



Mississippi Medicaid: Telligen Provider Portal Training – Advanced Imaging Services

August 2024

Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Mississippi Prior Authorization Reform Act (S.B. 2140)
- Telligen/Mississippi Medicaid Website
- Completing the Request for Information (RFI)
- How to find a determination
- Submitting a reconsideration/appeal/Peer to Peer Review
- E-mail notifications
- Questions



Contact Us



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Portal Registration Questions

- Email: qtregistration@telligen.com
- Toll-Free Phone: (833) 610-1057



Purpose



- Instructions on completing the Request for Information process
- How to find a determination status after submitting a review
- Instructions on submitting a reconsideration/1st level appeal
- Directions on requesting a Peer-to-Peer review
- Review of the notifications you will receive



Housekeeping



- **Questions**

- Please enter all questions into the Q&A
- Time at the end of the training will be reserved for questions
- Any unanswered questions will be answered and posted to the website

- **Content availability**

- Presentation will be posted to the website following the training
- **Website:** <https://msmedicaid.telligen.com/>
- Located in Education/Training

- **Survey**

- All registrants will be sent a Survey via email following today's training. Telligen welcomes your feedback and suggestions on future training opportunities.



MS Prior Authorization Reform Act



Senate Bill 2140

- The Mississippi Prior Authorization Reform Act, effective July 1, 2024, aims to address issues related to prior authorization requirements and improve healthcare delivery and outcomes in MS.
- Overall, the Mississippi Prior Authorization Reform Act is intended to balance controlling healthcare costs and ensuring timely access to necessary medical treatments for patients.



MS Prior Authorization Reform Act, cont.



Senate Bill 2140

- Key provisions of the MS Prior Authorization Reform Act:
 - Streamlining Processes
 - Transparency
 - Clinical Justification
 - Appeals Process



MS Prior Authorization Reform Act, cont.



How will this impact the current prior authorization process?



Prior authorization is a process where healthcare providers are required to obtain approval before certain treatments, procedures, or medications can be covered.



You will submit **non-urgent prior authorization requests** as you have previously and adhere to the turnaround times as before.

- The urgent feature in Qualitrac allows the provider to indicate when a prior authorization request needs to have expedited processing due to its urgent nature.
- Selecting the “urgent” checkbox triggers an escalation process within the system, directing the request to be reviewed more quickly and given a higher priority.
- **Do not utilize this feature for non-urgent prior authorization requests.**







Urgent Feature in Qualitrac




Member ID: [REDACTED] DOB: [REDACTED]

Phone Number: [REDACTED] Client: Mississippi

Authorization Request

Date Request Received *  **Review Type ***  **Place of Service ***  **Type of Service *** 

Timing *  Is this Request Urgent?



MS Prior Authorization Reform Act, cont.



Urgent Health Care Services-S.B. No. 2140 p.7

- (p) "Urgent health care service" means a health care service with respect to which the application of the time periods for making a non-expedited prior authorization that in the opinion of a treating health care professional or health care provider with knowledge of the enrollee's medical condition:
 - (i) Could seriously jeopardize the life or health of the enrollee or the ability of the enrollee to regain maximum function;
 - (ii) Could subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the utilization review; or
 - (iii) Could lead to likely onset of an emergency medical condition if the service is not rendered during the time period to render a prior authorization determination for an urgent medical service.
- (q) "Urgent health care service" does not include emergency services.
- A determination must be rendered no later than 48 hours after receiving **all** information needed to complete the review of the requested *urgent health care service* (Sect.8)



Telligen Landing Page Overview



Please bookmark this site: <https://msmedicaid.telligen.com>



[DOCUMENT LIBRARY](#) [EDUCATION & TRAINING](#) [FAQS](#) [PROVIDER NEWS](#) [CONTACT](#)

Important:

Instructions on how to register for the portal: [click here](#)

DocuSign Tip Sheet: [click here](#)

**The portal will not be accessible until January 16, 2024. The activation link and password are only good for 7 days.
Emails regarding login information will not be sent until the week of January 9, 2024.**



Qualitrac Login

Web application used by healthcare providers to submit clinical care requests for review

[LOGIN](#)



Provider Portal Registration

New users need to register to gain access to Qualitrac. Registration takes less than 10mins.

[REGISTER](#)



[FREQUENT QUESTIONS](#)

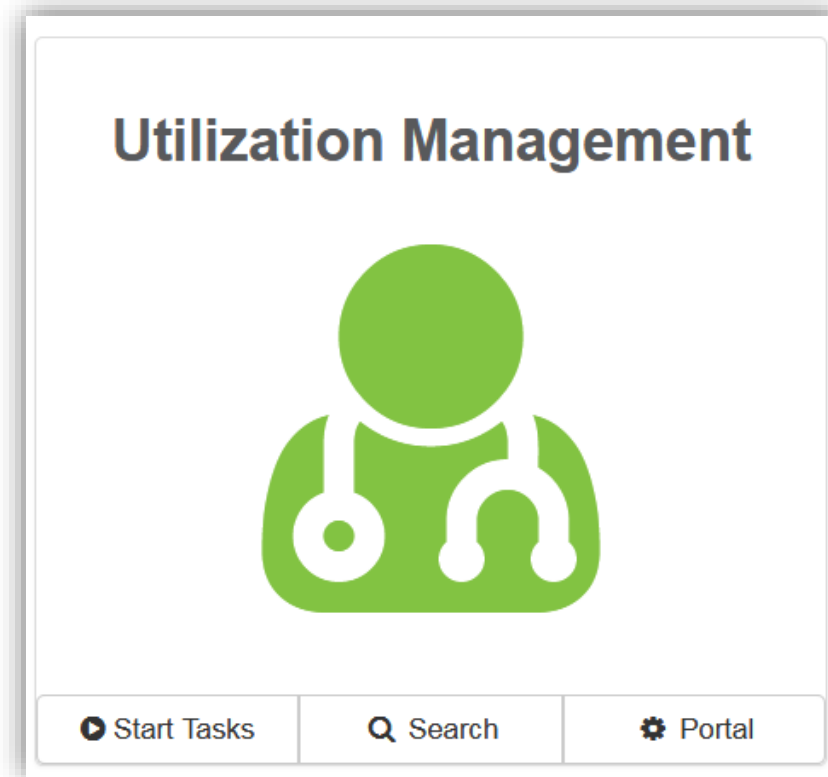


[CHECK REVIEW STATUS](#)

Telligen Provider Portal – Landing Page



- **Start Tasks** will take you to the task queue to view any reviews where additional information has been requested
- **Search** will allow you to search for a member or a case. Just like the magnifying glass at the top of the page.
- **Portal** will take you to the portal or to the task queue.



Submitting a Review



Advanced Imaging Prior Authorization



An authorization is required for the following, except when it occurs in inpatient hospital, emergency room or outpatient hospital 23hr observation period:

- CT and CTA scans
- MRI/MRA
- PET Scans
- Nuclear Cardiac imaging studies

Prior auths must be submitted by either the ordering or rendering provider.



