

eQSuite System Changes for Pediatric Behavioral Therapy

PAR Submission Instructions

Pediatric Behavioral Therapy

- **This document is designed to help Behavior Therapy providers to submit initial prior authorization requests and modifications in eQSuite.**
- **For more information, please visit www.ColoradoPAR.com**

Pediatric Behavioral Therapy

- On March 30, 2018, Pediatric Behavioral Therapy will have a new look in eQSuite!
- New features will include:
 - Behavioral Therapy will now have its own setting
 - Clinical questions are specific to Colorado Medicaid Criteria for Pediatric Behavioral Therapy
 - The ability to modify PARs if additional units are needed or if reallocations among codes are needed
 - Continued Stay will be available for ongoing PARs for the same client

Pediatric Behavioral Therapy

Creating a New Review:

- The first step in submitting an initial PAR in eQSuite is to gather all required information and log into eQSuite
- Click Create New Review in the menu bar
- Enter the appropriate information in the Review Type and Settings section
- Select either Yes or No to indicate whether you (the Requesting Provider) are also the Billing Provider
- If You are the Billing Provider, select Yes, and the Billing Provider ID and Billing Provider Name fields will automatically populate with the Requesting Provider's information
- If You are not the Billing Provider, select No, enter the appropriate Health First Colorado ID Number in Billing Provider ID field

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- Select Behavioral Therapy as the setting (previously you selected medical as the setting)
- Ensure Admission is selected as the Review Type for the first review per client in the new system (Note: “Admission does not refer to an inpatient admission; it simply denotes an initial PAR submission in eQSuite).
- You will need to enter ALL PARs beginning March 29th as an admission. Once you enter each new review as an admission, you will be able to modify that PAR if needed. You will also be able to enter all subsequent requests for the same client as a continued stay under the initial PAR request. (Note: You will not be able to modify an existing PAR or enter a continued stay for those entered prior to 3/29/18 in eQSuite. Modifications for those PARs will need to follow the previous method)
- Enter the Ordering Provider’s Individual Health First Colorado ID Number in the Medicaid # field.
- Answer the remaining questions on the start tab appropriately (Note: Please provide a Start of Care, Proposed Start of Care and Actual Start of Care Dates)

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start

Review Type and Settings

Requesting Provider ID: 00033871
 Requesting Provider NPI: 1922090844
 Requesting Provider Name: Test Behavioral Therapy Provider

Are you the Billing Provider? Yes No
 Billing Provider ID: 123456789
 Billing Provider NPI: 987654321
 Billing Provider Name: Test Behavioral Therapy Provider

Choose Setting: Surg/Nonsurg Eval Outpt PT/OT or CRT Outpt Mol Testing Outpt Diag Imaging DME-Orthotics Behav Therapy Immunization - Synagis

Review Type: Admission eQHealth PAR Number:

Client ID: 123456789 Name: Jane Doe DOB: 2/1/2004 Sex: Female

Physicians and Healthcare Practitioners

Type	Medicaid #	NPI #	Name	Phone #
Edit Ordering Provider				

Start of care:
 Proposed D/C Date:
 Actual D/C Date:

Is this a request to review ongoing behavioral therapy services provided by your organization? (i.e. extending or continuing services from a previous PA#) Yes No

Where will the procedure be performed? If Other, explain on the Summary Tab. (None)

Did the client receive eligibility for Medicaid after some of the requested services were provided? Yes No

Did the client receive eligibility for Medicaid after all of the requested services were provided? Yes No

Is this an Early Intervention Service? Yes No

Is there an IFSP in effect? Yes No

Untimely PAR request? If yes, explain on the Summary Tab. Yes No



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Providing Diagnosis and HCPCS Information

- Once you have completed entering the PAR's preliminary information, you must provide information regarding the member's diagnosed medical condition as well as the service (s) intended to treat the member's condition. Follow the steps below to provide information on the Diagnoses Tab:
- Click the Diagnoses Codes/Items tab to display its contents (ex. R620 Delayed milestone in childhood; F840 Autistic Disorder)
- Enter the appropriate ICD-10 Code (**without the decimal point**)
- Enter the appropriate treatment code, request dates and units needed
- Click Continue to proceed

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Start | DX CODES/ITEMS |

Add		Search	Refresh	
P	ICD Code	Description		
Y	F3131	BIPOLAR DISORDER CURRENT EPISODE DEPRESSED MILD	Edit	Delete

Add						Refresh	
CPT ^(R) Code	Modifier1	Description	From Date	Thru Date	Total Units		
H0046	TJ	Adaptive behavior treatment, administered by technician.	04/01/2018	08/26/2018	1220	Edit	Delete

CANCEL PARTIAL SAVE CONTINUE

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Item Code/Add Edit Pop-Up Page

