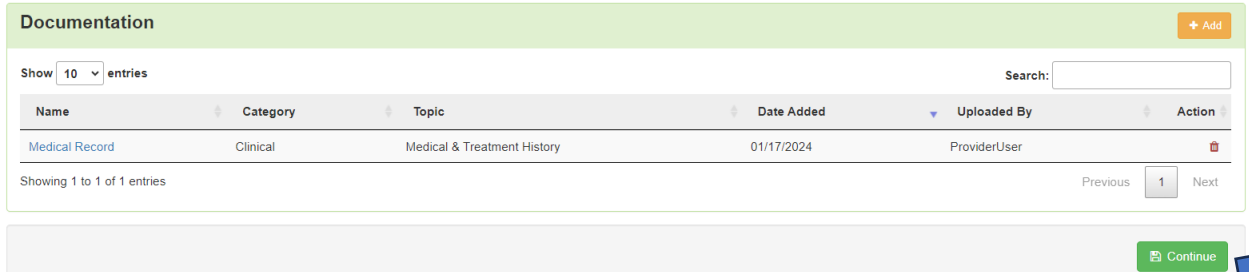


InterQual Tip Sheet

1. Once the request has been built in Qualitrac, the user will click the **Continue** button at the bottom right of the screen.



Documentation + Add

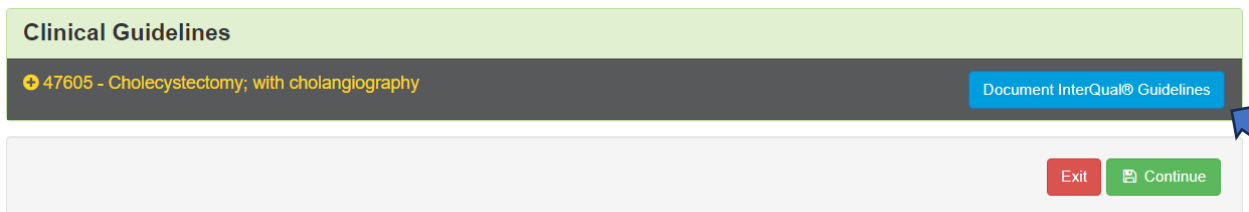
Show 10 entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	01/17/2024	ProviderUser	

Showing 1 to 1 of 1 entries Previous 1 Next

Continue

2. After selecting **Continue**, the system will guide the user to the InterQual Clinical Guidelines documentation process. The screen will look like this:

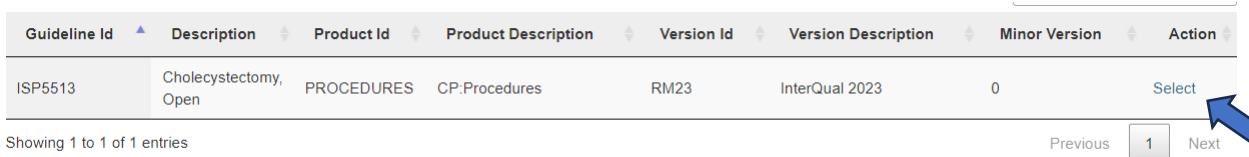


Clinical Guidelines

47605 - Cholecystectomy; with cholangiography Document InterQual® Guidelines

Exit Continue

3. Select the **Document InterQual Guidelines** to proceed to document the clinical criteria.
4. If the user is presented a list of guidelines, select the most relevant one to the request.
5. If only one guideline applies, the system will take you directly to the guideline to document on. Use the **Select** under the **Action** column to start the process of documentation.



Guideline Id	Description	Product Id	Product Description	Version Id	Version Description	Minor Version	Action
ISP5513	Cholecystectomy, Open	PROCEDURES	CP:Procedures	RM23	InterQual 2023	0	Select

Showing 1 to 1 of 1 entries Previous 1 Next

6. The screen will update, and the Medical Review documentation of criteria will begin by selecting the **Medical Review** option with an arrow facing to the right.

