MEDICAL AUTHORIZATION USING INTERQUAL

April 2021
CLASS DESCRIPTION

This class covers the prior authorization (PA) submission for InterQual®-related procedures and provides resolutions to common errors within the InterQual® review. PAs related to behavioral health, dental, durable medical equipment (DME), therapy (OT/PT/ST), pharmacy and waiver are not included.

Note: This webinar will not include managed care organization (MCO) changes or Medicaid Expansion. For more information, click on the banner from the homepage.

Recommended Audience: Providers who submit PAs related to surgeries, procedures and high-tech imaging.
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of April 2021.

• Current information can be found on the OHCA public website: www.Oklahoma.gov/ohca
AGENDA

• Verification
  - Eligibility Verification
  - Treatment History
  - Fee Schedule
• Prior Authorizations
  - PA Submission
  - InterQual® Review
• Reminders
• Resources
• Questions
VERIFICATION
Select **Eligibility Verification** to verify member eligibility.
Enter the SoonerCare Member ID.

Enter the From Date and To Date of Service.
Eligibility must show Title 19 for active benefits.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title 19</td>
<td>09/21/2020</td>
<td>09/21/2020</td>
<td></td>
</tr>
<tr>
<td>Waiver Advantage</td>
<td>09/21/2020</td>
<td>09/21/2020</td>
<td></td>
</tr>
<tr>
<td>Non Emergency Transportation</td>
<td>09/21/2020</td>
<td>09/21/2020</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>09/21/2020</td>
<td>09/21/2020</td>
<td></td>
</tr>
</tbody>
</table>
Select **Treatment History** under the **Eligibility** tab.
**TREATMENT HISTORY**

<table>
<thead>
<tr>
<th>Member Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the Member ID. If Member ID is valid, the rest of the member information will populate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Member ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>012345678</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the dates of service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Service From Date</th>
<th>To Date</th>
<th>*Procedure Code Type</th>
<th>*Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2020</td>
<td>09/21/2020</td>
<td>CPT/HCPCS</td>
<td>62323</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search</th>
<th>Reset</th>
</tr>
</thead>
</table>

- **Member ID** – Enter the SoonerCare member ID.
- **Service From and To Date** – Enter the dates of service.
- **Procedure Code Type** – Select CPT/HCPCS or Revenue.
- **Procedure Code** – Enter the procedure code.
Search Results will reflect the date when services were rendered and how many units were billed.
Select **Search Fee Schedule** under the **Resources** tab.
FEE SCHEDULE

- **Procedure Code** – Enter the procedure code.
- **Date of Service** – Enter the date of service.
- **Age** – Enter the age of the member.
- **Modifiers** – Used for pricing of procedures.
FEE SCHEDULE

Pricing and Limitations:
- Non-Facility Place of Service Allowed Amount: $225.08
- Facility Place of Service Allowed Amount: $92.45
- PA Required
- Maximum Units: 1
- Age Restriction: 0 - 999
- Medical Review is Not Required
- Gender: Both
- Attachment is Not Required
- Not a Lifetime Procedure
- Not restricted to any Diagnosis
- Billing Provider not restricted to any Specialty
- Rendering Provider restricted to certain Specialty
- Ambulatory Surgical Facility Fee: $0.00
- Ambulatory Payment Classification Fee: $0.00
- Discounted: NA

Search Results will show if a PA is required.
PRIOR AUTHORIZATIONS
Select **Create Authorization** under the **Prior Authorizations** tab.
Requesting Provider Information – This will automatically populate the provider logged in.

Member Information – Enter the SoonerCare Member ID.
Service Provider Information is only required for durable medical supplies/equipment/appliances, prosthetics, orthotics, home health, hospice, specialized nursing and vision care services. All other types leave this blank.
Transmission Method: EL = Electronic Only
• Accepted file types: JPG, PDF, TIF, XPS.
• Up to 10 MB.
• Only the first line item requires attached documents.
PA SUBMISSION

- **Upload File** – Select **Browse** to locate the attachments.
- **Description** – Enter a brief description of the documentation. Click **Add**.
PA SUBMISSION

- The transmission method, file and control number will reflect if the documentation is successfully attached to the PA line item.
- The system will populate another blank section if additional documents need to be added.
• Assignment Code – Select the appropriate assignment code.

