

Submitting an Initial PAR

Health First Colorado (Colorado’s Medicaid Program), requires prior authorization for certain services. Healthcare providers in Colorado must submit prior authorization requests (PARs) for *Health First Colorado* members using eQHealth Solutions’ online PAR management software, eQSuite®.

This document explains how to submit an initial PAR in eQSuite®. (Note: Submitting other types of PARs, e.g. retroactive PARs, revisions, and continued stays, is not discussed here. For more information, please visit www.ColoradoPAR.com.)

Each section below is dedicated to a particular step in the initial PAR submission process.

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Section I: Verifying that prior authorization is required

Not all services require prior authorization; some services may be billed directly to *Health First Colorado*, others may not be a covered benefit. Before investing the time needed to gather information and submit a PAR, it is recommended you first determine whether a particular service requires a PAR.

To determine whether a PAR is required for a particular service, follow these steps:

1. Download and open the most recent *Health First Colorado* Fee Schedule
 - a. In your web browser, go to www.ColoradoPAR.com
 - b. Click **Fee Schedules** in the *Quick Resources* section
 - c. Expand the *Health First Colorado (Colorado's Medicaid Program) Fee Schedules* list
 - d. Click **July 2016 Fee Schedule Data File (10/16)** to initiate the file's download
 - e. Open the file
2. Search for the service by its unique CPT/HCPCS code
 - a. Press **CTRL + F** on your keyboard to prompt the *Find and Replace* window
 - b. Enter the service's code in the **Find What** field and click **Find Next** to be taken to the appropriate row in the spreadsheet

Prior authorization is required for the service only if the final column (I), labeled "Prior Authorization Needed", reads "Yes".

(Note: In instances when the final column will read "Sometimes", please consult the appropriate Billing Manual for clarification.)

If the service requires prior authorization, you may proceed to gather required information and submit a PAR.

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Section II: Gathering required information

Once you've determined that a particular service requires a PAR, you may begin gathering information and documents needed to enter the PAR into eQSuite[®] and to submit it for review.

Each of the following items is required:

- Billing Provider ID** (*if different than Requesting Provider ID*)
- Member ID**
- Ordering Provider ID**
- Date on which services were ordered**
- Date(s) of service**
- Diagnosis code(s)**
- Procedure/Item code(s)**
- Modifiers** (*if applicable*)
- Supporting documentation**

For a detailed description of these items as well as other important information, please consult the *Glossary of Terms* at the end of this document.

Once you've secured each of the items listed above, you may proceed to create a new review.

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Section III: Creating a new review

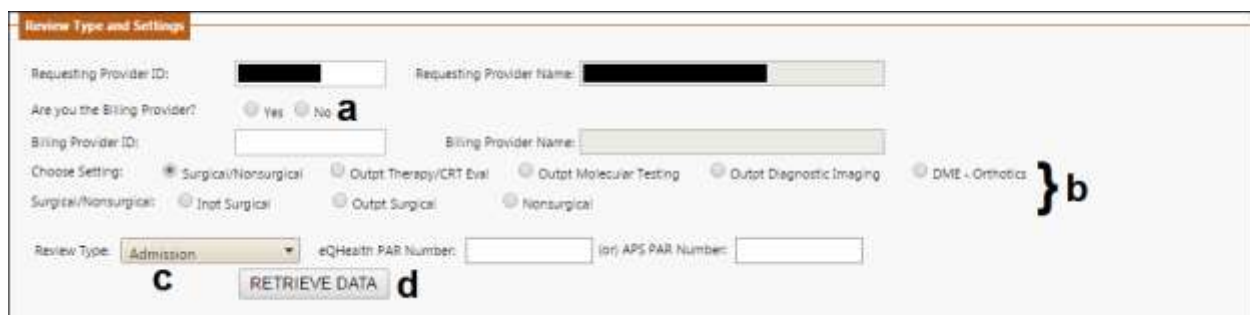
The first step in submitting an initial PAR in eQSuite® after you have gathered all of the required information is to create a new review and begin providing information on the *Start* tab.

