

# **MEDICAL AUTHORIZATION USING INTERQUAL**

September 2025



# CLASS DESCRIPTION

This class covers the prior authorization (PA) submission for InterQual®-related procedures and provides resolutions to common errors within the InterQual® review. PAs related to behavioral health, dental, durable medical equipment (DME), Therapy (OT/PT/ST), pharmacy and waiver are not included.

**Note:** This webinar will *not* include Managed Care Organization (MCO) changes or Medicaid Expansion. For more information, click on the banner from the [homepage](#).

Recommended Audience: Providers who submit PAs related to surgeries, procedures and high-tech imaging.

# DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of April 2021.
- Current information can be found on the OHCA public website: [www.Oklahoma.gov/ohca](http://www.Oklahoma.gov/ohca)

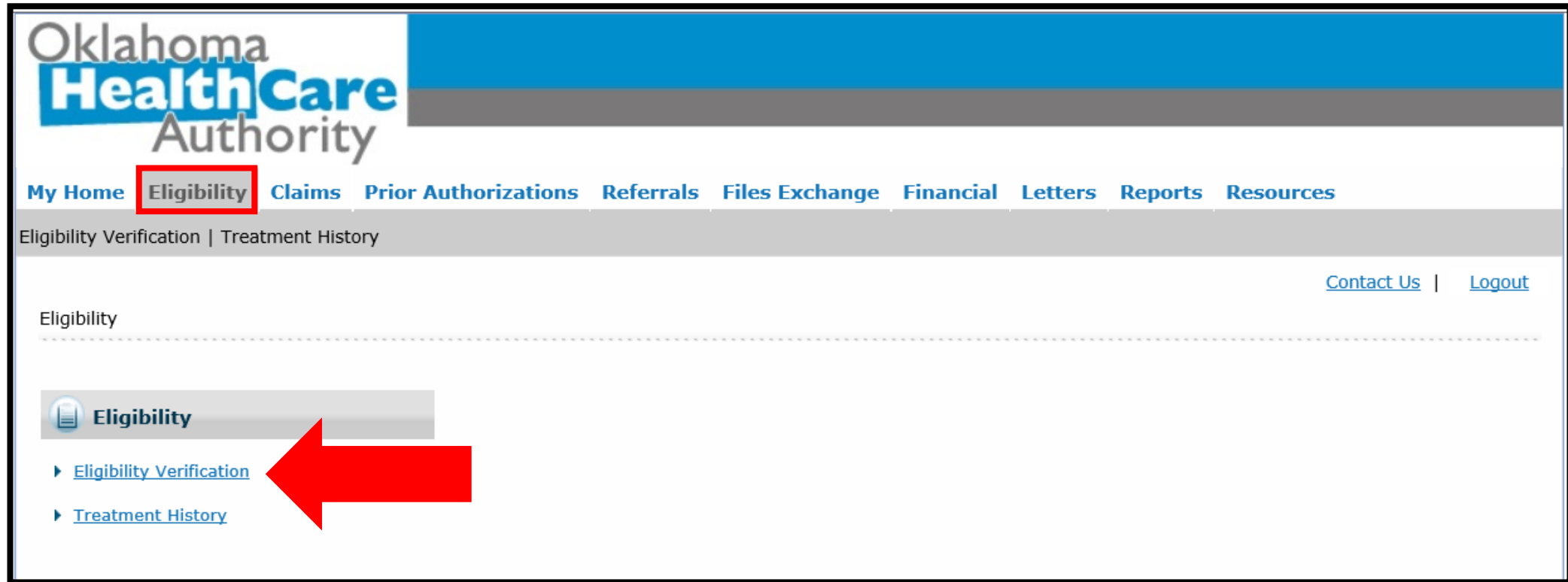
# AGENDA

- Verification
  - Eligibility Verification
  - Treatment History
  - Fee Schedule
- Prior Authorizations
  - PA Submission
  - InterQual<sup>®</sup> Review
- Reminders
- Resources
- Questions



**VERIFICATION**

# ELIGIBILITY VERIFICATION



Select Eligibility Verification to verify member eligibility.

# ELIGIBILITY VERIFICATION

Eligibility Verification Request

\* Indicates a required field.

Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

Member ID

Case Number

SSN

Last Name

First Name

Date of Birth

\*From Date of Service

\*To Date of Service

Submit

Reset

- Enter the SoonerCare Member ID.
- Enter the From Date and To Date of Service.

