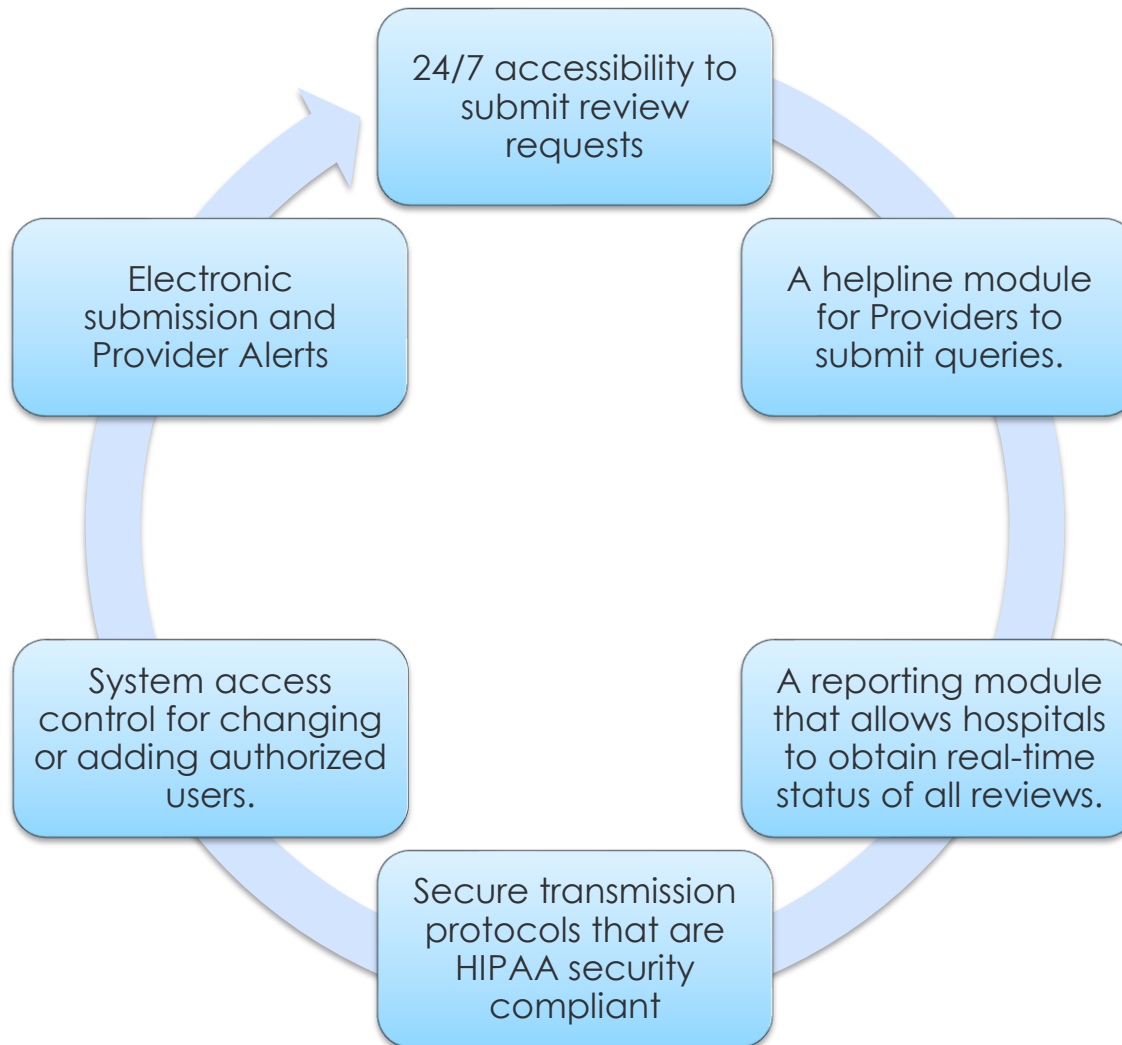


# Therapy Services

2020

# Overview of eQsuite®



# How to access eQsuite®

## New Users:

You will need to complete and submit an access form.

*(Once received and entered you will receive an email confirmation with your user name and password)*

## System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



### Therapy Request for eQSuite® Access

All information must be complete for processing

NOTICE: It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information.

Return **Completed and Signed** Forms  
 Attention: Provider Outreach  
 Fax: 855-440-3747  
 Email: [provideroutreach@eqhs.org](mailto:provideroutreach@eqhs.org)

Provider Name:			
Mailing Address:			
Provider Medicaid Number:	Provider Type:	NPI:	

*Handwritten forms cannot be accepted*

Contact Type	Contact Name <small>(First &amp; last name)</small>	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

\_\_\_\_\_  
 Administrator or CEO (PLEASE PRINT NAME & TITLE)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Therapy Codes that require Pre Auth

Code	Description
97110	Physical Therapy Treatment
97530	Physical Medicine Treatment, Therapeutic Exercise (OT)
92507	Speech Therapy
92508	Group Speech Therapy, per child in the group, per 15 minutes

- Currently, evaluations are not authorized by eQHealth Solutions but required with each admission request.
- Reminder to check Medicaid eligibility prior to submitting your authorization request.
- All Therapy authorization requests must be submitted as prior authorization.