- To add an Item Code or edit a code, follow these steps below:
- Click Add in the Item grid to prompt the Item Code Add/Edit
- Enter the appropriate /item code in the CODE field and provide the appropriate description
- Select any applicable modifiers from the Modifier drop-down boxes
- Use the From Date and Thru Date fields to define a date range during which the PAR will be valid.
- Enter the total number procedure/item units to be authorized in the Total Units field
- Click Add followed by Close to close the Item Code Ad/Edit Screen

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Item Code Add/Edit Page

Item Code Add/Edit Page

Code: (Select Code)

Description: (Select Code)

Modifier: H0046
T1024

From Date:

Thru Date:

Date Calculator

Total Units:

[Add](#) [Close](#)

<https://testweb.eqhs.local:443/cowebportal/PopupPages/ItemCodePage.aspx>

Clinical Information Tab

- Once you have completed entering Diagnosis and Procedure information, you may be required to answer several clinical questions specific to the Procedure(s) being authorized.
- It is very important that you do not skip this section. To the best of your knowledge of the member's clinical history, please answer every question appropriately.
- Follow these steps to provide information on the Clinical Info tab:
 - Click the Clinical Info Tab
 - Answer each question on the Clinical Info tab (Your PAR will not be denied based on the answers to these questions, however, the review may be pended until the answers are received)
 - Once all questions have been answered appropriately, click the Save/Continue Button

Clinical Information Tab

Question	Yes/No	Yes/No/NA	Check all that apply	Check one	Text
Behavior Analysis					
Has the child received behavioral therapy services from your organization in the past 0-6 months?	<input type="radio"/> YES <input type="radio"/> NO				
Has the child received behavioral therapy services from a different organization in the past 0-6 months?		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A			
How long was the child on a wait list prior to scheduling the assessment?					
The child was not on a wait list				<input type="checkbox"/>	
The wait was one month or less				<input type="checkbox"/>	
The wait was between one and three months				<input type="checkbox"/>	
The wait was between three and six months				<input type="checkbox"/>	
The wait was longer than six months				<input type="checkbox"/>	
Has the child been diagnosed with a condition for which behavioral therapy services are recognized as therapeutically appropriate?	<input type="radio"/> YES <input type="radio"/> NO				
What screening tool was used to determine the need for behavioral therapy?					<input type="text"/>
Does the child behavior or skill deficit interfere with participation in home, school, or community activities?	<input type="radio"/> YES <input type="radio"/> NO				
Does the child present a safety risk to themselves or others? Select all that apply					
The child does not present a safety risk:			<input type="checkbox"/>		
Injury to self			<input type="checkbox"/>		
Aggression towards others			<input type="checkbox"/>		
Destruction of property			<input type="checkbox"/>		
Stereotyped or repetitive behaviors			<input type="checkbox"/>		
Elopement tendencies			<input type="checkbox"/>		
Is the child medically stable and can remain in a home environment without the need for 24-hour monitoring?	<input type="radio"/> YES <input type="radio"/> NO				
Is the primary caregiver willing and able to support the child's therapy?	<input type="radio"/> YES <input type="radio"/> NO				
What percentage of progress overall has the child made toward previous goals?					
0-10%				<input type="checkbox"/>	
11-25%				<input type="checkbox"/>	
26-50%				<input type="checkbox"/>	
51-75%				<input type="checkbox"/>	
>75%				<input type="checkbox"/>	
Have less intrusive or less intensive behavior interventions been provided or considered?	<input type="radio"/> YES <input type="radio"/> NO				
Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?	<input type="radio"/> YES <input type="radio"/> NO				
Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?	<input type="radio"/> YES <input type="radio"/> NO				
REMINDER: a signed treatment plan must be provided with the review request that describes the following:					
• Outlines specific and measurable goals					
• How the direct treatment hours will be delivered at a sufficient intensity to achieve treatment plan goals					
• Evaluation plan to measure the impact of the treatment on the child's behavior/skills					
• Measure of functional improvement changes that have proven to be durable post the treatment session, confirmed through data and documented in charts and graphs					

Clinical Questions

- Is this a request to review ongoing behavioral therapy services? (i.e. extending or continuing services from a previous PAR) Yes/No
- Has the child received behavioral therapy services from your organization in the past 0-6 months? Yes/No
- Has the child received behavioral therapy services from a different organization in the past 0-6 months? Yes/No/Don't Know
- How long was the child on a wait list prior to scheduling the assessment? You will chose from a drop down list of timeframes.
- Has the child been diagnosed with a condition for which behavioral therapy services are therapeutically appropriate? Yes/No
- List the name of the screening tool used to determine the need for behavioral therapy.
- Does the child's behavior or skill deficit interfere with participation in home, school or community activities?