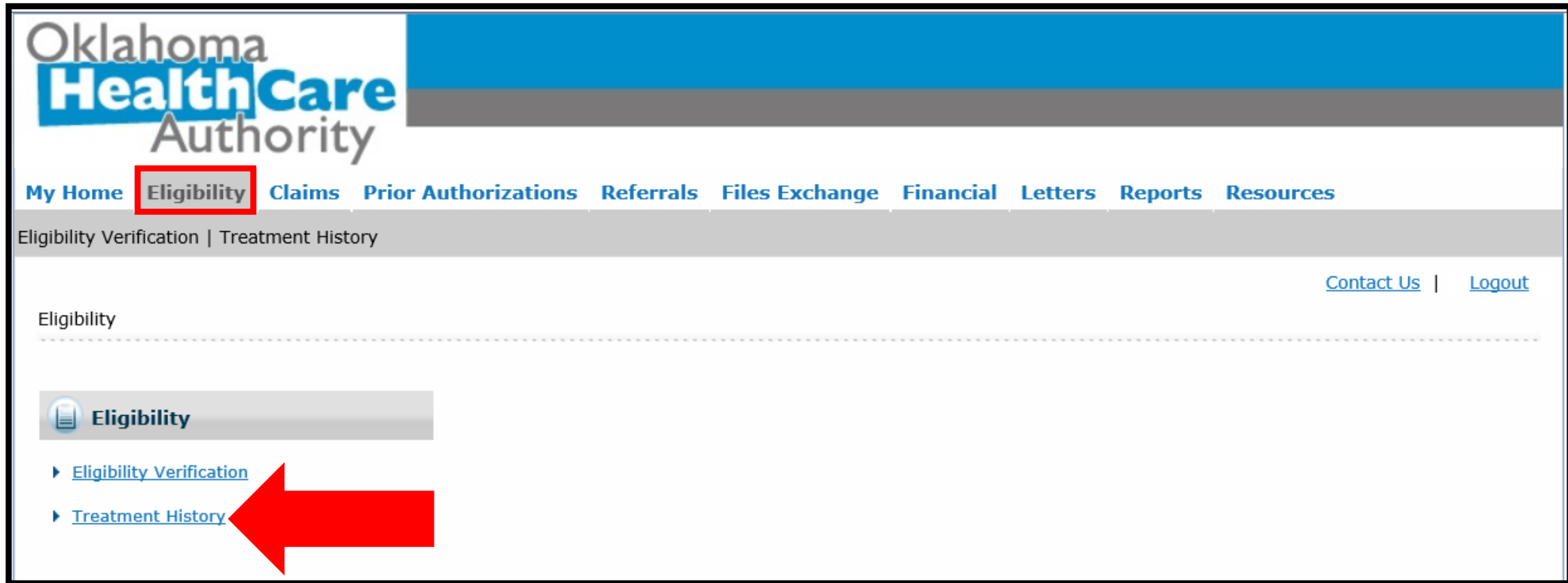
7 | OKLAHOMA HEALTH CARE AUTHORITY

# ELIGIBILITY VERIFICATION

Eligibility			-
Coverage	Effective Date	End Date	
Title 19	09/21/2020	09/21/2020	
Waiver Advantage	09/21/2020	09/21/2020	
Non Emergency Transportation	09/21/2020	09/21/2020	
Mental Health and Substance Abuse	09/21/2020	09/21/2020	
Visits			+
TPL			+

Eligibility must show Title 19 for active benefits.

# TREATMENT HISTORY



Select Treatment History under the Eligibility tab.

# TREATMENT HISTORY

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

<b>*Member ID</b>	<input type="text" value="012345678"/>	<b>Last Name</b>	<b>First Name</b>	<b>Birth Date</b>
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**Service Information**

<b>*Service From Date</b>	<input type="text" value="01/01/2020"/>	<b>To Date</b>	<input type="text" value="09/21/2020"/>	<input type="checkbox"/> Lifetime
<b>*Procedure Code Type</b>	<input type="text" value="CPT/HCPCS"/>	<b>*Procedure Code</b>	<input type="text" value="62323"/>	

- Member ID – Enter the SoonerCare Member ID.
- Service From and To Date – Enter the dates of service.
- Procedure Code Type – Select CPT/HCPCS or Revenue.
- Procedure Code – Enter the procedure code.