Follow these steps to create a new Review in eQSuite®:

1. Click **Create New Review** in the menu bar



2. Enter the appropriate information in the *Review Type and Settings* section

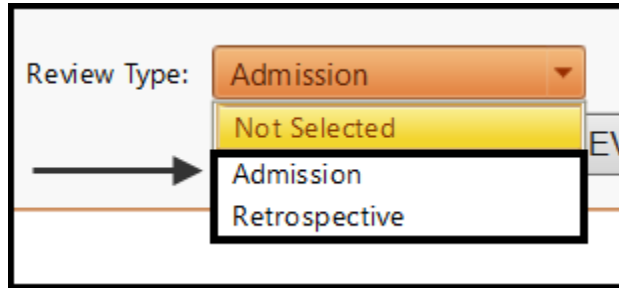


The image shows a form titled 'Review Type and Settings'. It contains several fields and options:

- Requesting Provider ID: [Redacted]
- Requesting Provider Name: [Redacted]
- Are you the Billing Provider?: Yes No **a**
- Billing Provider ID: [Redacted]
- Billing Provider Name: [Redacted]
- Choose Setting:
 - Surgical/Nonsurgical
 - Outpat Therapy/CRT Eval
 - Outpat Molecular Testing
 - Outpat Diagnostic Imaging
 - DME - Orthotics **b**
- Surgical/Nonsurgical:
 - Inpat Surgical
 - Outpat Surgical
 - Nonsurgical
- Review Type: **c** Admission
- eQHealth PAR Number: [Redacted] (or) APS PAR Number: [Redacted]
- d**

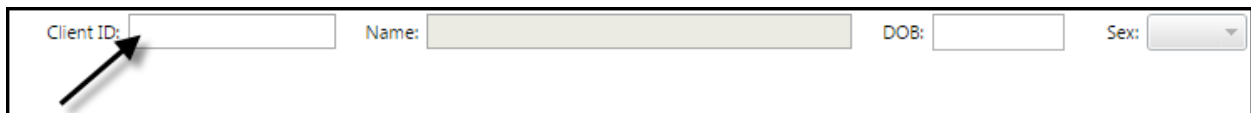
- a. Select either **Yes** or **No** to indicate whether you (the Requesting Provider) are also the Billing Provider
 - If **Yes**, the **Billing Provider ID** and **Billing Provider Name** fields will automatically populate with the Requesting Provider's information
 - If **No**, enter the appropriate *Health First Colorado* ID number in the **Billing Provider ID** field
- b. Select the appropriate radio button(s) specify what type of services will be requested (*Note: these radio buttons are different for each provider type, and for some provider types there are no radio buttons*)

- c. Ensure **Admission** is selected as the Review Type (*Note: “Admission” does not refer to an inpatient admission; it simply denotes an initial PAR submission in eQSuite*)