Telligen Provider Portal – Adding a New Review



How To Locate a Member:

- Enter the Member's ID and Date of Birth
- Enter the member's First Name, Last Name and Date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file in the MESA system to locate the member information or to begin a new review for that member.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar, the breadcrumb 'Dashboard / Task Queue' is visible. A horizontal menu contains four tabs: 'Scheduled Tasks', 'Member Search' (which is highlighted in blue), 'Cases', and 'Case/Request/Claim Search'. The main content area displays the heading 'Please search for the member by completing one of the following'. Below this heading are two search options separated by 'OR'. The first option consists of a 'Member ID *' field with a placeholder 'Member ID', a 'Date Of Birth *' field with a placeholder 'MM/DD/YYYY', and a blue 'Search' button. The second option consists of a 'First Name *' field with a placeholder 'First Name', a 'Last Name *' field with a placeholder 'Last Name', a 'Date Of Birth *' field with a placeholder 'MM/DD/YYYY', and a blue 'Search' button.

Telligen Provider Portal – Adding a New Review



- The member(s) matching the criteria entered will populate
- Select the appropriate member
 - Click on any of the data fields in blue to access the member information or to start a new review for the member.

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID * Date Of Birth * Search

TEMP000000100323 01/03/1978

OR

First Name * Last Name * Date Of Birth * Search

First Name Last Name MM/DD/YYYY

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

Show 10 entries Showing 1 to 1 of 1 entries Previous 1 Next







Telligen Provider Portal – Adding a new review




- **The Member Hub:**

- The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
- You will be able to see their contact information
- You will be able to see any reviews that have been submitted for them on behalf of your organization.

 **Stephanie Wilson** [View Member Details](#)

 **Member ID:** TEMP000000100700  **Date of Birth:** 01/03/1978  **Phone Number:** **Client:** Mississippi

 **Utilization Management** [View Cases](#) [+ Add](#)

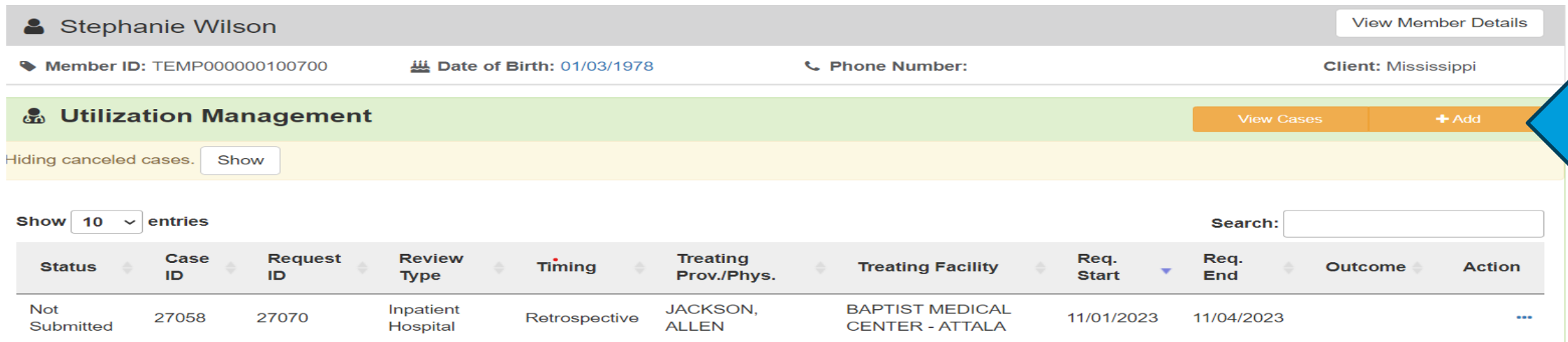


Telligen Provider Portal – Utilization Management Panel



The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel

Use the  button to start a new request.



The screenshot shows the Utilization Management Panel for Stephanie Wilson. At the top, there is a header with the user's name and a 'View Member Details' button. Below this, member information is displayed: Member ID: TEMP000000100700, Date of Birth: 01/03/1978, Phone Number, and Client: Mississippi. The main section is titled 'Utilization Management' and includes a 'View Cases' button and a '+ Add' button, which is highlighted with a blue arrow. Below this, there is a toggle for 'Hiding canceled cases.' and a 'Show' button. A 'Show 10 entries' dropdown is present, along with a search bar. The main content is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single row is visible with the following data: Not Submitted, 27058, 27070, Inpatient Hospital, Retrospective, JACKSON, ALLEN, BAPTIST MEDICAL CENTER - ATTALA, 11/01/2023, 11/04/2023, and a three-dot menu icon.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	27058	27070	Inpatient Hospital	Retrospective	JACKSON, ALLEN	BAPTIST MEDICAL CENTER - ATTALA	11/01/2023	11/04/2023		...

Telligen Provider Portal – Required sections



The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

We will review each of these sections



Telligen Provider Portal – Add New Request



To begin a new request, fill in the **Authorization Request** panel.

- Date will prepopulate with the current date

Authorization Request

Date Request Received * 06/14/2022 12:41 pm	Review Type * <input type="text"/>	Place of Service * <input type="text"/>	Type of Service * <input type="text"/>
Timing * <input type="text"/>			



Authorization Request Panel- Review Type



- Enter the **Review Type**: This is where you will select the type of review you are requesting:
 - Non-Emergency Outpatient Advanced Imaging

Review Type *

Diabetes Self-Management Training

Disabled Children Living at Home

DME

Expanded EPSDT

Expanded Home Health Services

Hearing Services

Hospice Services

Hospital Outpatient Mental Health

Inpatient Hospital

Inpatient Psych

Level of Care

Molecular (Genetic) Testing

Monitoring Services

Non-Emergency Outpatient Advanced Imaging

Organ Transplant Services

Outpatient Services

Physician Administered Drug

Prescribed Pediatric Extended Care

Private Duty Nursing

Psychiatric Residential Treatment Facility Services

Substance Abuse Disorder Services



Authorization Request Panel cont.



- **Place of Service:** This is where you will select the place where care is being given.
- **Type of Service:** This is the type of service being requested.
- **Timing:** This is where you will select Prospective, Concurrent or Retrospective
- Select **Add New Request** to complete the process.
 - If the request was entered in error, you can select Cancel to remove the request

The screenshot shows a web form titled "Authorization Request" with a light green header. The form contains several input fields:

- Date Request Received ***: A date and time picker showing "06/14/2022 12:41 pm" with a calendar icon.
- Review Type ***: A dropdown menu with "Behavioral Health Outpatient" selected.
- Place of Service ***: A dropdown menu with "Office" selected.
- Type of Service ***: A dropdown menu with "Youth (Under 21)" selected.
- Timing ***: A dropdown menu with "Prospective" selected.

At the bottom right of the form, there are two buttons: a white "Cancel" button and a green "Add New Request" button with a plus icon.

- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.
- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be the day of the request.
- **Retrospective** – This is a review timing that is submitted after all services have been provided. The start date and the discharge/end date should both be prior to the request date.



Retrospective Requests



A retrospective review may be requested if:

- The request is submitted within 3 business days from the date of service
- If the patient faces immediate risk of loss of life or limb
- Waiting for an authorization could seriously jeopardize the life or health of the beneficiary
- The beneficiary would suffer severe pain that could not be managed without the procedure



Dates of Service Panel



- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date

The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first field is labeled "Service Start Date *" and contains the placeholder text "MM/DD/YYYY" with a calendar icon to its right. The second field is labeled "Service End Date *" and also contains the placeholder text "MM/DD/YYYY" with a calendar icon to its right.



Coverage Panel



- The **Coverage Panel** will detail information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from MESA stating that the member has Medicare or other insurance.