# TREATMENT HISTORY

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

012345678

Last Name

First Name

Birth Date

Service Information

\*Service From Date

01/01/2018

To Date

08/13/2018

☐ Lifetime

\*Procedure Code Type

CPT/HCPCS

\*Procedure Code

62323

Search

Reset

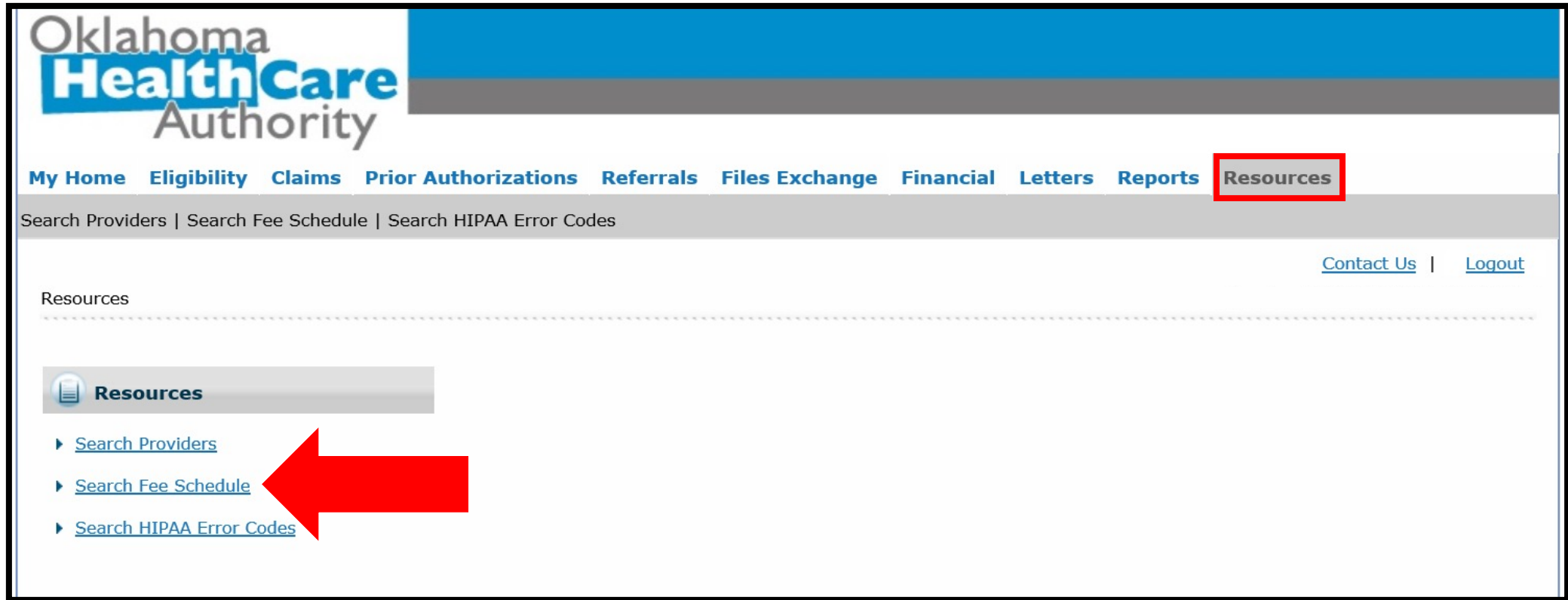
Search Results

Total Records: 2

Service Date ▼	Procedure Code	Description	Units
02/28/2018	62323	NJX INTERLAMINAR LMBR/SAC	1
02/28/2018	62323	NJX INTERLAMINAR LMBR/SAC	1

Search Results will reflect the date when services were rendered and how many units were billed.

# FEE SCHEDULE



Select Search Fee Schedule under the Resources tab.



# FEE SCHEDULE

**Search Fee Schedule**

Procedure

\* Indicates a required field.

Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type.

**\*Benefit Package**

Title 19

**Code Type**

Procedure Code

**\*Procedure Code**

62323

**\*Date of Service**

09/21/2020

**\*Age**

21

**Modifiers**

Search

- Procedure Code – Enter the procedure code.
- Date of Service – Enter the date of service.
- Age – Enter the age of the member.
- Modifiers – Used for pricing of procedures.