Clinical Questions Continued

- Does the child present a safety risk to themselves or others? Select all that apply
- Is the child medically stable and can remain in the home environment without the need for 24-hour monitoring? Yes/No
- Is the primary caregiver willing and able to support the child's therapy? Yes/No
- What percentage of progress overall has the child made toward previous goals? Select a percentage range
- Have less intrusive or less intensive behavior interventions been provided or considered? Yes/No
- Have other therapy services such as occupational therapy, physical therapy or speech therapy been provided or considered? Yes/No
- Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors or maintaining desired behaviors? Yes/No

Summary Tab

- Utilize this free for text box to enter any additional information to support your request or you feel is needed to complete the review
- Once complete, click submit for review.

Summary Tab

Start | DX CODES/ITEMS | Clinical Info | **SUMMARY** |

Please enter any additional information you feel is needed to complete utilization review here. Explain the reason for untimely submission of the PAR request, when applicable. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT

Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services.

By clicking [Submit for Review] you are attesting to the above.

CANCEL | PARTIAL SAVE | SUBMIT FOR REVIEW

Uploading Documents

- After choosing submit for review, you will be directed to another page to upload required documents
- Click link attachment

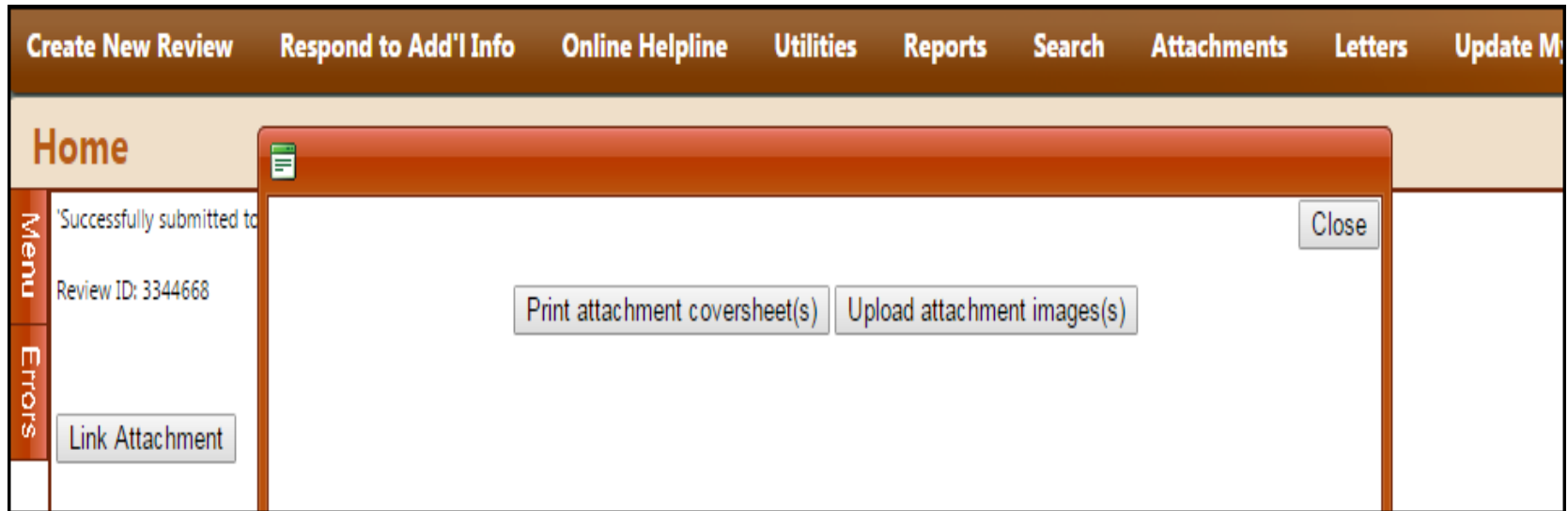
Note: If this page does not display immediate after submission, click Attachments in the menu bar and click Link Attachment in the row containing your PAR



The screenshot displays the eQH Solutions web interface. At the top, a navigation bar contains the following menu items: 'Create New Review', 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', 'Search', 'Attachments', 'Letters', and 'Update My'. Below this is a 'Home' header. The main content area shows a confirmation message: 'Successfully submitted to eQHS for review.' followed by 'Review ID: 3344668'. On the left side, there is a vertical menu with 'Menu' and 'Errors' sections. Under the 'Errors' section, a button labeled 'Link Attachment' is visible, and a black arrow points to it from the right.

Uploading Documents Continued

- If you plan to fax in your supporting documentation, click print attachment coversheet. Otherwise, chose upload attachment images to upload your documents electronically
- If faxing, print the bar coded fax coversheet. This coversheet will automatically link the documentation to your review



Continued Stay/Modification

Stay tuned for upcoming training sessions regarding submission of modifications and continued stay reviews.

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Questions?

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**For more information on
Provider Resources visit**

www.coloradopar.com

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Thank You!