⚠ Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Group	Section	Plan	Start Date	End Date
No Coverage Found				
Medicare Indicator *		Third Party Liability *		EPSDT Indicator *
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Eligibility Comment *				
<input type="text"/>				

Coverage Panel cont.



- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility for those member's whose eligibility may be at a future date and the request is being submitted in advance.

Medicare Indicator *

Third Party Liability *

EPSDT Indicator *

Yes No

Eligibility Comment *



Providers Panel: Physician and Provider Information



- **Providers:** This section requires information related to who is ordering and providing the care:
 - *Ordering Provider*- The person or Organization ordering the care
 - *Treating Provider* – The **organization** providing the care

Providers *								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add

★ click the Add button on each box to fill in the necessary provider information



Entering Physician and Facility Information



- Clicking **+ Add** will open a search box. You can search by entering an NPI number or **Medicaid ID** by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>





Entering Physician and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy				Search:
Primary	Taxonomy	State	License Number	Source
PRIMARY	2084N0400X - Psychiatry & Neurology			Client File


- Use the green plus box next to the name to select the provider/facility that you need for the review.


Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 JACKSON, ALLEN		000126363	000126363		Clinic #: 1 Addr: 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	Provider File



Entering Physician and Facility Information



- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

Providers						
Type	Name	NPI	Address	Phone	Primary Taxonomy	
Treating Physician	 JACKSON, ALLEN		Clinic #: 1 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	



Provider Organization Visibility Panel




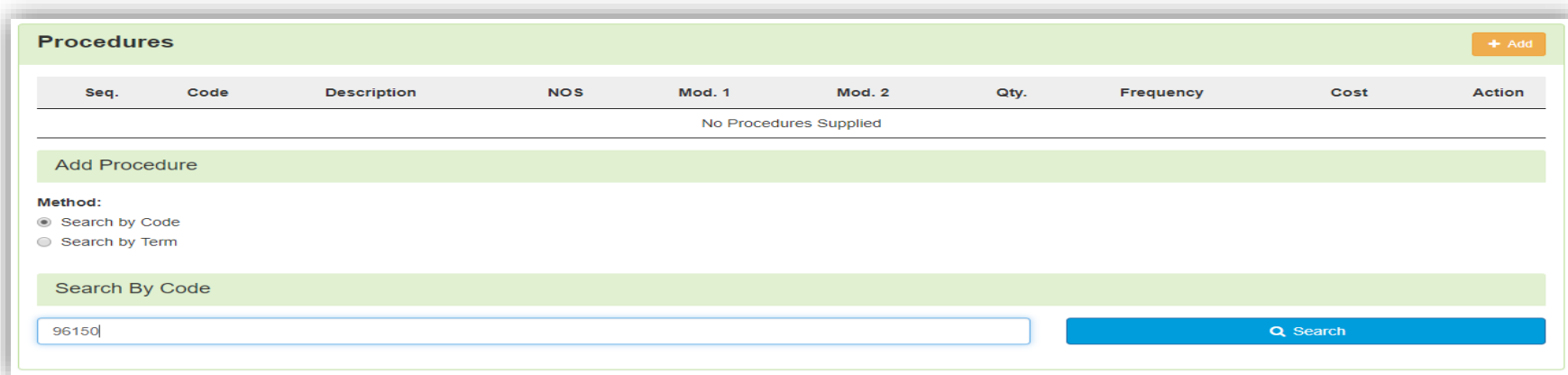
- **Provider Organization Visibility:** This box is not required but it allows you to share this review with everyone in the organization you are submitting it for.
- This will also allow you to share the review and allow visibility by the Treating Providers organization for their knowledge and information

The screenshot shows a web interface for 'Provider Organization Visibility'. It features a green header bar with the title and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.



Procedure(s) Panel

- The **Procedures Panel** is where the procedure code information related to this review is added.
- Click the  button to add a new procedure to the panel.
 - Select Radio button to indicate a code or term search
 - Enter information in the search box
 - Click search



The screenshot shows the 'Procedures' panel interface. At the top right, there is a '+ Add' button. Below it is a table with columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. The table is currently empty, displaying 'No Procedures Supplied'. Below the table is a section titled 'Add Procedure' with a 'Method:' label and two radio buttons: 'Search by Code' (selected) and 'Search by Term'. Underneath, there is a 'Search By Code' section with a text input field containing '96150' and a blue 'Search' button with a magnifying glass icon.

Procedure(s) Panel cont.

- The Term search allows for the user to search based on Section, category and sub-category if needed



Search By Term

Section

Category

Sub-Category

Enter Search Term

- Once Query has populated, Use the radio button to Select the correct Procedure(s)

<input type="radio"/>	Code	Description
<input type="radio"/>	10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE

Procedure(s) Panel cont.



- Complete Modifiers and procedure details as needed

A screenshot of a web form titled 'Procedure(s) Panel'. The form is divided into two main sections: 'Modifiers' and 'Procedure Details'. The 'Modifiers' section has a header bar and a text input field labeled 'Modifier 1'. The 'Procedure Details' section has a header bar and several input fields: 'Units *' (text input with '1'), 'Units Qualifier *' (dropdown menu with 'unit(s)'), 'Frequency' (text input), 'Frequency Qualifier' (dropdown menu), 'Total Cost' (text input with '\$'), and 'Allowed Amount' (text input). At the bottom right, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

After selecting the procedure(s) you want added to the review:

Submit will add the procedure to the review.
Submit and Add Another will allow you to submit the procedure to the review and re-open the window where you can search for another procedure


Enter as many procedures as needed.

Note: Modifiers are not required by the system, but PA should match what you expect to submit on your claim



Procedure(s) Panel cont.

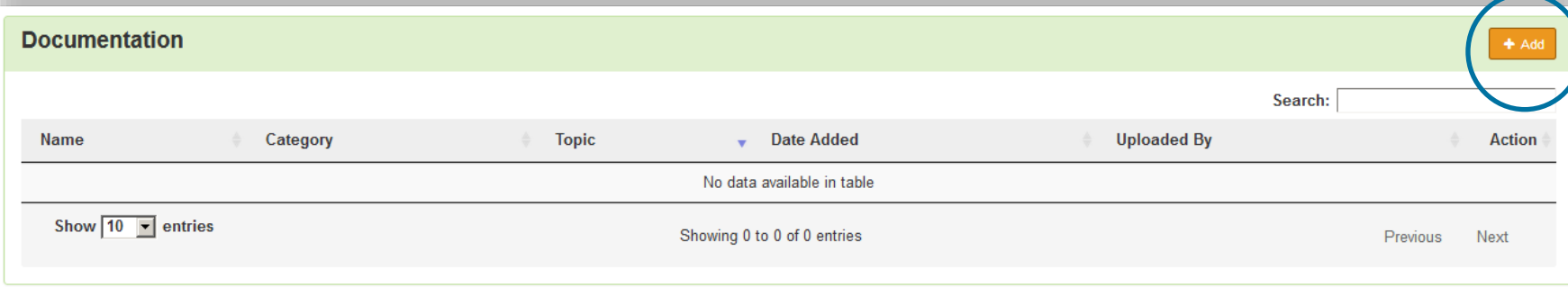
- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

Procedures + Add									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/P 1ST ASSMT				1 unit(s)			



Documentation Panel

- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation related and necessary for the review to be processed.



