

Provider Revision Guide: PDN

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

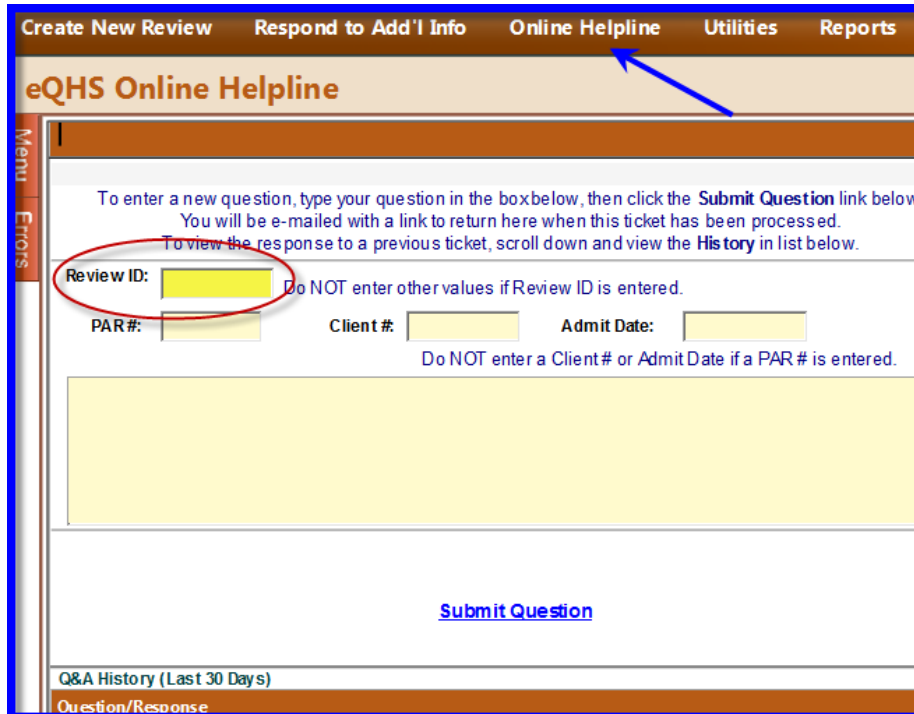
Use APS revision guide instructions for all PARs issued prior to September 1, 2015

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 reallocate existing and approved units for LPN and RN procedures codes.
**Review for medical necessity is NOT required; do NOT submit a new request. **
(Note: if you need to request *additional* units, submit a modify authorization review type)
- To change, add or remove modifiers for a procedure code on existing PAR
- 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.*



NOTE: A 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.

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 you have RN services and need to add LPN services within the same date span, enter Modify review. Enter only the date span LPN services are needed and LPN code. Services already authorized to NOT need to be entered.
- Original PAR from March 1 thru April 30, 2016 for 16 units for Code 97110. Need additional 8 units for a limited date span (April). Submit a Modify Authorization request for Code 97110, with dates from April 1-30, 2016 for a total of 8 units. Do NOT enter Units already authorized.

* 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:

RETRIEVE DATA



3. **Submit a Continued Stay (Cont Stay) Review Type***:

- To extend the date span for an existing PAR (not to exceed 1 year timeframe)
 - The From Date for new review should be the day after the Thru Date on previous review.

Select Review Type Cont Stay 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: **Cont Stay** eQHealth PAR Number: (or) APS PAR Number:

4. **Submit an Admission Review Type:**

- To change the billing provider (end non-affiliated provider services)
 - As the new provider of care, a *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: **Admission** 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. **Cont Stay** – Select this review type to extend the date span for any previously requested PDN services.

3. **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.

4. **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.