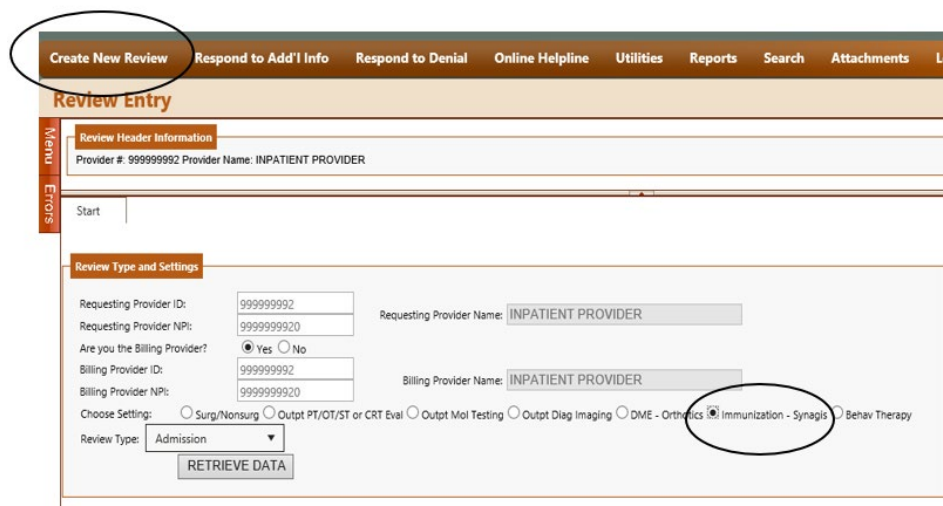


# How to Enter in a Synagis® Request

Please [login to eQSuite®](#) to start the review process and click on “Create New Review”. Your Provider information will be auto generated based upon the user information that was sent to us on your [access request form](#).

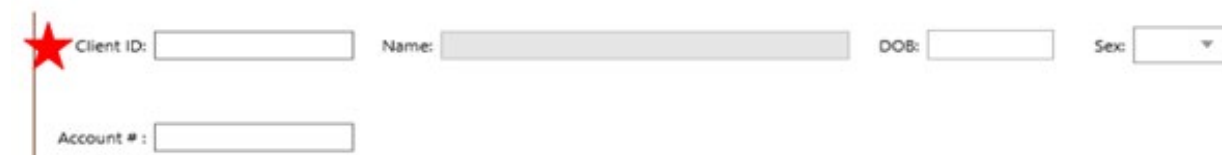
You will be prompted to select if you are the billing provider. If so, you will click yes, and your information will generate. If you select “No”, you will be prompted to enter the Billing Providers Medicaid ID Number. You will then select “Immunization-Synagis” for your setting and select Admission as the review Type. Then click Retrieve Data.



The screenshot shows the 'Review Entry' interface. At the top, a navigation bar contains several options, with 'Create New Review' circled. Below this is a 'Review Header Information' section showing 'Provider #: 99999992' and 'Provider Name: INPATIENT PROVIDER'. The main section is 'Review Type and Settings', which includes fields for 'Requesting Provider ID' and 'Requesting Provider NPI', both containing '99999992'. It also has a 'Requesting Provider Name' field with 'INPATIENT PROVIDER'. A question 'Are you the Billing Provider?' has 'Yes' selected. Below that, 'Billing Provider ID' and 'Billing Provider NPI' are both '99999992', and the 'Billing Provider Name' is 'INPATIENT PROVIDER'. The 'Choose Setting' section has several radio buttons, with 'Immunization - Synagis' circled. The 'Review Type' dropdown is set to 'Admission'. A 'RETRIEVE DATA' button is at the bottom of this section.

Once you have clicked on Retrieve Data the screen will open for you to enter the Beneficiary information.

You will enter the Medicaid ID Number for the Client. Once you hit enter or tab the patients Name, DOB and Gender will auto populate.



The screenshot shows a form for entering beneficiary information. It includes a red star icon on the left. The fields are: 'Client ID:' with an empty text box, 'Name:' with a greyed-out text box, 'DOB:' with an empty text box, 'Sex:' with a dropdown menu, and 'Account #:' with an empty text box.

The next field to complete will be the Ordering Provider, you will click on edit and the system will prompt you to enter the Medicaid ID Number for the Ordering Physician. The start of care date will be entered, and you will then have a series of questions you will need to answer.

Physicians and Healthcare Practitioners

Type	Medicaid #	NPI #
<a href="#">Edit</a> Ordering Provider		
<a href="#">Edit</a> Consulting Surgeon		

Start of care:

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

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

For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab.  Yes  
 No

CHECK KEY

Once you have completed answering the questions you will click “Check Key.” This button will verify that all required fields have been completed and show if there are any errors. Once the system checks are complete and there are no errors, the DX/Procedures tab will generate, and you will be prompted to enter the Diagnosis and the CPT Code.