CHANGE HEALTHCARE | InterQual® | Signed in as Provider Practice User, 01/17/2024, 03:13:35 PM CST | Sign out

MENU THE CHILDREN'S CENTER HELP

Subset Overview

Subset Notes

InterQual® 2023, Mar. 2023 Release, CP:Procedures
Cholecystectomy, Open

SHOW CODES CLINICAL REFERENCE

REVIEW PROCESS (PDF)

I/O Setting: Inpatient

These criteria include the following procedure:

MEDICAL REVIEW BOOK VIEW FULL SUBSET SMARTSHEETS

Privacy Notice

Change Guideline

7. This will guide the user through the documentation process by having them choose selections based on the information needed for this specific request. When the user clicks on the selection, it will be saved and provide the next question in the criteria.

CHANGE HEALTHCARE | InterQual® | Signed in as Provider Practice User, 01/17/2024, 03:15:53 PM CST | Sign out

MENU THE CHILDREN'S CENTER HELP

Medical Review

Cholecystectomy, Open CLINICAL REFERENCE

COMMENTS 0

Choose one: *Required*

Age ≥ 18

Age < 18

Choose an answer to continue

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

CRITERIA REVIEW

Privacy Notice

Change Guideline

For this example, Age > 18 is the selected and the screen updates to the next selection options.


CHANGE HEALTHCARE | InterQual® | Signed in as Provider Practice User, 01/17/2024, 03:17:46 PM CST | Sign out

MENU | THE CHILDREN'S CENTER | HELP

Medical Review

Cholecystectomy, Open | CLINICAL REFERENCE

COMMENTS 0

Choose one: *Required*  

Acute cholecystitis 

Biliary colic or suspected chronic cholecystitis 

Acute acalculous cholecystitis 

Single Selection: Scroll down to view all answers and then choose an answer to continue.


PREVIOUS | SAVE REVIEW | VIEW RECOMMENDATIONS | Privacy Notice

Change Guideline

CRITERIA REVIEW

Continue through that process until the criteria is completed.

If the user needs to add a note or additional information to any of the selection areas, that can

be done by clicking on the . This will open a **Comments** window where the information can be entered.

Reviewer Comments

Choose one:

Some criteria may have either/or options to select from. If the user selects an option and the screen does not move to the next set of criteria, use the scroll bar to navigate to the bottom of the window and select the next button as shown below.

CHANGEL InterQual® Signed in as Provider Practice User, 01/17/2024, 03:22:29 PM CST Sign out

MENU THE CHILDREN'S CENTER HELP

Medical Review Cholecystectomy, Open CLINICAL REFERENCE

COMMENTS

WBC or C-reactive protein > normal

Or (Selecting an answer that follows will clear other selections)

Other clinical information (add comment)

NEXT Choose one or more answers, and then click Next to continue

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS Privacy Notice

Change Guideline

CRITERIA REVIEW

- Once the user has completed the criteria documentation, the screen will indicate that there are no remaining questions and provide options regarding how to continue.

CHANGEL InterQual® Signed in as Provider Practice User, 01/17/2024, 03:25:03 PM CST Sign out

MENU THE CHILDREN'S CENTER HELP

Medical Review Cholecystectomy, Open CLINICAL REFERENCE

COMMENTS

Septic shock from cholangitis

Multiple, previous abdominal surgeries

History of cardiopulmonary disease

Or (Selecting an answer that follows will clear other selections)

Other clinical information (add comment)

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS Privacy Notice

Change Guideline

CRITERIA REVIEW

The user can select the **View Recommendations** option. The system may ask you to confirm the requested services. If it does, that screen will look like this:

Requested Services

Confirm requested service(s) for CPT 47605 CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY:

Cholangiogram, Intraoperative with Open Cholecystectomy

Cholecystectomy, Open

CANCEL VIEW RECOMMENDATIONS

Select the appropriate option by clicking on it. And then select the **View Recommendations** option.

The system will provide feedback regarding how the criteria selected does or does not meet the criteria.

Once the user has finished reviewing the recommendation, they can complete the process by selecting **Complete**.

9. The system will display a warning. Confirming that the user wants to complete the review and lock it from any further edits.

This will take the user back to the initial screen.

Select **Continue** to move back to the Qualitrac review and finalize the request submission process.

The user will be able to attach any additional documentation to the request and certify in the **User Attestation** window.

Documentation

+ Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	01/17/2024	ProviderUser	

Showing 1 to 1 of 1 entries Previous Next

User Attestation

⚠ I certify...

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Select **Submit** at the bottom of the page to submit the request for clinical review.