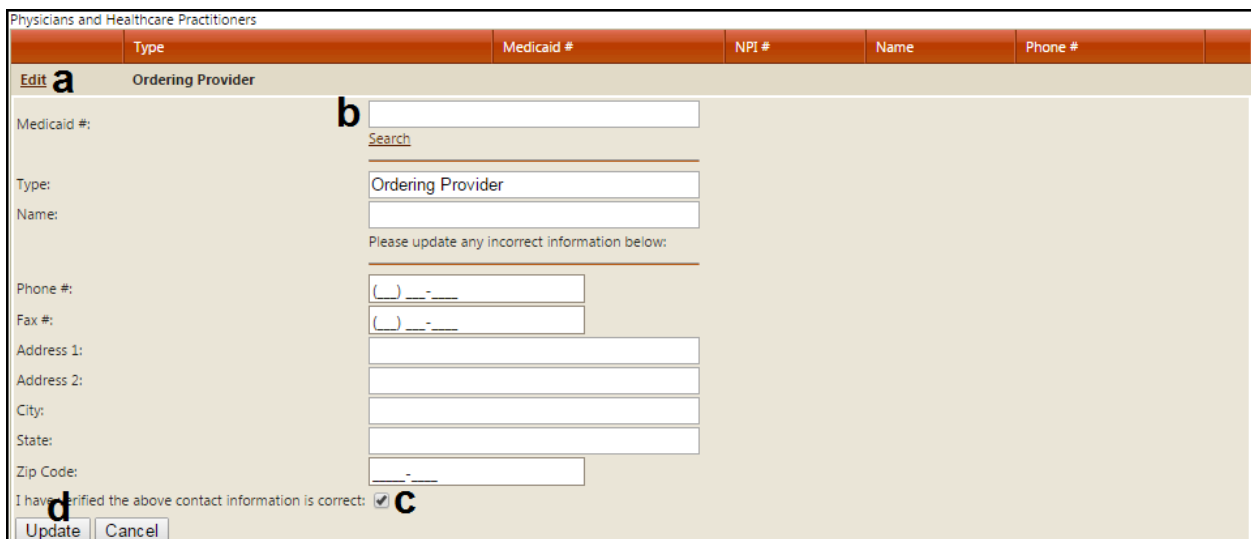


- d. Click **Retrieve Data**

- 3. Enter the Member’s *Health First Colorado* ID number in the **Member ID** field (*Note: pressing **Tab** on your keyboard after you’ve entered the Member ID will populate the adjacent **Name**, **DOB**, and **Sex** fields*)



- 4. Enter the Ordering Provider’s information



- a. Click **Edit** next to “Ordering Provider” in the *Physicians and Healthcare Practitioners* grid
 - b. Enter the Ordering Provider’s individual *Health First Colorado* ID number in the **Medicaid #** field (*Note: pressing **Tab** on your keyboard after you’ve entered the Ordering Provider’s ID will populate the remaining fields*)
 - If you don’t know the Ordering Provider’s *Health First Colorado* ID number, click **Search** to search by either last name or NPI number and select the appropriate provider
 - c. Check the box labeled **I have verified the above contact information is correct**
 - d. Click **Update** (*Note: The **Update** button will appear only after this box is checked*)
5. Answer the remaining questions on the *Start* tab appropriately (*Note: questions may differ depending on provider type*)

Indicate whether you are the:	<input type="text" value="Not Selected"/>
Select type of request:	<input type="text" value="Not Selected"/>
Anticipated or actual date of study:	<input type="text"/>
The reading Radiologist will bill separately from the Facility:	<input type="checkbox"/>
What is the date the study was ordered?	<input type="text"/> <input type="button" value="Calendar"/>
Did the client receive eligibility for Medicaid after some of the requested services were provided?	<input type="radio"/> Yes <input type="radio"/> No
Did the client receive eligibility for Medicaid after all of the requested services were provided?	<input type="radio"/> Yes <input type="radio"/> No
Are the requested services experimental or investigational?	<input type="radio"/> Yes <input type="radio"/> No
For Hospice enrolled patients: Are the requested services related to the treatment of the terminal illness or associated condition? If no, explain on the Summary Tab.	<input type="radio"/> Yes <input type="radio"/> No
Is this an EPSDT service?	<input type="radio"/> Yes <input type="radio"/> No

6. Click **Check Key**

Is this an EPSDT service?	<input type="radio"/> Yes <input type="radio"/> No
Is this an Early Intervention Service?	<input type="radio"/> Yes <input type="radio"/> No
Is there an IFSP in effect?	<input type="radio"/> Yes <input type="radio"/> No
Untimely PAR request? If yes, explain on the Summary Tab.	<input type="radio"/> Yes <input type="radio"/> No
For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab.	<input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="CHECK KEY"/> <input type="button" value="CANCEL"/>	

If you receive an error message, click **Errors** on the left-hand side of the screen and take the appropriate action for each error listed. If there are no errors, the *Diagnoses/Procedures* tab will appear to the right of the *Start* tab.