• Managed Care, Fund, Letter – Leave blank.
Diagnosis Code – Enter the primary diagnosis code without the decimal point, then click Add.
Remarks (optional) – Enter a contact name and telephone number of the person submitting the PA request. For items listed as miscellaneous, enter the line item and description in the remark field. Select Add.
**From Date** and **To Date** – Enter the date range.
- Therapy – No retro
- Imaging – MRA, MRI, CT, PET 3-day retro**
- All others – 30-day retro**

**from the initial date of service**
**PA SUBMISSION**

- **Code Type** – Select Procedure Code or Revenue.
- **Code** – Enter the procedure code.
- **Thru Code** – Currently only allowed for certain medical supplies/equipment/appliances. Do not use thru codes for therapy, imaging, surgery or other medical procedures.
Modifiers – Use appropriate modifiers, if applicable. Up to four modifiers can be entered.
Modifiers TC and 26 entered on the same line of the PA will cause claims to deny.
If using a TC and 26 modifier, enter two separate PA lines. First line for one unit with the TC modifier, second line for one unit with the 26 modifier.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/2020</td>
<td>12/21/2020</td>
<td>73721-MRI JNT OF LWR EXTR W/O DYE</td>
<td>TC</td>
<td>1</td>
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<tr>
<td>09/21/2020</td>
<td>12/21/2020</td>
<td>73721-MRI JNT OF LWR EXTR W/O DYE</td>
<td>26</td>
<td>1</td>
<td>Copy</td>
</tr>
</tbody>
</table>
**PA SUBMISSION**

<table>
<thead>
<tr>
<th>Modifiers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Units</td>
<td>1</td>
</tr>
<tr>
<td>Dollars</td>
<td></td>
</tr>
<tr>
<td>Payment Method</td>
<td>1-Pay System Calculated Price</td>
</tr>
</tbody>
</table>

Appropriate modifier(s) must be submitted on PA for claims processing.

- **Units** – Enter the number of units.
- **Click Add Service** to save the PA line item.
INTERQUAL® REVIEW

• InterQual® evidence-based questions and answers are currently implemented in the SoonerCare provider portal PA function.

• OHCA currently has high tech imaging, some surgeries and some procedures impacted by the InterQual® medical review guidelines.

• OHCA will continue to add additional services throughout the remainder of the year.
The page will redirect to the InterQual® website if the code entered requires InterQual® review.
Select one code on the recommendation screen. Another line item will need to be entered on the PA if more than one code is required. Click OK to continue.
Select the appropriate **Subset** from the results list for the related procedure entered.
Click the **Smartsheets** tab to download the medical review questions related to the procedure entered.
Select the **Requested Service, Age, and Indication**.
The Smartsheets are designed with step-by-step instructions, based on the answer selected.
Click the **Begin Medical Review** button to answer the medical scenario questions.
Select the correct age for the member.
Prior successful injection for same specific condition. Choose one:

- Documented pain relief ≥ 50% improvement
- Documented functional improvement

Or

- Other clinical information (add comment)

Comments must be added if Other clinical information is selected or if applicable.
INTERQUAL® REVIEW

Enter the Reviewer Comments then click ADD COMMENT.
Click **View Recommendations** if no questions remain.
Select Why didn’t a recommendation meet criteria if recommendations are not available.
INTERQUAL® REVIEW

• Follow the rules in each highlighted box and answer the medical scenario questions.
• Click Additional Criteria Completed.
Select the **Recommended** procedure if the procedure is listed within the Recommendations screen.
**INTERQUAL® REVIEW**

Select the appropriate **Code** under the **CPT®** tab and click **Complete**.

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>62323</td>
<td>INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...</td>
</tr>
<tr>
<td>62324</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...</td>
</tr>
<tr>
<td>62325</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...</td>
</tr>
<tr>
<td>62326</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...</td>
</tr>
<tr>
<td>62327</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...</td>
</tr>
</tbody>
</table>
Completing the medical review will be locked and no further edits can be made. Click Yes to continue.
**INTERQUAL® REVIEW**

The following is only a recommendation result, final determination is to follow. Click **OK**.
Click the Save PA Line Item button to save the review.
The page is redirected to the provider portal and the information entered is saved on the PA request.
If no additional codes need to be added, click **Submit**.
Click **Confirm** to submit the request.
Authorization Receipt – The portal will generate a PA number to confirm the request submitted successfully. **This does not mean the PA is approved.**
REMINDERS
• There are no retro authorizations for therapy services.

• There is a 3-day retro limitation for imaging.

• There is a 30-day retro limit for all other services.

• Cancelled or denied PAs are subject to retro limitations and must be submitted as a new request.
REMINDERS

• Emergent/Urgent PAs are medical conditions defined as loss of life or limb – not due to a scheduling issue.