Documentation

+ Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show entries

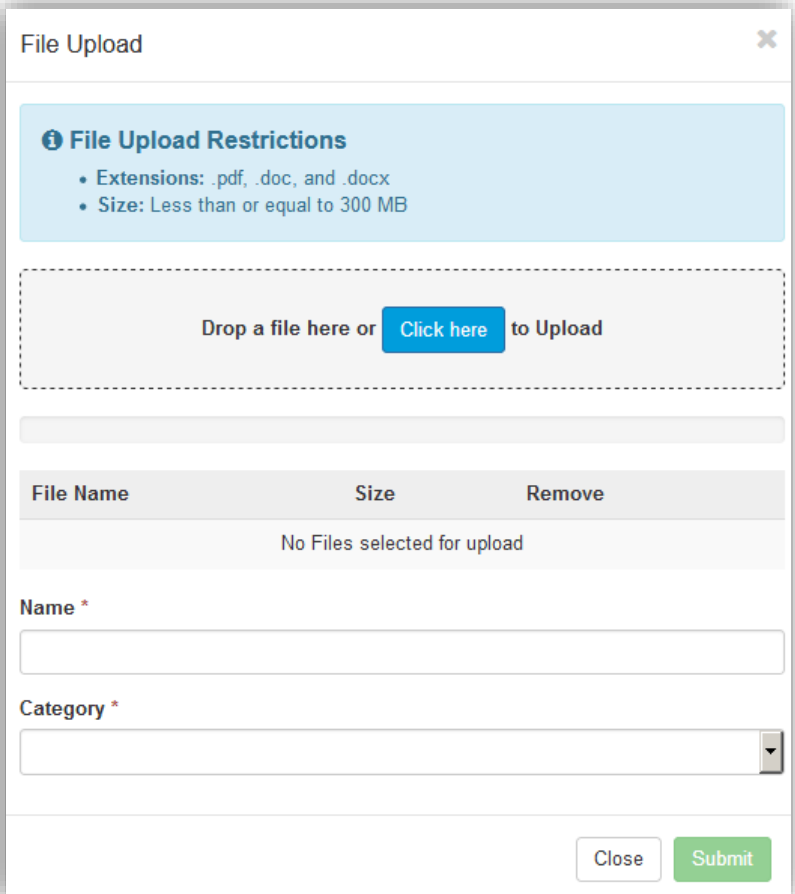
Showing 0 to 0 of 0 entries

Previous Next



Documentation Panel cont.

- To submit documentation, click the button on the Documentation Panel. This will open a modal where you can drag and drop files or select Click here to open a windows directory and find the necessary files.



File Upload

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Close Submit



Documentation Panel cont.

- Please note:
 - Documents must be a .pdf or word document
 - The size is limited to 300MB per document.

Complete the File upload fields

- **Name:**
 - The **Name** box allows you to name the file to what makes sense, if needed
 - The file name cannot have any spaces or special characters.



File Upload ✕

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

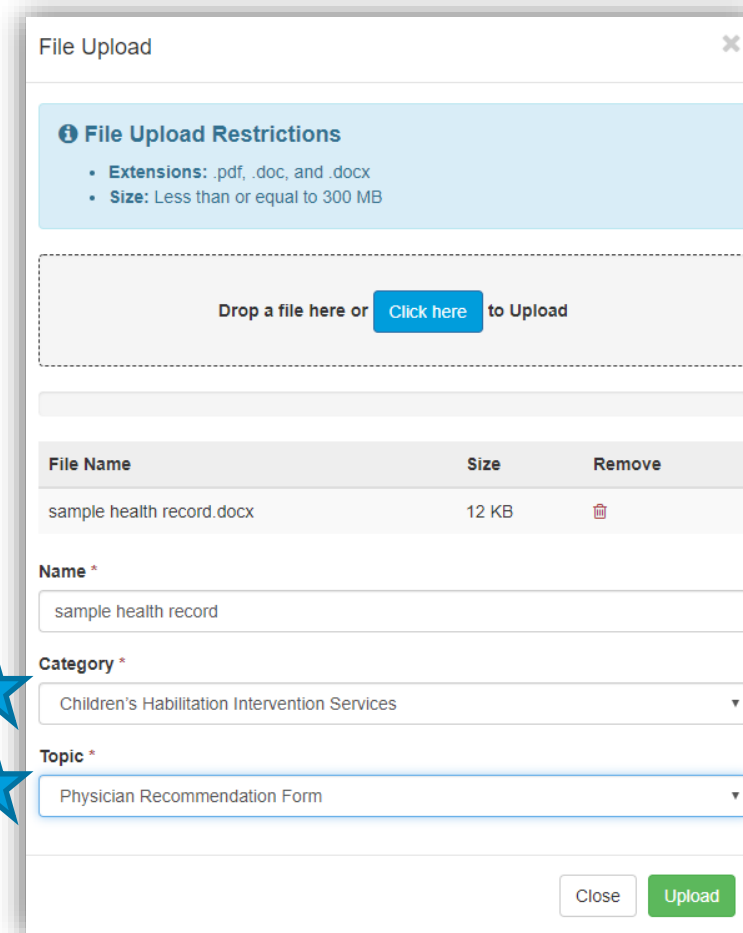
Name *

Category *

Close Submit

Documentation Panel cont.

- **Category:**
 - select from the drop down the type of document that you are attaching.
- **Topic:**
 - Select from the drop-down type of document being attached.
- Click Upload to attach the information to the review.
- **NOTE:** This can be repeated as many times as necessary to get all relevant documentation added.



The screenshot shows a 'File Upload' dialog box with the following elements:

- File Upload Restrictions:**
 - Extensions: .pdf, .doc, and .docx
 - Size: Less than or equal to 300 MB
- Drop area:** A dashed box containing the text 'Drop a file here or [Click here](#) to Upload'.
- File List Table:**

File Name	Size	Remove
sample health record.docx	12 KB	
- Name *:** A text input field containing 'sample health record'.
- Category *:** A dropdown menu with 'Children's Habilitation Intervention Services' selected.
- Topic *:** A dropdown menu with 'Physician Recommendation Form' selected.
- Buttons:** 'Close' and 'Upload' buttons at the bottom right.

Two blue stars are placed to the left of the 'Category' and 'Topic' dropdown menus to highlight them.



Required Documentation



Documentation must include:

- Results of recent clinical evaluation
- Diagnosis or clinical condition which the imaging eval is being ordered
- Treatment history related to the stated diagnosis or clinical condition
- Treatment plan related to the stated diagnosis or clinical condition
- Previous imaging results related to the stated diagnosis or clinical

All documentation must include 2 patient identifiers

For example – patient name and Medicaid number or patient name and date of birth (DOB).



Completing your Review

- Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Smoking Stop Smoking	Clinical	Medical & Treatment History	11/18/2018	swilsonexternal	

Show entries Showing 1 to 1 of 1 entries Previous Next

Continue



Criteria



- **The criteria being used is NOT changing at this time.**
- Telligen will be using InterQual criteria for Advanced Imaging reviews.
- You will need to document against that criteria as part of your submission process.



InterQual Process



- InterQual is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the InterQual process

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,K65.0 FIND SUBSETS CLEAR ALL BOOKMARKS

Results Count: 5

Subset 1 ↑	Product	Version 2 ↓
Acute Infections (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Infection: GI/GYN	LOC:Acute Adult	InterQual 2023
Medical Management (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Medically Complex	LOC:Long-Term Acute Care	InterQual 2023
Pediatric (SAC)	LOC:Subacute / SNF	InterQual 2023





InterQual Process cont.