# FEE SCHEDULE

## Pricing and Limitations:

Non-Facility Place of Service Allowed Amount: \$225.08

Facility Place of Service Allowed Amount: \$92.45

PA Required



Maximum Units: 1

Age Restriction: 0 - 999

Medical Review is Not Required

Gender: Both

Attachment is Not Required

Not a Lifetime Procedure

Not restricted to any Diagnosis

Billing Provider not restricted to any Specialty

Rendering Provider restricted to certain Specialty

Ambulatory Surgical Facility Fee: \$0.00

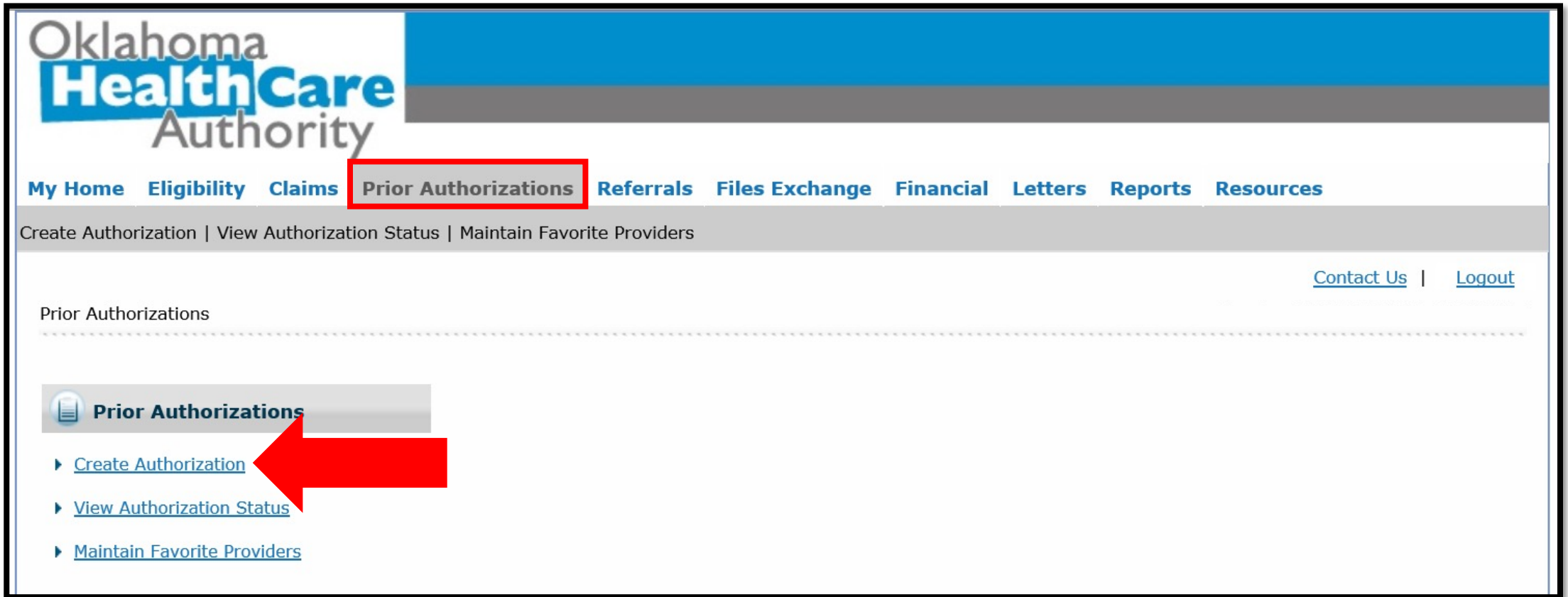
Ambulatory Payment Classification Fee: \$0.00

Discounted: NA

Search Results will show if a PA is required.

# **PRIOR AUTHORIZATIONS**

# PA SUBMISSION



Select Create Authorization under the Prior Authorizations tab.

# PA SUBMISSION

Requesting Provider Information				
This panel contains provider information.				
Provider ID	ID Type	Name		
Zip Code	Contract Code _	Taxonomy	SC Provider Number	

Requesting Provider Information – This will automatically populate the provider logged in.

Member Information			
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.			
*Member ID	<input type="text"/>		
Last Name	First Name	Middle	
Birth Date			

Member Information – Enter the SoonerCare Member ID.

# PA SUBMISSION

**Service Provider Information**

Service Provider may be required depending on the type of Assignment Category selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PCP. If a group, clinic or PCP is selected, the submission will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

**Service Provider same as Requesting Provider** ☐

**Select from Favorites**

**Provider ID**  **ID**  **Name**  **Add to Favorites** ☐

**Zip Code**  **Contract Code**  **Taxonomy**  **SC Provider Number**

Service Provider Information is only required for durable medical supplies/equipment/appliances, prosthetics, orthotics, home health, hospice, specialized nursing and vision care services. All other types leave blank.

