

Provider Revision Guide: DME

**(Prior Authorization Requests (PARs) issued by eQHealth Solutions with
From Date on or after September 1, 2015)**

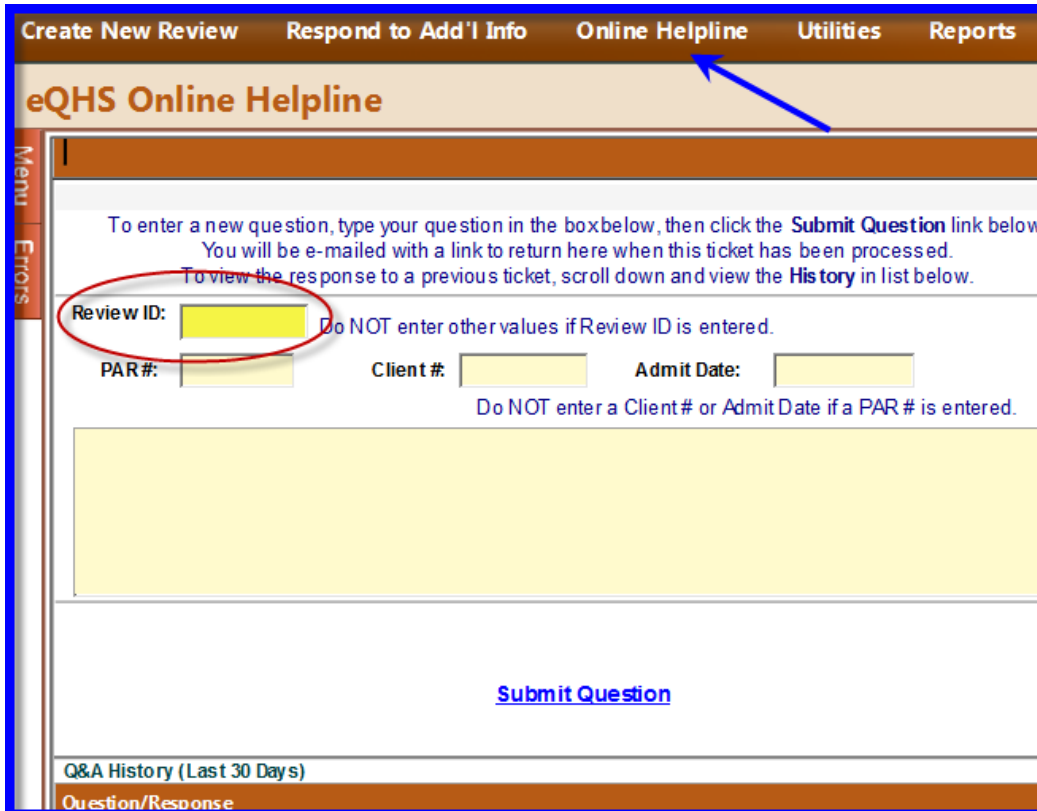
Use APS revision guide instructions for all PARs issued prior to September 1, 2015

A revision is considered a change to an existing PAR. Please follow the specific guidelines below when requesting a change to an eQHealth issued PAR:

1. Submit a Helpline Ticket:

- To change a billing Provider ID to an affiliated facility

*If the request pertains to a specific PAR, always enter the Review ID number.
If the request is not related to a specific PAR; simply enter the details of your request.*



The screenshot shows the 'eQHS Online Helpline' interface. At the top, there is a navigation bar with the following items: 'Create New Review', 'Respond to Add'l Info', 'Online Helpline' (highlighted with a blue arrow), 'Utilities', and 'Reports'. Below the navigation bar is the 'eQHS Online Helpline' header. The main content area contains the following text: 'To enter a new question, type your question in the box below, then click the **Submit Question** link below. You will be e-mailed with a link to return here when this ticket has been processed. To view the response to a previous ticket, scroll down and view the **History** in list below.' Below this text is a form with the following fields: 'Review ID:' (circled in red), 'PAR #:', 'Client #:', and 'Admit Date:'. Below the form is a large yellow text area. At the bottom of the form area is a blue button labeled 'Submit Question'. At the bottom of the page is a section titled 'Q&A History (Last 30 Days)' with a sub-header 'Question/Response'.

NOTE: A new PAR number will be issued for any change made to an existing PAR. Once changes have been approved and completed the new PAR number will be located in eQSuite®.



2. **Submit a Modify Authorization Review Type***: See examples below.

- To add units to a procedure code(s) on an existing PAR within the same date span
 - Only enter the date span needed. Enter the code and ADDED units needed. Units already reviewed do NOT need to be entered.
- To add a new procedure code on existing PAR within the same date span
 - Only enter the date span needed. Enter the new code needed. Codes already reviewed do NOT need to be entered.
- To change or add modifiers for a procedure code on existing PAR. Rentals and purchases may have different clinical criteria for medical necessity.

IMPORTANT! Modify Authorization requests should ONLY contain procedure codes with the date span needed.

Clinical documentation must be attached/uploaded to this PAR to support medical necessity.

Examples:

- If a CPAP was authorized and additional CPAP supplies are needed in the same timeframe, enter Modify review for the codes that need review only.
- If additional units of supplies authorized are needed, enter Modify authorization review for additional units only. Do NOT enter units that were already approved.

* Select Review Type Modify Authorization and include the eQHealth PAR number*

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

Choose Setting: Surgical/Nonsurgical Outpt Therapy/CRT Eval Outpt Molecular Testing Outpt Diagnostic Imaging DME - Orthotics

Therapy Services: PT OT CRT Evaluation/Assessment

Review Type: **Modify Authorization** eQHealth PAR Number: (or) APS PAR Number:



3. Submit an Admission Review Type:

- To change the billing provider (end non-affiliated provider services)
 - As the new provider of care, the *Change of Provider* form is required and must be uploaded or faxed with an Admission PAR.
 - From Date will be the day after services end with previous provider.

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

Review Type: eQHealth PAR Number: (or) APS PAR Number:



Definitions of Review Types

1. **Admission (Initial PAR request)** – Select this review type for a new/initial PAR request.

Please note: Admission is the terminology in eQSuite® for a new/initial PAR request and does not indicate a hospital inpatient admission. The review type “admission” should be used for the majority of PARs submitted through eQSuite®.

2. **Retrospective PAR** – Select this retrospective review type if the service has already been rendered. There are several reasons for a retrospective review, including retrospective eligibility. This type of request should be submitted as soon as possible to allow sufficient time for prior authorization to occur prior to submission of the claim within the HCPF timely billing requirements.

3. **Modify Authorization (PAR Revision)** – Select this review type when there is a clinical need to increase or decrease units in a currently approved PAR or to add a new service code within the same “from” and “thru” dates to an existing eQHealth PAR.