- Select the guideline.
- Click all criteria that apply.


Medical Review *Imaging, Chest, Noncardiac* **CHANGE SUBSET** **CLINICAL REFERENCE**


COMMENTS 0

Choose one: *Required*  

✓ **Age ≥ 18**

Age < 18

Choose one: *Required* 

✓ **Lung nodule or mass** 



InterQual Process cont.



- If there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Once all applicable data has been entered, click the **submit** button to finish the documentation.

No InterQual Guidelines found for 3319F: X-RAY/CT/ULTRSND ET AL ORD

No Guidelines Applicable *

Comment *

Submit



InterQual Process cont.



- If there are clinical guidelines that apply, you will see the procedure or diagnosis with a Guideline Title line and the user will select the InterQual Action button to document which criteria are present.
- Select all that are relevant and choose save once all information has been entered.

Clinical Guidelines

● 99233 - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

InterQual® Actions ▾



InterQual Process cont



Once you select the guideline you want to use, click Begin Medical Review

InterQual® 2023, Oct. 2023 Release, CP:Imaging
Imaging, Chest, Noncardiac

	Version	Release Date	Matching Search Results
<input checked="" type="radio"/>	InterQual 2023, Oct. 2023 Release	10/06/2023	C34.30, C34.31, C34.32
<input type="radio"/>	InterQual 2023, Mar. 2023 Release	03/31/2023	C34.30, C34.31, C34.32

[REVIEW PROCESS \(PDF\)](#)

Informational Note

These criteria include the following imaging studies:

- Angiogram, Pulmonary
- Computed Tomography (CT), Chest
- Computed Tomography Angiography (CTA), Chest
- Helical or Spiral Computed Tomography (CT), Chest
- High-Resolution Computed Tomography (HRCT), Chest
- Low-Dose Computed Tomography (LDCT), Chest
- Magnetic Resonance Angiography (MRA), Chest
- Magnetic Resonance Imaging (MRI), Chest
- Multi-Detector Computed Tomography (MDCT), Chest
- Positron Emission Tomography with CT (PET-CT), Chest
- Ventilation-Perfusion (V/Q) Scan

[RESUME MEDICAL REVIEW](#)

[BOOK VIEW](#)

[FULL SUBSET](#)

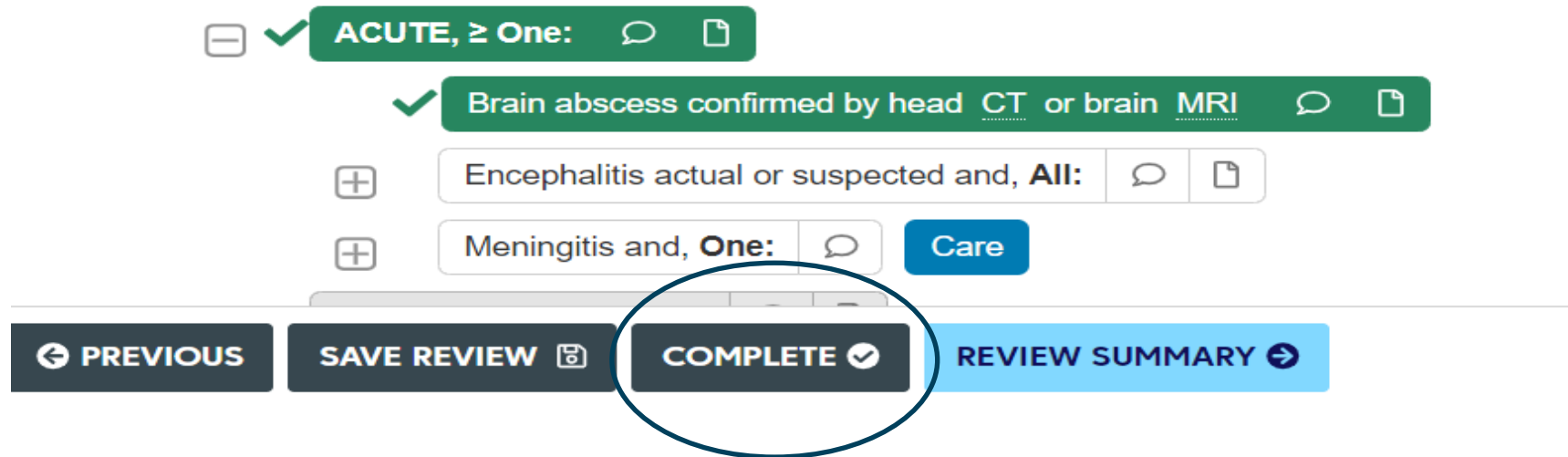
[SMARTSHEETS](#)

[BOOKMARK SUBSET](#)

[CHANGE SUBSET](#)

InterQual Process cont.

- Once all documentation is entered, click the **Complete button** to finish this section and return to finalizing the review.



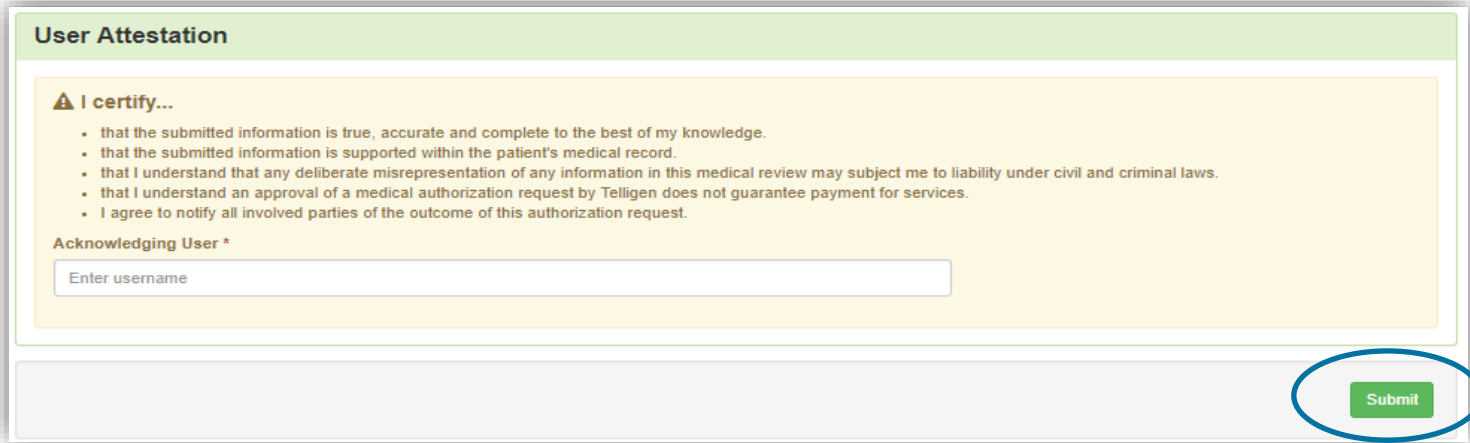
The screenshot displays a list of medical conditions in a review interface. The conditions are:

- ACUTE, ≥ One: (with a green checkmark, a speech bubble icon, and a document icon)
- Brain abscess confirmed by head CT or brain MRI (with a green checkmark, a speech bubble icon, and a document icon)
- Encephalitis actual or suspected and, All: (with a plus icon, a speech bubble icon, and a document icon)
- Meningitis and, One: (with a plus icon, a speech bubble icon, and a blue 'Care' button)

At the bottom, a navigation bar contains four buttons: 'PREVIOUS' (with a left arrow), 'SAVE REVIEW' (with a document icon), 'COMPLETE' (with a checkmark icon and circled in red), and 'REVIEW SUMMARY' (with a right arrow).