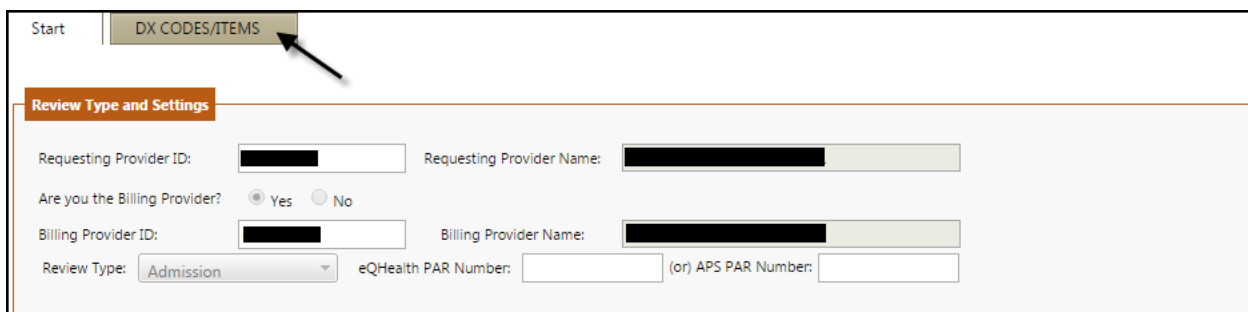
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Section IV: Providing diagnosis and procedure information

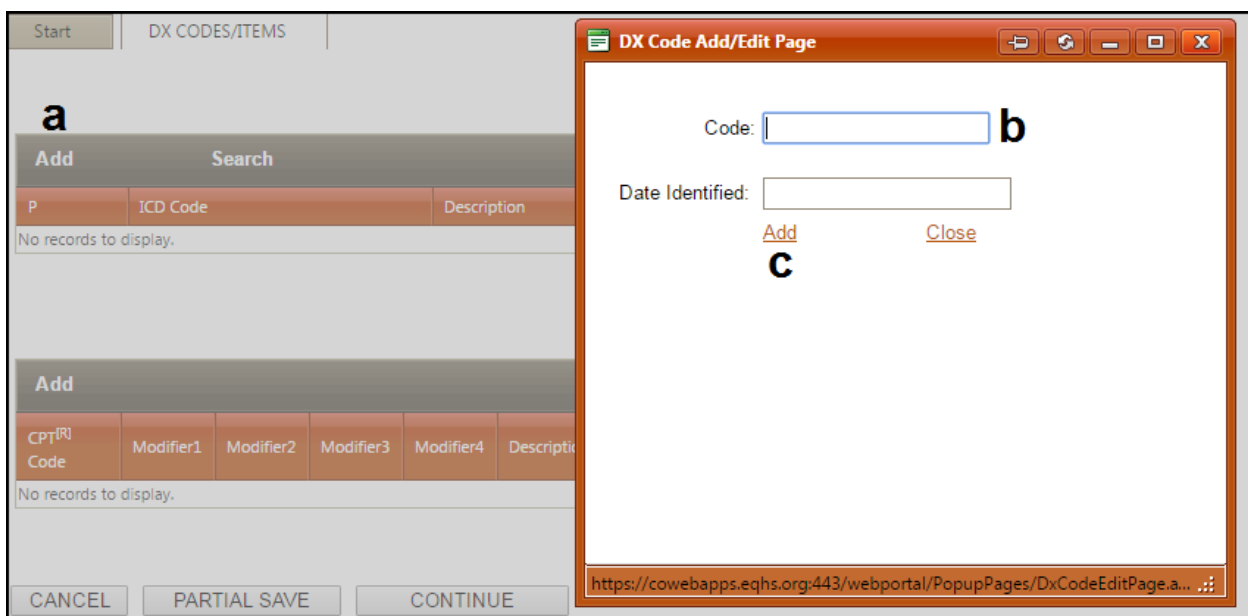
Once you have completed entering the PAR's preliminary information, you must provide information regarding the member's diagnosed medical condition as well as the service(s) intended to treat the member's condition.

Follow these steps to provide information on the *Diagnoses/Procedures* tab:

1. Click the *DX Codes/Items* tab to display its contents

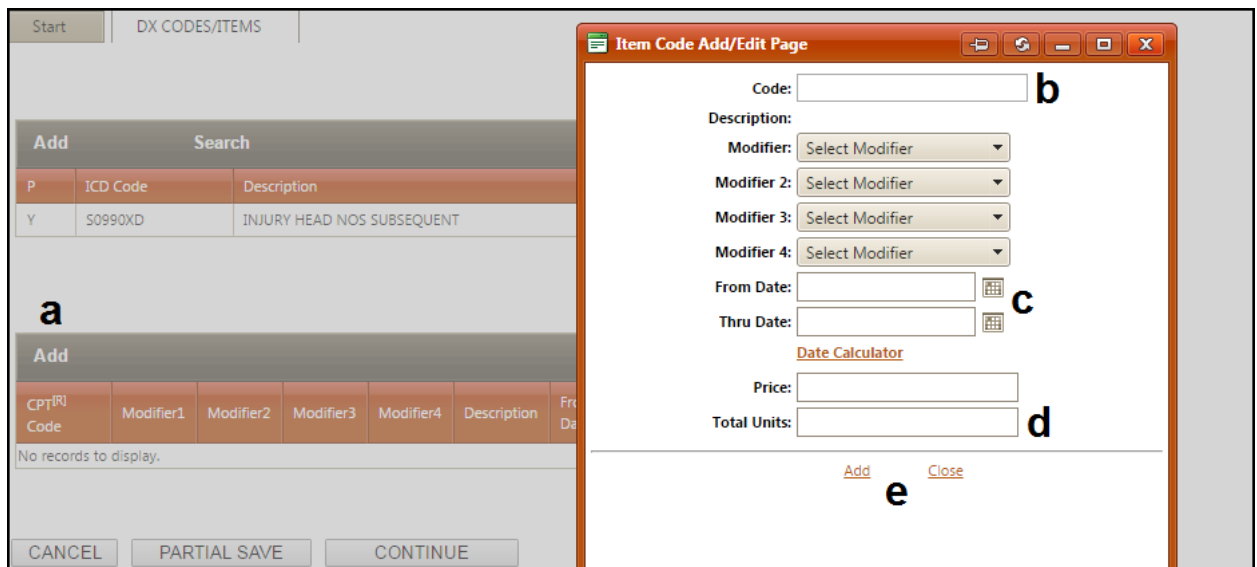


2. Enter the Member's Diagnosis information



- a. Click **Add** in the Diagnoses grid to prompt the *DX Code Add/Edit* screen

- b. Enter the appropriate ICD-10 code in the **Code** field, then press **Tab** on your keyboard to populate the **Date Identified** field (*Note: Do not include decimal points in the diagnosis code*)
 - c. Click **Add** to close the *DX Code Add/Edit* screen
3. Repeat step 2 for each diagnosis you wish to add (*Note: The first diagnosis you add is assigned the principal diagnosis*)
4. Enter the Procedure/Item information



The screenshot shows a software interface with two main windows. The background window is titled 'DX CODES/ITEMS' and contains a table with columns 'Add', 'Search', 'ICD Code', and 'Description'. A row is visible with 'S0990XD' and 'INJURY HEAD NOS SUBSEQUENT'. Below this is another 'Add' button and a grid with columns 'CPT Code', 'Modifier1', 'Modifier2', 'Modifier3', 'Modifier4', 'Description', and 'Fr Da'. The foreground window is titled 'Item Code Add/Edit Page' and contains the following fields: 'Code:' (labeled 'b'), 'Description:', 'Modifier:' (dropdown), 'Modifier 2:' (dropdown), 'Modifier 3:' (dropdown), 'Modifier 4:' (dropdown), 'From Date:' (calendar icon, labeled 'c'), 'Thru Date:' (calendar icon), 'Date Calculator' (link), 'Price:' (labeled 'd'), and 'Total Units:' (labeled 'd'). At the bottom are 'Add' (labeled 'e') and 'Close' buttons.

- a. Click **Add** in the Procedure/Item grid to prompt the *Item Code Add/Edit* screen
- b. Enter the appropriate procedure/item code in the **Code** field and select any applicable modifiers from the **Modifier** drop-down boxes
- c. Use the **From Date** and **Thru Date** fields to define a date range during which the PAR will be valid
- d. Enter the total number procedure/item units to be authorized in the **Total Units** field
- e. Click **Add** followed by **Close** to close the *Item Code Add/Edit* screen

5. Repeat step 3 for each procedure/item you wish to add
6. Click **Continue** to proceed

Start

DX CODES/ITEMS

Add
Search
Refresh


P	ICD Code	Description		
Y	S0990XD	INJURY HEAD NOS SUBSEQUENT	Edit	Delete

Add
Refresh

CPT [®] Code	Modifier1	Modifier2	Modifier3	Modifier4	Description	From Date	Thru Date	Price	Total Units		
70544					MR Angiography (MRA) Head without contrast	10/15/2016	10/31/2016		1	Edit	Delete

CANCEL

PARTIAL SAVE

CONTINUE 

If no error messages prompt, you will automatically be taken to the next tab, *Clinical Info*.