# PA SUBMISSION

**Attachments**

Transmission Method	File	Control #	Action
<input type="checkbox"/> Click to collapse.			
<b>Transmission Method</b> EL-Electronic Only			
*Upload File	<input type="text"/> Browse...		
*Description	<input type="text"/>		
<div><input type="button" value="Add"/> <input type="button" value="Cancel"/></div>			

Transmission Method: EL = Electronic Only

- Accepted file types: JPG, PDF, TIF, XPS
- Up to 10 MB
- Only the first line item requires attached documents

# PA SUBMISSION

**Attachments**

Transmission Method	File	Control #	Action
Click to collapse.			
<b>Transmission Method</b> EL-Electronic Only			
*Upload File	<input type="text"/> Browse...		
*Description	<input type="text"/>		
<a href="#">Add</a>			

- Upload File – Select **Browse** to locate the attachments.
- Description – Enter a brief description of the documentation. Click **Add**.



# PA SUBMISSION

**Attachments**

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	medicalrecord.pdf (168K)	20200921206708	<a href="#">Remove</a>

☐ Click to collapse.

**Transmission Method** EL-Electronic Only

\*Upload File

\*Description

Browse...

Add

Cancel

- The transmission method, file and control number will reflect if the documentation is successfully attached to the PA line item.
- The system will populate another blank section if additional documents need to be added.

# PA SUBMISSION

**Other Information**

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

**\*Assignment Code**

Fund

**Diagnosis Information**

Click the **Remove** link to remove the e

**ICD Version**

Click to collapse.

**\*ICD Version** ICD-10-CM

ADVANTAGE WAIVER  
AUDIOLOGY  
CHIRO  
CLINIC  
DME  
GENERAL  
HIGH RISK OB  
HOMEHEALTH  
HOSPICE  
HOSPITAL - OUTPATIENT  
HOSPITAL IP FACILITY OR PHYSIC  
LAB & XRAY  
MRI-MRA-PET  
O-EPIC  
OT  
PHARMACY  
PHYSICIAN  
PODIATRY

Managed Care

Letter

**Diagnosis Code**

**Action**

**Cancel**


- Assignment Code – Select the appropriate assignment code.
- Managed Care, Fund, Letter – Leave blank.

# PA SUBMISSION

**Diagnosis Information**

Click the **Remove** link to remove the entire row.

ICD Version	Diagnosis Code	Action
<div><div>Click to collapse.</div></div>		
<b>*ICD Version</b> ICD-10-CM	<b>*Diagnosis Code</b>	
<div>Add</div>		



Diagnosis Code – Enter the primary diagnosis code without the decimal point, then click **Add**.

# PA SUBMISSION

**Remarks**

Remarks are **Optional**. Click '+' to view, click '-' to collapse the row. Once you enter a remark, it is **required** to click the Add button. Click **Remove** to remove the remark row.

Remarks	Action
<input type="checkbox"/> Click to collapse.	
<div><div>*Remarks</div><div></div></div>	
<div>Add</div>	

Remarks (optional) – Enter a contact name and telephone number of the person submitting the PA request. For items listed as miscellaneous, enter the line item and description in the remark field. Select **Add**.

# PA SUBMISSION

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.						
	*From Date ⓘ <input type="text"/>	To Date ⓘ <input type="text"/>	*Code Type <input type="text" value="Procedure Code"/>	*Code ⓘ <input type="text"/>	Thru ⓘ <input type="text"/>	

From Date and To Date – Enter the date range.

- Therapy – No Retro
- Imaging – MRA, MRI, CT, PET 3-day retro\*\*
- All others – 5 days retro

\*\*from the initial date of service

# PA SUBMISSION

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
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☐ Click to collapse.

\*From Date ⓘ

To Date ⓘ

\*Code Type

Procedure Code ▼

\*Code ⓘ

Thru ⓘ

- Code Type – Select Procedure Code or Revenue.
- Code – Enter the procedure code.
- Thru Code – Currently only allowed for certain medical supplies/equipment/appliances. Do not use thru codes therapy, imaging, surgery or other medical procedures.

# PA SUBMISSION

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
--	-----------	---------	------	-----------	-------	--------

☐ Click to collapse.