Attestation

- The last piece of submission is to enter your **Username** in the attestation section



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 by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Enter username

Submit

- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing

ⓘ Error saving your Request

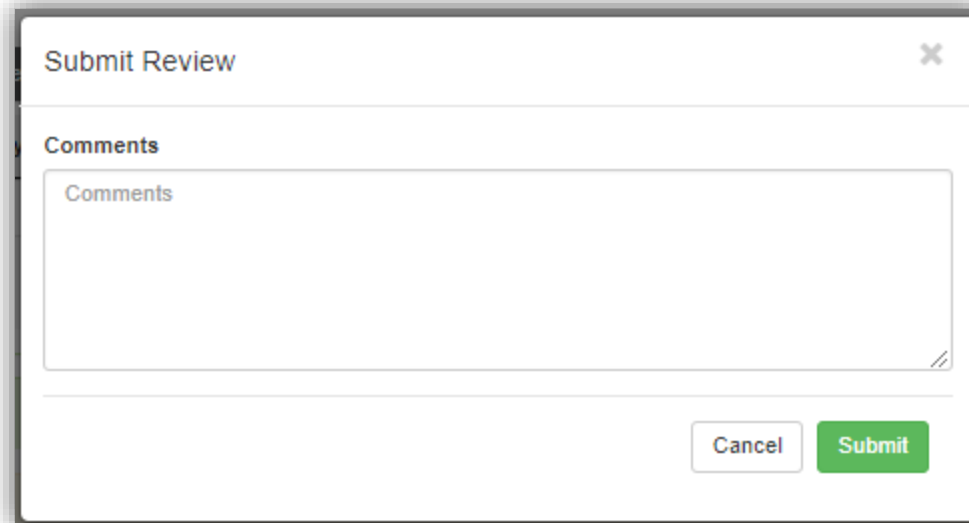
There was an error with the following panel(s):

- **Documentation** - You must have one or more documents



Comments

- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **This is not required to complete the review.**

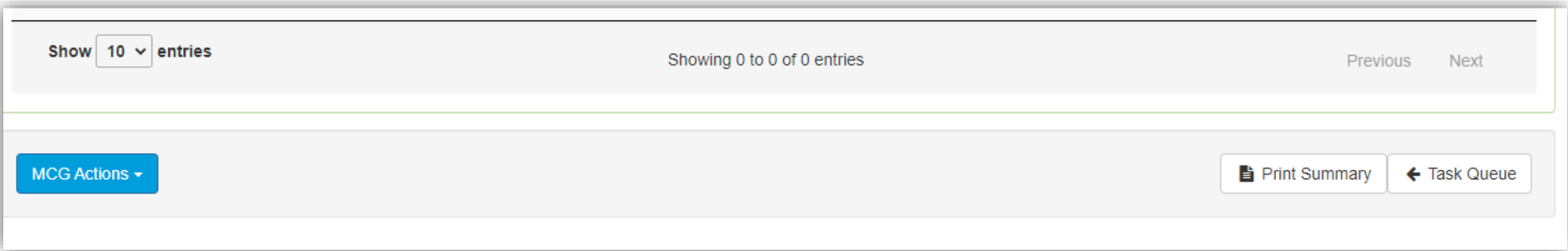


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input field. At the bottom of the modal, there are two buttons: a "Cancel" button and a "Submit" button. The "Submit" button is highlighted in green.



Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the **Actions** button
- To navigate off of the request, scroll to the bottom of the page and select **← Task Queue**
 - This will return the user to the tasks page where you can begin a new search and submit other reviews.



The screenshot shows a summary page interface. At the top left, there is a "Show" label followed by a dropdown menu set to "10" and the word "entries". In the center, it says "Showing 0 to 0 of 0 entries". On the right side, there are "Previous" and "Next" navigation links. Below this, there is a blue button labeled "MCG Actions" with a dropdown arrow. On the far right, there are two buttons: "Print Summary" with a printer icon and "← Task Queue" with a left-pointing arrow.



Where Did My Review Go?



- Once a review has been submitted, you can find the review by:
 - searching for the Case ID
 - searching for the member and looking at the UM panel in the Member Hub.
- **Member Hub functions:**
 - Allows the user to look at the Review to check for determination and any correspondence
 - Submit a Reconsideration which is titled 1st Level Appeal
 - Delete a review that was submitted incorrectly

The screenshot shows the Qualitrac interface. At the top left, it says "Qualitrac stage". On the right, there is a navigation bar with icons for Facebook, a cloud, chat, notifications, a speaker, a refresh icon, a search icon, a calendar, a menu, a help icon, an email icon, and a user profile icon. Below this is a breadcrumb trail: "Dashboard / Task Queue / Member Hub". On the right side of this bar, it says "Stephanie Wilson - TEMP000000100700 - 01/03/1978".

The main content area is divided into two sections. On the left is a "Control Panel" with a hamburger menu icon. Below it is a "Scheduled Tasks" section with a calendar icon. The right section is a member profile for "Stephanie Wilson" with a "View Member Details" button. Below the name, there are four fields: "Member ID: TEMP000000100700", "Date of Birth: 01/03/1978", "Phone Number:", and "Client: Mississippi".

Review



- Once in the **UM Panel**:
 - Navigate to your request
 - Click on the ellipsis at the right side of the line request. This menu will allow you to view the request in more detail, submit a reconsideration (1st Level Appeal), and other options.

Non-Emergency Outpatient Advanced Imaging (36826) Treating Provider: JACKSON, ALLEN Case Creation

Show 10 entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Has Been Submitted	08/05/2024 11:38 am			⋮ View Request Delete

Showing 1 to 1 of 1 entries



Request for Information (RFI)



A Note about Timeframes



Telligen Review Timeframes

Prospective	Concurrent	Retrospective
2	N/A	5

Provider Timeframes

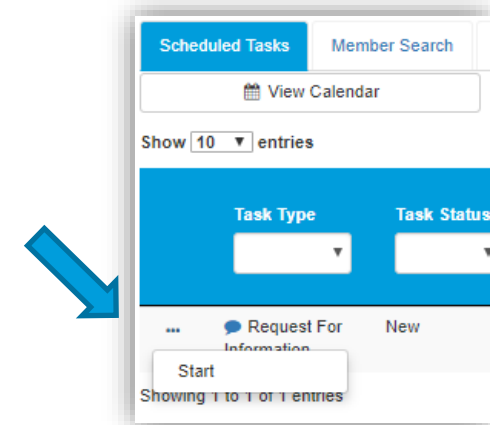
- Providers have 10 business days to respond to a request for information (RFI).
- Providers have 30 calendar days to submit a reconsideration.
- Providers should enter reviews for urgent or emergent admissions on the next business day after the admission.

The Telligen portal is available 24/7/365, except for scheduled maintenance days.