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Section V: Providing clinical information, if applicable

Once you have completed entering Diagnosis and Procedure information, you may be required to answer several clinical questions specific to the Procedure(s) being authorized.

It is very important that you do not, skip to this section. To the best of your knowledge of the member's clinical history, please answer every question appropriately.

Follow these steps to provide information on the *Clinical Info* tab:

1. If you were not taken there automatically, click the *Clinical Info* tab to display its contents



P	ICD Code	Description	Edit	Delete
Y	S0990KD	INJURY HEAD NOS SUBSEQUENT		

CP/PI Code	Modifier1	Modifier2	Modifier3	Modifier4	Description	From Date	Thru Date	Price	Total Units	Edit	Delete
70491					CT Soft-tissue Neck with contrast	12/01/2016	01/01/2017		1		

2. Answer each question on the *Clinical Info* tab



Question	Yes/No	Check all that apply
OPT Codes: 70491		
Is this a repeat study for a problem diagnosed previously?	<input type="radio"/> YES <input type="radio"/> NO	
Which of the following is the reason for this PAR? Mark all that apply.		
<input type="checkbox"/> Suspicion of salivary gland calculus(es), or mass		<input type="checkbox"/>
<input type="checkbox"/> Acute trauma to soft tissue of the neck		<input type="checkbox"/>
<input type="checkbox"/> Pre-operative evaluation of thyroid tumor or nodule previously confirmed by ultrasound examination		<input type="checkbox"/>

3. Click **Continue** to proceed

Start	DIAGNOSIS/ITEMS	Clinical Info
	Evaluation of neck of lymph masses, including diagnosis, staging and response to treatment	<input type="checkbox"/>
	Guidance of biopsy of mass of the neck or aspiration of fluid of neck	<input type="checkbox"/>
	Recurrent (more than 3 episodes in past 12 months) or chronic (greater than 12 weeks) rhinosinusitis where other factors such as allergies, cystic fibrosis, compromised immune states, and anatomic variations have been assessed or ruled out	<input type="checkbox"/>
	Uncontrolled hemorrhage or epistaxis	<input type="checkbox"/>
	Radiation therapy treatment planning	<input type="checkbox"/>
	Other (explain in the text box)	

CANCEL PARTIAL SAVE **CONTINUE**

If no error messages prompt, you will automatically be taken to the next and final tab, *Summary*.

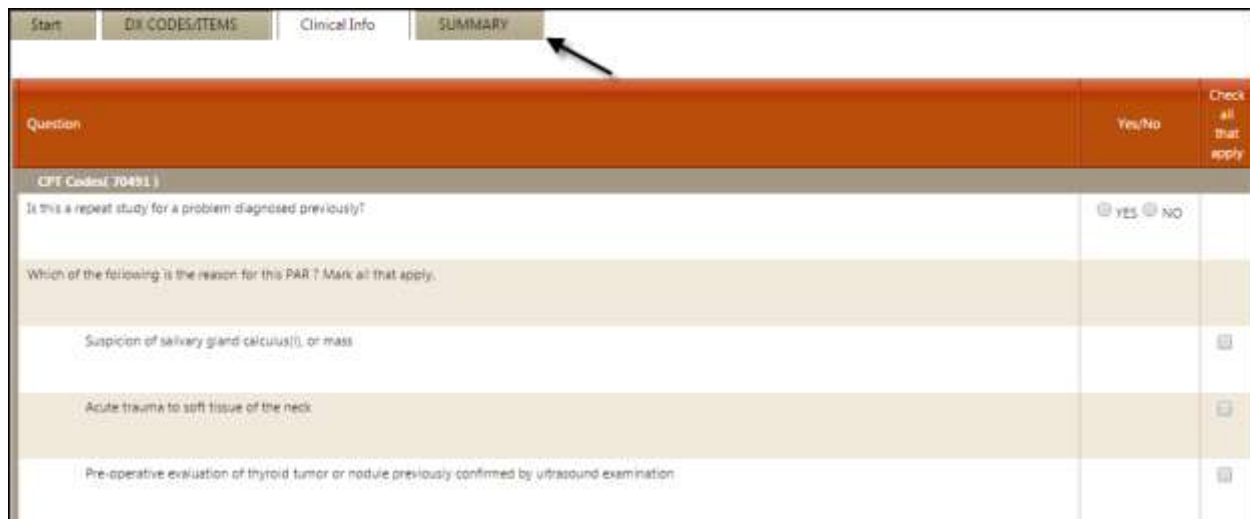
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Section VI: Providing a brief summary

