoplasty – unilateral or bilateral
- 69710 - Implantation or replacement of electromagnetic bone conduction anchored hearing aids
- 69711 – Remove/Repair Hearing Aid
- 69714 - Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator without mastoidectomy
- 69715 - Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear with mastoidectomy
- 69717 - Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- 69930 - Cochlear device implantation, with or without mastoidectomy
- S2411 - Fetoscopic laser therapy for treatment of twin to twin transfusion syndrome

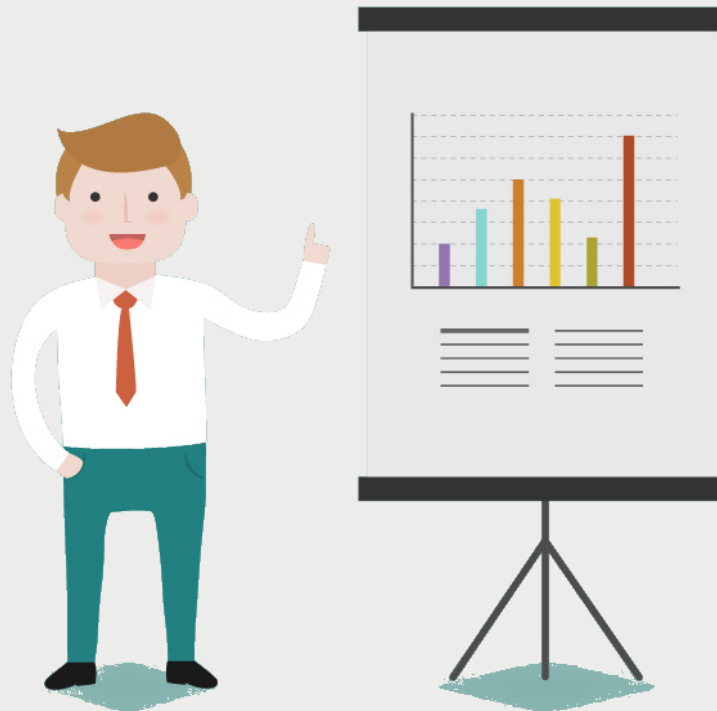
# Authorization Requirements

Oral Maxillofacial Surgery	Intrathecal Baclofen Therapy (ITB) Pump	Podiatry
<p><b>Codes that <u>ALWAYS</u> require PA</b></p> <ul style="list-style-type: none"> <li>•21208 - Osteoplasty, facial bones augmentation</li> <li>•21230 – Graft, rib cartilage autogenous to face, chin, nose, or ear</li> <li>•21235 - Graft, ear cartilage, autogenous to nose or ear</li> <li>•21248 – Reconstruction of mandible or maxilla</li> <li>•21249 - Reconstruction of mandible, maxilla, endosteal implant, complete</li> </ul>	<p><b>Codes that <u>ALWAYS</u> require PA</b></p> <ul style="list-style-type: none"> <li>•E0783 - Infusion Pump System, Implantable, Programmable</li> <li>•E0786 - Implantable Programmable Infusion Pump, Replacement</li> </ul> <p><i><b>Note:</b> Insertion of the pump does not require authorization</i></p>	<p><b>No Authorization Required</b></p> <ul style="list-style-type: none"> <li>•At this time NO podiatry services require prior authorization</li> </ul>

# Important Notes To Remember

- Please use your Physician Medicaid Provider Number over the Group Medicaid Provider Number as the rendering facility
- Please note that in general, these PA# last for 120 day period
- All Ultrasound reviews are expected to be submitted as **PRIOR AUTHORIZATION**
- If you have a 2<sup>nd</sup> service for the recipient that needs prior authorization, please submit a second review

# Live Demonstration



# Provider Communication

## **Dedicated Florida Website:**

Web: FL.EQHS.ORG

## **Customer Service:**

Ph:855-444-3747

Monday-Friday

Hours:8 a.m.-5 p.m.

(Except Florida state holidays)

## **Provider Outreach:**

pr@eqhs.org

# Questions?

