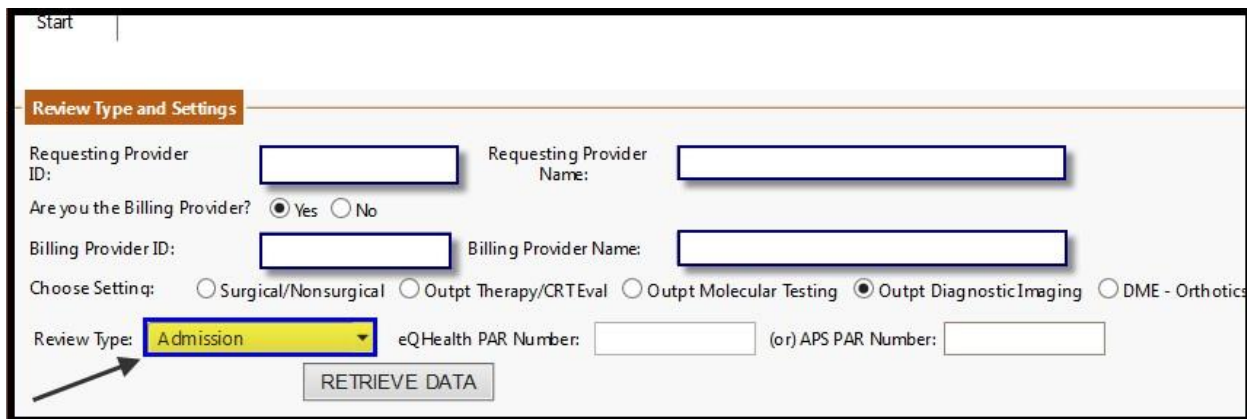


## Definitions of Review Types

This document will provide definitions and clarification about the review types available in eQSuite, and when each type should be selected. This is for both Inpatient and Outpatient Authorizations.

**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 necessarily indicate a hospital inpatient admission. The review type “admission” should be used for your initial PARs for services submitted through eQSuite®.*



Start

**Review Type and Settings**

Requesting Provider ID:  Requesting Provider Name:

Are you the Billing Provider?  Yes  No

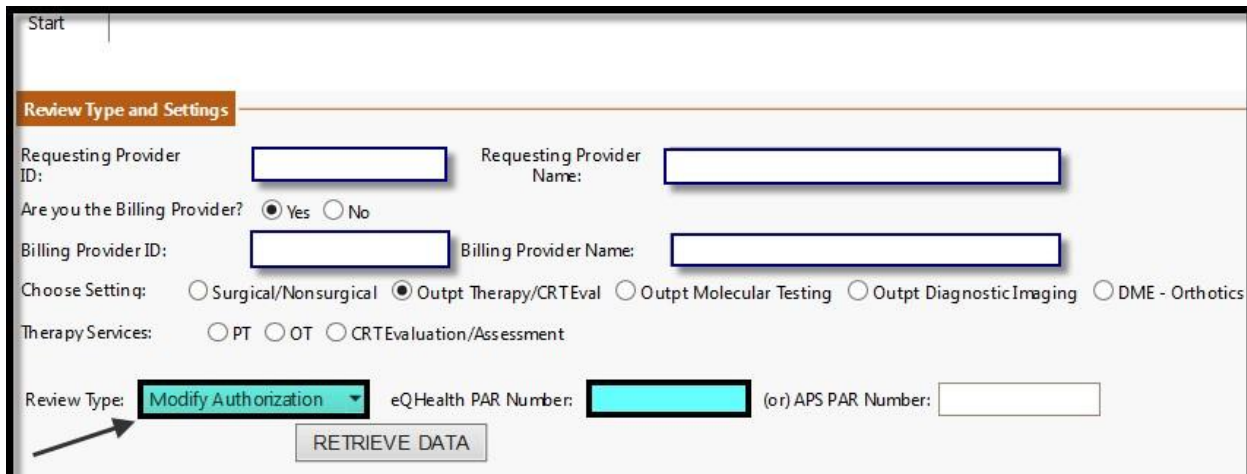
Billing Provider ID:  Billing Provider Name:

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

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

**2. Modify Authorization (eQHealth 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. Inpatient PARS and Surgical PARs cannot be modified.

*Please note: Modify authorization should be not selected if your need is to change "with or without contrast" for Diagnostic Imaging services. A helpline ticket should be submitted for this type of request.*



Start

**Review Type and Settings**

Requesting Provider ID:  Requesting Provider Name:

Are you the Billing Provider?  Yes  No

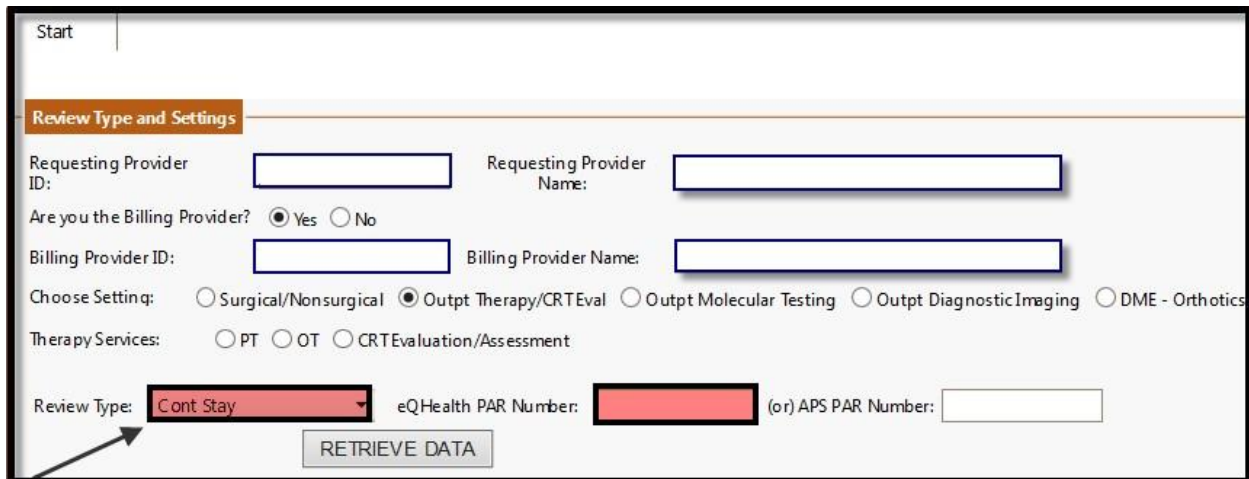
Billing Provider ID:  Billing Provider Name:

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. **Continued Stay** – Select this review type to extend the date span of eQHealth PAR for previously requested services. This is applicable for **Outpatient PARs in PDN, LTHH and Therapy and Pediatric Behavioral Therapy settings**. For **Inpatient Hospital Concurrent Review Requests**, you will choose this option to enter in your Concurrent Review. All other settings will use Admission review type.



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:

RETRIEVE DATA

4. **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.

**Please note:** if submitting retrospectively, you will need to provide the supporting documentation from the Department authorizing the retrospective submission, or eQHealth will contact the Department to receive approval to allow.