The final step before submitting your PAR for review is to provide a brief summary of the clinical need for the requested service(s). This information must be entered on the *Summary* tab.

Follow these steps to provide information on the *Summary* tab:

1. If you were not taken there automatically, click the *Summary* tab to display its contents



Start	DIAGNOSIS/ITEMS	Clinical Info	SUMMARY
Question	Yes/No	Check all that apply	
CPT Code(s): 70491			
It this a repeat study for a problem diagnosed previously?	<input type="radio"/> YES <input type="radio"/> NO		
Which of the following is the reason for this PAR? Mark all that apply.			
Suspicion of salivary gland calculus(es), or mass		<input type="checkbox"/>	
Acute trauma to soft tissue of the neck		<input type="checkbox"/>	
Pre-operative evaluation of thyroid tumor or nodule previously confirmed by ultrasound examination		<input type="checkbox"/>	

2. In the space provided, enter a brief (2-3 sentences) summary of the clinical need for the requested service(s) including signs/symptoms, diagnosis, and how the requested service(s) will address the member's needs

Start	DX CODES/ITEMS	Clinical Info	SUMMARY
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Please summarize the recipient's history related to the diagnosis for which the study is requested, including previous studies, treatments, and interventions. Explain the reason for untimely submission of the PAR request, when applicable.

3. Click **Submit for Review**

Start	DX CODES/ITEMS	Clinical Info	SUMMARY
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Please enter any recent advanced diagnostic imaging studies performed for the current diagnosis.

Add		Refresh	
Date	Type of Study	Results	
No records to display.			

COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT
 Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services.

By clicking [Submit for Review] you are attesting to the above.

CANCEL	PARTIAL SAVE	SUBMIT FOR REVIEW
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Although your PAR has been officially submitted for review, you must still attach your supporting documents. Proceed to the next section for more information.

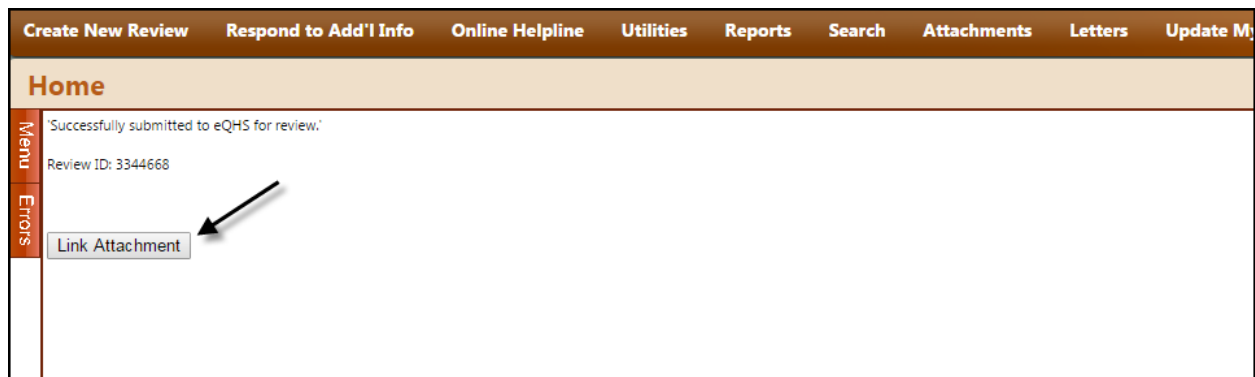
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Section VII: Attaching supporting documentation

The final step in the submission process is attaching supporting clinical documentation to your PAR. This can be done at any time after submission, but it is recommended you attach your supporting documentation as soon as possible.