• For Emergent/Urgent PA requests:
  1. Submit the PA with supporting documentation.
  2. E-mail the MAUAdmin@okhca.org with the subject Emergency PA.
  3. Include the PA number and reason for the emergency.
  4. Provide a contact name and telephone number.
RESOURCES
MEDICAL PA RESOURCES

For medical prior authorization inquiries regarding clinical documentation or urgent requests, please email MAUAdmin@okhca.org

*Additional resources are available at www.Oklahoma.gov/ohca/providers/medical-authorization-unit
HELPFUL TELEPHONE NUMBERS

• OHCA call center
  - 800-522-0114 or 405-522-6205; option 1

• Internet help desk.
  - 800-522-0114 or 405-522-6205; option 2, 1

• EDI help desk.
  - 800-522-0114 or 405-522-6205; option 2, 2
RESOURCES

OHCA policy and rules:


- Provider policies and rules and Oklahoma Health Care Authority Medicaid rules.
  - Chapter 25 – SoonerCare Choice.
  - Chapter 30 – Fee-for-Service.
HELPFUL LINKS

- Agency website
  - www.oklahoma.gov/ohca
- OHCA provider portal
  - www.ohcaprovider.com
- Provider training
  - www.oklahoma.gov/ohca/providers/provider-training
- Medicaid managed care
  - www.oklahoma.gov/ohca/about/medicaid-expansion/soonerselect
- Medicaid expansion
  - www.oklahoma.gov/ohca/about/medicaid-expansion/expansion
A revised version of the OHCA provider quick reference guide is now available.

Visit the provider training page at www.oklahoma.gov/ohca/providers/provider-training to download a copy.
Visit our site recently?
Visit the OHCA website at oklahoma.gov/oha for more information about the agency, our policies and programs.

Don’t miss out on webinar opportunities!
OHCA hosts a variety of free learning sessions available for SoonerCare providers and staff. Virtual learning sessions occur three to five times a month on a variety of topics. One is the Introduction to Oklahoma SoonerCare webinar. This training provides information on the basics of SoonerCare. Another webinar is Provider Training. The provider training page features webinar descriptions, registrations, training presentations and previously recorded webinar sessions.

Provider Education Specialists are available to assist you.
Provider education specialists are available for telephonic or virtual training with providers and health-related community workgroups and coalitions. Education specialists can answer questions about OHCA policy, programs and procedures, claim issues, and navigate the SoonerCare Provider Portal.

Training can be requested via email. Please include a brief description of the issue or topic in question, the provider’s name and SoonerCare ID number, a return phone number, and a contact name with your training request.

Send training requests to:
Email: Soonercare.education@oha.org

For immediate claims or policy assistance, please call the OHCA provider helpline at 800-522-0194.

How do I schedule Soonercare?
Contact the Care to schedule non-emergency transportation reservations online. You can view all scheduled trips for your facility for any specified day. TripCare’s dashboard allows you to manage trip requests and reservations, and inform which transportation provider is assigned to each reservation. Schedule rides at least three business days before appointment at tripcare.healthplans.com or call 800-433-1276.

Revised: December 29, 2020

How do I update my provider file?
The SoonerCare Provider Portal allows contracted providers the opportunity to maintain their essential contract information. Administrators and providers can make changes and updates to their provider file through the secure SoonerCare Provider Portal at provider.oklahoma.gov/older-provider-training. The provider training page features webinar descriptions, registrations, training presentations and previously recorded webinar sessions.

Providers can update the following:
- Billing information
- Address and Contact Information
- Medicare
- Prior Authorization比亚迪
- View Contract Types and Dates
- Complete Contract Renewal (Opt-in only if you wish to renew your contract)

How do I use Electronic Data Interchange (EDI)?
EDI handles processing and troubleshooting of all electronic batch files that are uploaded in the OK Medicaid Provider Portal under files exchange. In addition, electronic batch files must complete an EDI/ERA application for providers and test with small K-2 Software, or have a contract with an OK Medicaid clearinghouse that will submit files on your behalf.

EDI accepts electronic batch submissions of 837 (professional, institutional, dental, 837ST, 837T and 270) and batch files. Processing of a batch file can take an average of four hours to process once uploaded in the SoonerCare Provider Portal. The EDI department also processes EDI applications to set up a provider for 837 electronic remittance advice services. Contact the EDI helpdesk at 800-522-0194 for questions or concerns regarding EDI transmission and processing.

How do I verify eligibility using the Eligibility Verification System (EVS)?
In the OHC area, call 800-540-0562 or toll-free, 800-767-3948. You must have the SoonerCare provider ID number and EVS PIN. Enter your 9-digit provider ID number and location code followed by A. Enter your 4-digit EVS PIN followed by A. Available 20 hours a day, 7AM-7AM. Eligibility can also be checked on the SoonerCare Provider Portal.

TRANSACTION CODES
1. Member Eligibility
2. Provider Warrant
3. Prior Authorization
4. Claims Inquiry
5. Change EVS/AVS PIN

Revised: December 29, 2020

OHCA Quick Reference Guide
TRAINING RESOURCES

• Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider name and ID, contact information, and a brief description of what assistance is being sought.)
  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

• Monthly webinars
• How-to videos
QUESTIONS?