Request for Information

- When a reviewer needs additional clinical documentation to make a determination, the submitter will be notified that additional Information is needed.
- Notification Methods:
 - Email to user that they have a request for more information
 - A task will populate in the Qualitrac system
- User steps:
 - Log into Qualitrac
 - Proceed to scheduled tasks
 - Click on the ellipsis to the left of the page, to start the task.



Request for Information



- Scroll down the **summary page** of the review
- Proceed to the correspondence section.
- Click on the blue name of the letter to open it and see what information is being requested.

The screenshot shows a web interface for a 'Correspondence' section. At the top left is the title 'Correspondence' and at the top right is an orange '+ Add' button. Below the title is a search bar with the label 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains two entries, each with a blue link 'DRG Request for Information' and three small icons (document, download, delete). The 'Addressee' column contains 'Treating Facility: UMEHR Test Provider 6 NPI: 8888888806' and 'Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815'. The 'Date Sent' column contains '06/16/2022 10:57:18' for both entries. At the bottom left, there is a 'Show 10 entries' control. At the bottom center, it says 'Showing 1 to 2 of 2 entries'. At the bottom right, there are 'Previous', '1', and 'Next' navigation controls.

Letter	Addressee	Date Sent
DRG Request for Information	Treating Facility: UMEHR Test Provider 6 NPI: 8888888806	06/16/2022 10:57:18
DRG Request for Information	Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815	06/16/2022 10:57:18

Request for Information



- Scroll up to the **Documentation panel** to attach additional information.
- Click on the Add button to attach additional clinical documentation to the review.

The screenshot shows a 'Documentation' panel with a green header and an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. A table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action is displayed. The table contains one entry: 'Commit to a Goal' under the 'Clinical' category, with the topic 'Medical & Treatment History', date '02/17/2019', and uploader 'swilsonMD'. Below the table, there is a 'Show 10 entries' dropdown, 'Showing 1 to 1 of 1 entries', and pagination controls for 'Previous', '1', and 'Next'.

Name	Category	Topic	Date Added	Uploaded By	Action
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	



Request for Additional Information



- Once you add all necessary information, the system will trigger a task for the reviewer
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- ****Do NOT start a new review** to submit additional clinical information that was requested. This will delay the response. Please follow the steps outlined when a Request for Information task is available in the task queue.

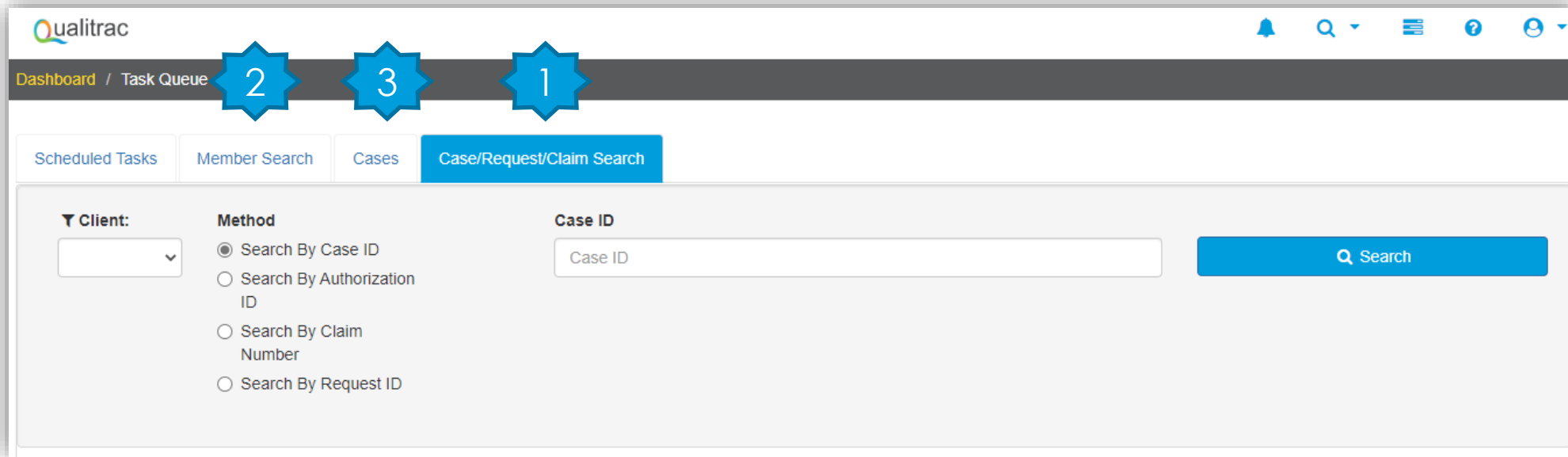


Finding the Determination



Locating A Determination

- **To Locate the determination:** Log in and select search under UM



Qualitrac

Dashboard / Task Queue

Scheduled Tasks Member Search Cases Case/Request/Claim Search

Client: [Dropdown]

Method

- Search By Case ID
- Search By Authorization ID
- Search By Claim Number
- Search By Request ID

Case ID: [Input Field]

Search

Locate the member

1. Search for the case by using the case ID
2. Search by the member and locate the case in the member hub
3. Search Cases for the list of all auth requests

Locating A Determination



- To **Locate the determination:**

1. If searching by the member, once in the member hub:

- Scroll down to the Utilization Management section
- Select the appropriate auth request (if multiple are present)
- Click on the ellipsis on the right side of the page in line with the review you are searching for
- Select View Request

2. If searching by Case ID

- Upon selecting the case ID, you will be taken directly to the authorization request

3. If Searching by the case list, you will scroll to locate the case and select

4. Once the review is open, scroll down the page to the Outcomes panel

5. Click on the gray section of the panel to open it and view the details.

A screenshot of the 'Utilization Management' section in a software interface. The header is green with a person icon and the text 'Utilization Management'. Below the header is a yellow bar with the text 'Hiding canceled requests.' and a 'Show' button. At the bottom is a dark gray bar with the text 'Non-Emergency Outpatient Advanced Imaging (36826)' and 'Treating Provider: JACKSON, ALLEN'. On the right side of the header, there are two orange buttons: 'View Requests' and '+ Add'.

Utilization Management

View Requests

+ Add

Hiding canceled requests.

Non-Emergency Outpatient Advanced Imaging (36826)

Treating Provider: JACKSON, ALLEN

View Outcome



Utilization Management

View Requests

+ Add

Hiding canceled requests.

Show

Non-Emergency Outpatient Advanced Imaging (36826)

Treating Provider: JACKSON, ALLEN

Show 10 entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - Extension	Request Is Complete	12/13/2023 04:46 pm	12/13/2023	Approved	...