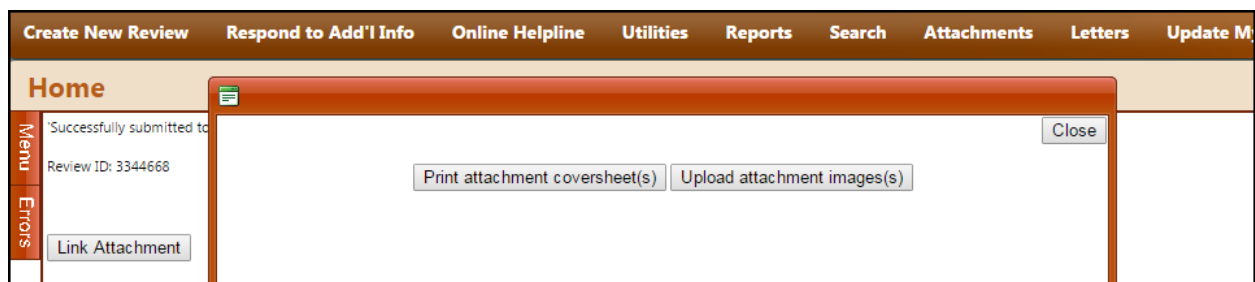
Follow these steps to attach supporting documentation to your PAR:

1. Click **Link Attachment** on the page that displays immediately after you submitted your PAR for review.



*Note: If this page does not display immediately after submission, click Attachments in the menu bar and click **Link Attachment** in the row containing your PAR.*

2. Click either **Print attachment coversheet(s)** if you plan to fax in your supporting documentation or click **Upload attachment image(s)** if you plan to upload your documents electronically.



- If faxing, check the **Supporting Documentation** box when prompted and then click **Generate CoverSheet** (a PDF file with your PAR's information and a unique barcode will open in a separate tab of your web browser; use this as your fax coversheet)
- If uploading electronically, browse for and select the appropriate document(s) from your computer when prompted and then click **Add** followed by **Upload** (you should receive confirmation shortly that your documents have been uploaded successfully)

Unless your PAR was already approved by eQSuite's SmartReview process, your PAR will appear in the *In Process* tab under *Attachments* with a record status of *At Nurse Review*. For more information on checking the status of your PAR, please visit www.ColoradoPAR.com.

Glossary of Terms

Billing Provider ID	<p>The 8-digit <i>Health First Colorado</i> ID number of the group, practice, or facility rendering the service and subsequently billing <i>Health First Colorado</i>. This provider must have an “Active” enrollment status with <i>Health First Colorado</i>.</p> <p><i>Note: In most cases, the provider requesting prior authorization (the Requesting Provider) is also the Billing Provider. Only when you are submitting a PAR on behalf of another Billing Provider will you need that provider’s Health First Colorado ID.</i></p>
Member ID	<p>The <i>Health First Colorado</i> ID number (typically a letter followed by six numbers) of the recipient of the service(s) being authorized. This person must be actively enrolled with <i>Health First Colorado</i>.</p>
Diagnosis Code	<p>The ICD-10 code that describes the health problem afflicting the Member and that the services being authorized are intended to treat.</p>
Modifiers	<p>The 2-digit alphanumeric codes that provide additional information for CPT/HCPCS codes, typically for billing purposes.</p>
Ordering Provider ID	<p>The 8-digit <i>Health First Colorado</i> ID number of the individual provider who consulted with the Member and subsequently ordered the service(s) being authorized. This provider must have an “Active – NPa” enrollment status with <i>Health First Colorado</i>.</p>
Procedure/Item Code(s)	<p>The CPT/HCPCS code of the procedure/item (i.e. services) intended to treat the Member’s diagnosis.</p>

Relevant Dates The date on which the Ordering Provider ordered the service(s) for the Member, as well as the date(s) on which the services are expected to be provided.

Supporting Documents Any documentation (e.g. prescription, plan of care) that supports the medical necessity of the requested services. You must have these documents either on paper if you plan on faxing them in, or saved on your computer in PDF, JPEG, or TIF format if you plan on uploading them electronically.