



## Definitions of Review Types

1. **Admission (Initial PAR request)** – Select this review type for a new/initial PAR request. This is also used for all APS PAR revisions.

*Please note: Admission is the terminology in eQSuite® for a new/initial PAR request and does not indicate a hospital inpatient admission. The review type “admission” should be used for many PARs 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

Therapy Services:  PT  OT  CRT Evaluation/Assessment

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. *Please note: Modify authorization should be not selected if your need is to change or add a procedure code due to changes related to "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 PDN, LTHH and Therapy settings. Use Admission review type for other settings.

The screenshot shows the 'Review Type and Settings' section of the eQHealth PAR form. The 'Review Type' dropdown menu is set to 'Cont Stay', which is highlighted in red. An arrow points to this dropdown. Other fields include 'Requesting Provider ID', 'Requesting Provider Name', 'Billing Provider ID', 'Billing Provider Name', 'Are you the Billing Provider?' (radio buttons for Yes/No), 'Choose Setting' (radio buttons for Surgical/Nonsurgical, Outpt Therapy/CRT Eval, Outpt Molecular Testing, Outpt Diagnostic Imaging, DME - Orthotics), 'Therapy Services' (radio buttons for PT, OT, CRT Evaluation/Assessment), 'eQHealth PAR Number' (highlighted in red), and '(or) APS PAR Number'. A 'RETRIEVE DATA' button is located at the bottom.

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.

The screenshot shows the 'Review Type and Settings' section of the eQHealth PAR form. The 'Review Type' dropdown menu is set to 'Retrospective', which is highlighted in purple. An arrow points to this dropdown. Other fields include 'Requesting Provider ID', 'Requesting Provider Name', 'Billing Provider ID', 'Billing Provider Name', 'Are you the Billing Provider?' (radio buttons for Yes/No), 'Choose Setting' (radio buttons for Surgical/Nonsurgical, Outpt Therapy/CRT Eval, Outpt Molecular Testing, Outpt Diagnostic Imaging, DME - Orthotics), 'Therapy Services' (radio buttons for PT, OT, CRT Evaluation/Assessment), 'eQHealth PAR Number', and '(or) APS PAR Number'. A 'RETRIEVE DATA' button is located at the bottom.