The first “Add” button you will enter the DX Code (Without the decimal point)

Start | DX/PROCS

Add Search Refresh

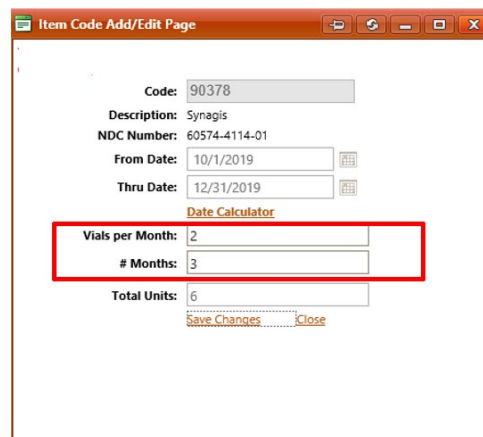
DX Code	Description	Code Identified Date	Principal
No records to display.			

Code	NDC #	From Date	Thru Date	Total Units	Vials/Month	# Months	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Edit</span>
90378	60574-4114-01				0	0	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Edit</span>
90378	60574-4113-01				0	0	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Edit</span>

The CPT Code and NDC# will Pre-Populate, Click “Edit” to enter the Vials per Month and # of Months

Once you have entered the information you will click “Save”

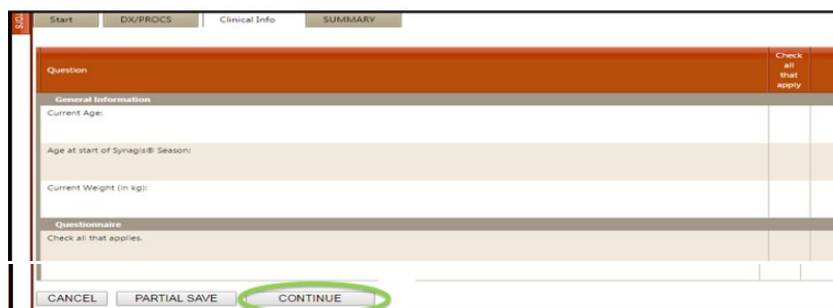
NDC# 60574-4114-01 =50mL- Providers should submit CPT 90378 using 50mL units or 2 x 50mL units (in replacement of the 100 mL units). **DO NOT USE** NDC# 60574-4113-01= 100mL



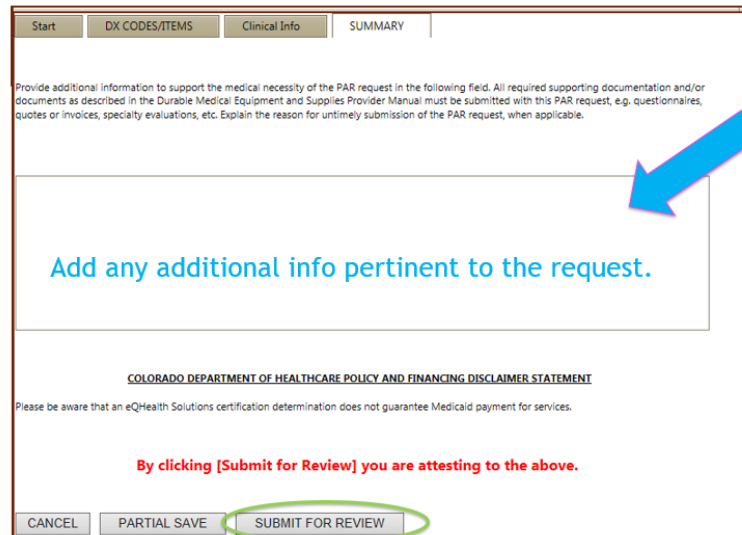
Once you click on “Edit” to enter the number of vials per month and the total number of months, the Total Units will automatically calculate and the Thru date will auto generate based upon how many months you have requested. Once you have completed this information you will click on ‘Save Changes.’

Reminder: Providers to submit CPT 90378-NDC# 60574-4114-01 using 50mL units or 2 x 50mL units (in replacement of the 100 mL units).

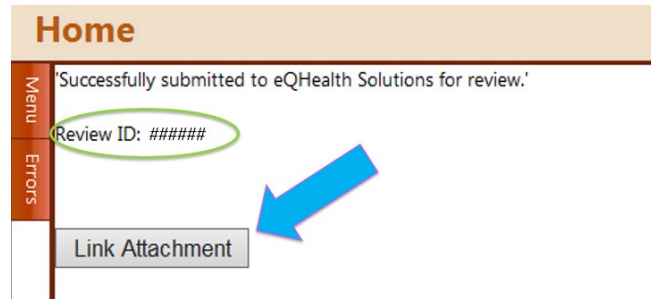
The next tab will be some Clinic Information Questions that you will need to respond to then hit continue.



The summary tab will allow you to enter in any additional information you deem pertinent to the request. You do not have to enter anything in this box.



Once you click submit for review you will be assigned a Review ID.



You will then [submit supporting documentation](#) by clicking Link attachment

What to Expect Next – Once the required documentation has been received, your PAR, as well as the documentation submitted, will be reviewed. On average, it will take up to four (4) business days from the time your documentation is received to receive a determination.

Final Determinations include: Approved, Partial or Full Medical Denial, and Technical Denial.

PAR numbers will be generated within 24-48 hours and are generated for all determinations.

[Check the Status of a PAR](#)

[How to View Determination Letters](#)