View Outcome



Outcomes

Review Outcome: Denied

(HCPCS) G0446 - ANNUAL FCE-FCE INTENSV BEHV TX CV DZ IND 15 MIN

Outcome: Denied

Requested

Final Recommendation

Outcome	
Authorization Number	
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Units	20 unit(s)
Frequency	3 Three times weekly
Total Cost	

Outcome	Denied (Clinical Denial)
Authorization Number	7000000004
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Approved	0 unit(s) (Denied: 20)
Frequency	3 Three times weekly
Total Cost	
Letter Rationale:	denial

Submitting a Reconsideration (1st Level Appeal) or P2P Review



Submitting a Reconsideration (1st Level Appeal)



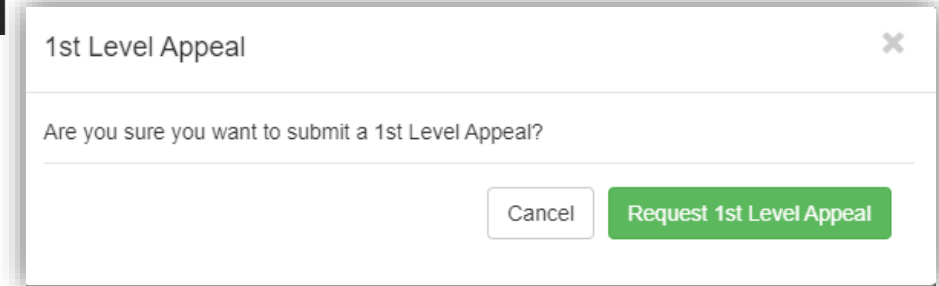
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

The screenshot shows the 'Utilization Management' interface. At the top, there is a header with a user icon, the title 'Utilization Management', and two buttons: 'View Cases' and '+ Add'. Below the header, there is a search bar and a dropdown menu set to '10 entries'. The main content is a table with the following columns: Status, Case ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single row is displayed with the following data: Request Is Complete, 812, Acute Medical Surgical, Retrospective, WILSON MD, DOUGLAS, JOHN HOPKINS MOORE CL MAC, 02/04/2019, 02/08/2019, Denied, and an ellipsis icon. An action menu is open over the ellipsis, showing 'View Request' and '1st Level Appeal'. At the bottom left of the table, it says 'Showing 1 to 1 of 1 entries'.

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

Reconsideration (1st Level Appeal) cont.

- The system will ask you if you are sure you want to submit a 1st Level appeal
- Select the green button : **Request 1st Level Appeal**
 - You will still be able to delete the request later

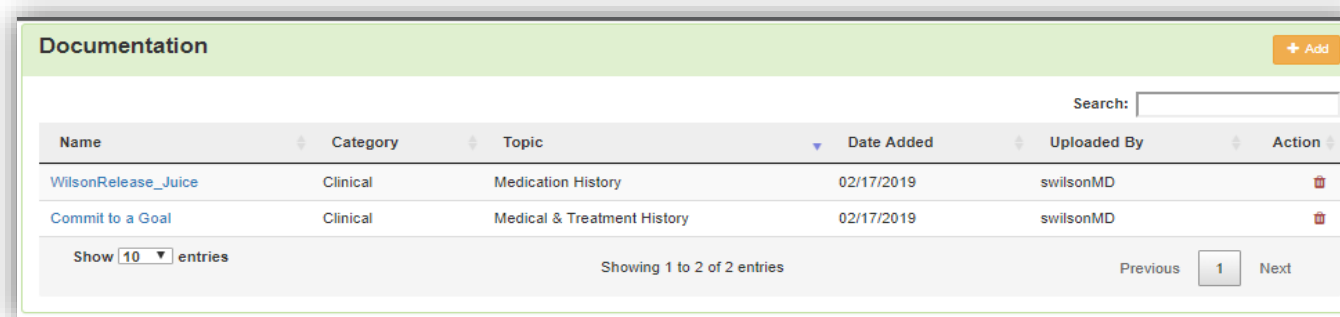


1st Level Appeal

Are you sure you want to submit a 1st Level Appeal?

Cancel Request 1st Level Appeal

- Attach any additional documentation that is necessary to support the appeal



Name	Category	Topic	Date Added	Uploaded By	Action
WilsonRelease_Juice	Clinical	Medication History	02/17/2019	swilsonMD	
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Show 10 entries Showing 1 to 2 of 2 entries Previous 1 Next



Reconsideration (1st Level Appeal) cont.



- Sign the User Attestation using your **USER ID**

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 by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

- Click Submit to have the information sent to Telligen for reconsideration

Non-Emergency Outpatient Advanced Imaging (36826)

Treating Provider: JACKSON, ALLEN

Show 10 entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - 1st Level Appeal	Request Has Been Submitted	12/28/2023 12:28 pm		Pending	...

The system will display your appeal



Peer-to-Peer Review



If the reconsideration determination was upheld or any portion was not approved as requested, the provider can request a *Peer to Peer Review*. A second physician not involved in the initial decision reviews the reconsideration request, the original information, and any additional information submitted. The provider will have 30 calendar days from the date and time of the initial determination being rendered to submit the request.

Written notification will be provided of reconsideration determinations within 10 business days of receipt of the request for a standard reconsideration.



Peer to Peer cont.



- **Submitting a Peer to Peer:** 1. Go to the UM Panel in the member hub 2. Click on the denied review 3. Click on the blue ellipsis within the denied case to open the action menu. 4. Once there, select Peer to Peer from the menu. 4. Follow the system prompts to complete. 5. If the provider desires to request a peer-to-peer via phone, they need to call Customer Service at 1-855-625-7709. They will need the case or member ID when they call in and the customer service rep will be able to create the task in the system. A representative will contact the requesting provider with scheduling details within five business days of making the request.

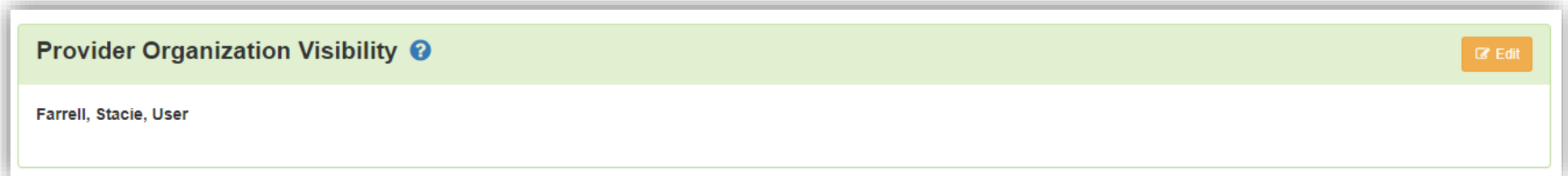
The screenshot shows the Utilization Management interface. At the top, there is a header with a person icon and the text "Utilization Management". To the right of the header are two buttons: "View Cases" and "Add". Below the header, there is a yellow banner with the text "Hiding canceled cases." and a "Show" button. Underneath, there is a "Show 10 entries" dropdown and a search box. The main part of the interface is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. There are two rows of data. The first row has a status of "Request Is Complete", Case ID 28978, Request ID 28990, Review Type "Level of Care", Timing "Concurrent", Treating Prov./Phys. "HARBOUR, JO", Treating Facility "HUDSPETH REGIONAL CENTER", Req. Start "11/07/2023", Req. End, and Outcome "Denied". The second row has a status of "Request Is Complete", Case ID 28977, Request ID 28989, Review Type "Level of Care", Timing "Concurrent", Treating Prov./Phys. "HARBOUR, JO", Treating Facility "HUDSPETH REGIONAL CENTER", Req. Start "03/01/2024", Req. End, and Outcome. An action menu is open for the first row, showing options: "View Request", "Continued Stay Review", "Request P2P" (highlighted with a blue arrow), "1st Level Appeal", and "Cancel".

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	28978	28990	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	11/07/2023		Denied	...
Request Is Complete	28977	28989	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	03/01/2024			

E-mail Notifications



- Users will receive email notifications when:
 - Reviews are received from the portal
 - Reviews are updated/changed in status
- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



Contact Us



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