# Review Completion & eQSuite® Status

Prior Authorization	1 <sup>st</sup> Level Review	2 <sup>nd</sup> Level Review (Physician Reviewer)
<b>Initial Admission/Continued Stay Requests</b> (Prior Authorization)	Within 2 Business Days Timeframe begins upon the receipt of all required documents	Within 4 Business Days
<b>Retrospective</b> (Applies to retroactive Medicaid Eligibility only)	Within 20 Business Days Submit Within 1 year of the retroactive eligibility	Within 20 Business Days

## Review Status Determinations

- PEND: Additional information is being requested
- 1st Level Review: The review is currently being reviewed
- 2nd Level Review: If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- Cancel: Duplicative Service or line items not entered correctly, No Medicaid eligibility
- Technical Denial: Untimely Submission

## Pended Reviews

- Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

# Modifications/Corrections to an approved review

Type	Method
Shift/Change Dates	<ul style="list-style-type: none"> <li>• Contact Customer Service or</li> <li>• Enter an Online Helpline Ticket</li> </ul>
Change Provider ID	<ul style="list-style-type: none"> <li>• Contact Customer Service or</li> <li>• Enter an Online Helpline Ticket</li> </ul>
Make a Correction to the Frequency/Duration	<ul style="list-style-type: none"> <li>• Contact Customer Service or</li> <li>• Enter an Online Helpline Ticket</li> </ul> <p>No corrections are needed to decrease units.</p>
Request to increase # of units	<ul style="list-style-type: none"> <li>• Enter a Modification in eQSuite</li> </ul> <p>Please provide an explanation for the increase. You can document this information in the Clinical Summary tab.</p>

# Entering your line items

## Units/Visits/Periods

### Units/Visit

1 unit = 15 minutes

### Visits/Period

# of visits per week

### # of Periods

How many weeks within the date range.

Code Add/Edit Page

Code: 97110

PT Treatment

[View Example](#)

From Date: 1/1/2012

Thru Date: 6/28/2012

**Date Calculator**

Units/Visit: 4

Visits/Period: 2

Period Type: Week

# Periods: 26

Total Units: 208

[Add](#) [Close](#)

#15 minute sessions per visit

# visits per week

select week

# weeks in date range

http://testfl.eqhs.org/PopupPages/ItemCodeEditPage.aspx

# Supporting Documentation

Document Type	Required
<b>Evaluation Results</b>	<ul style="list-style-type: none"> <li>• Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.</li> </ul>
<b>Prescription for services</b>	<ul style="list-style-type: none"> <li>• Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization.</li> <li>• The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.</li> </ul>
<b>Plan of care (POC)</b>	<ul style="list-style-type: none"> <li>• Must be based on the results of the evaluation.</li> <li>• Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist</li> <li>• Must be signed and dated by the ordering provider prior to requesting authorization.</li> <li>• Valid for up to 180 days, depending on the approved certification period.</li> </ul>



# Denials/Reconsiderations

## Denials:

- Technical Denial: If the required documentation is not received or if the request is not submitted timely, this will result in a Technical Denial. (You cannot submit an reconsideration on a Technical Denial)
- Partial Denial: When a partial denial is rendered, some of the services are approved and some are denied. Therefore there is not a complete denial of the services. This adverse determination may involve a denial of the number of units requested, the frequency and/or the duration of the service.
- Denial: The 2<sup>nd</sup> level reviewer may render a (full) medical necessity denial of one or more service line items.

## Reconsiderations:

Any party may request a reconsideration of a PT, OT or SLP adverse determination. The written notification of the adverse determination includes information about the right to request a reconsideration and how to request one.

- The reconsideration must be requested within 5 business days of the date of the denial notification.
- PT, OT and SLP service providers request reconsideration through eQSuite. Ordering provider and recipients (or their parents or legal guardians) may submit reconsideration requests by fax, or mail.
- The requesting party should submit additional or clarifying information.
- Providers may submit the information using eQSuite, fax, or mail.
- Physicians and recipients (or their parent or guardian) may submit the additional information by fax or mail.

# Reminders



You can request up to 180 calendar days on request for therapy.



If you are requesting a continuation of care you must select your **“Review Type”** as **“Continued Stay”**

- You will need the eQHealth Case # or the PA#
- If it has been over 30 days since the last date of service your request needs to be entered as an admission



If you need to change or modify a previously authorized service you must submit a request on eQSuite and select the **“Review Type”** as **“Modify Authorization”**

- (Note: The modification cannot exceed the current “thru” date for the prior auth number)



All therapy requests must be submitted as Prior Auth. If you submit a request for dates of service that have already passed these requests will **not** be reviewed and will be **“Technically Denied”**.

- (Exception: If the recipient has Retroactive Eligibility)

# LIVE DEMONSTRATION

# eQHealth Resources

**Phone:** 855-444-3747  
**Fax:** 855-440-3747  
*(General inquiries/questions)*

**Provider Website:**  
FL.EQHS.COM  
*(Provider Forms/Education and Training Material)*

**Provider Outreach Email:**  
PR@EQHS.COM  
*(Provider Education/Training Assistance)*