\*From Date

To Date

\*Code Type

Procedure Code

\*Code

Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

\*Units

0

Dollars

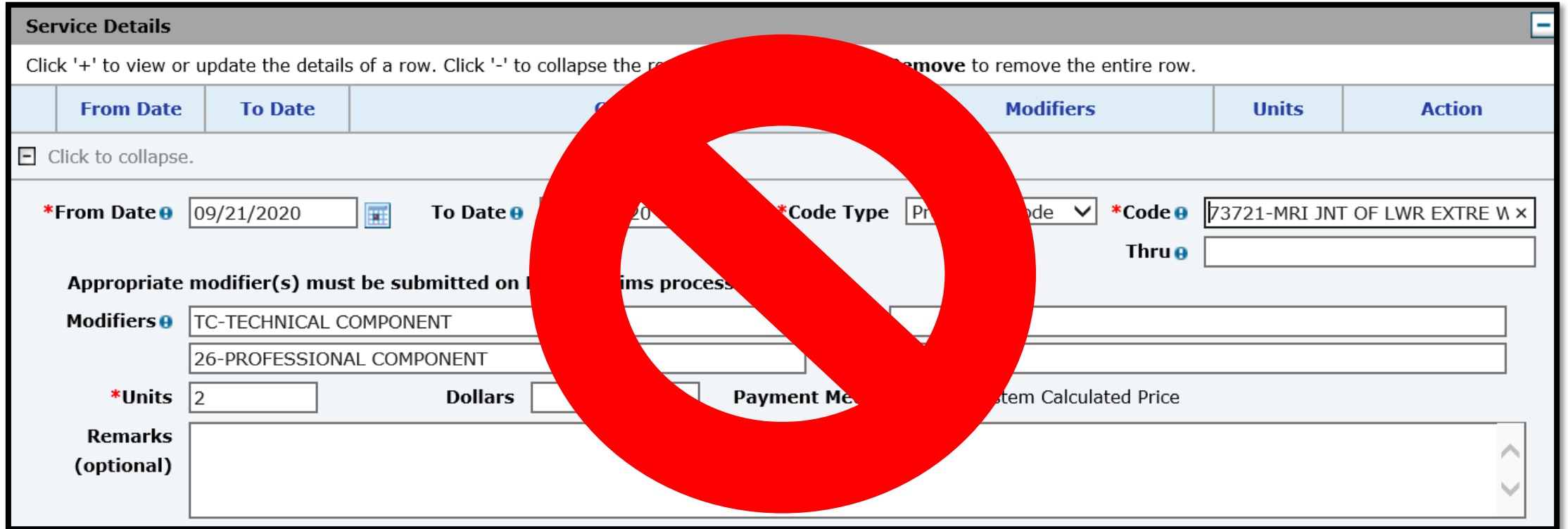
Payment Method

1-Pay System Calculated Price

Remarks  
(optional)

Modifiers – Use appropriate modifiers, if applicable. Up to four modifiers can be entered.

# PA SUBMISSION



The screenshot shows a 'Service Details' form with a table header containing 'From Date', 'To Date', 'Code', 'Modifiers', 'Units', and 'Action'. Below the header, there are input fields for 'From Date' (09/21/2020), 'To Date', 'Code Type', 'Code' (73721-MRI JNT OF LWR EXTRE W x), and 'Thru'. A message states: 'Appropriate modifier(s) must be submitted on claims process'. Under 'Modifiers', two lines are entered: 'TC-TECHNICAL COMPONENT' and '26-PROFESSIONAL COMPONENT'. The 'Units' field is set to '2'. The 'Remarks (optional)' field is empty. A large red prohibition sign is overlaid on the form, indicating that this configuration is incorrect.

From Date	To Date	Code	Modifiers	Units	Action
09/21/2020			TC-TECHNICAL COMPONENT 26-PROFESSIONAL COMPONENT	2	

Modifiers TC and 26 entered on the same line of the PA will cause claims to deny.




# PA SUBMISSION

Service Details						
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click <b>Copy</b> to copy or <b>Remove</b> to remove the entire row.						
	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	09/21/2020	12/21/2020	73721-MRI JNT OF LWR EXTRE W/O DYE	TC	1	<a href="#">Copy</a>   <a href="#">Remove</a>
<input type="checkbox"/>	09/21/2020	12/21/2020	73721-MRI JNT OF LWR EXTRE W/O DYE	26	1	<a href="#">Copy</a>   <a href="#">Remove</a>
<input type="checkbox"/> Click to collapse.						

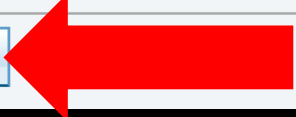
If using a TC and 26 modifier, enter two separate PA lines. First line for one unit with the TC modifier, second line for one unit with the 26 modifier.

# PA SUBMISSION

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers 

**\*Units**  **Dollars**  **Payment Method** 1-Pay System Calculated Price

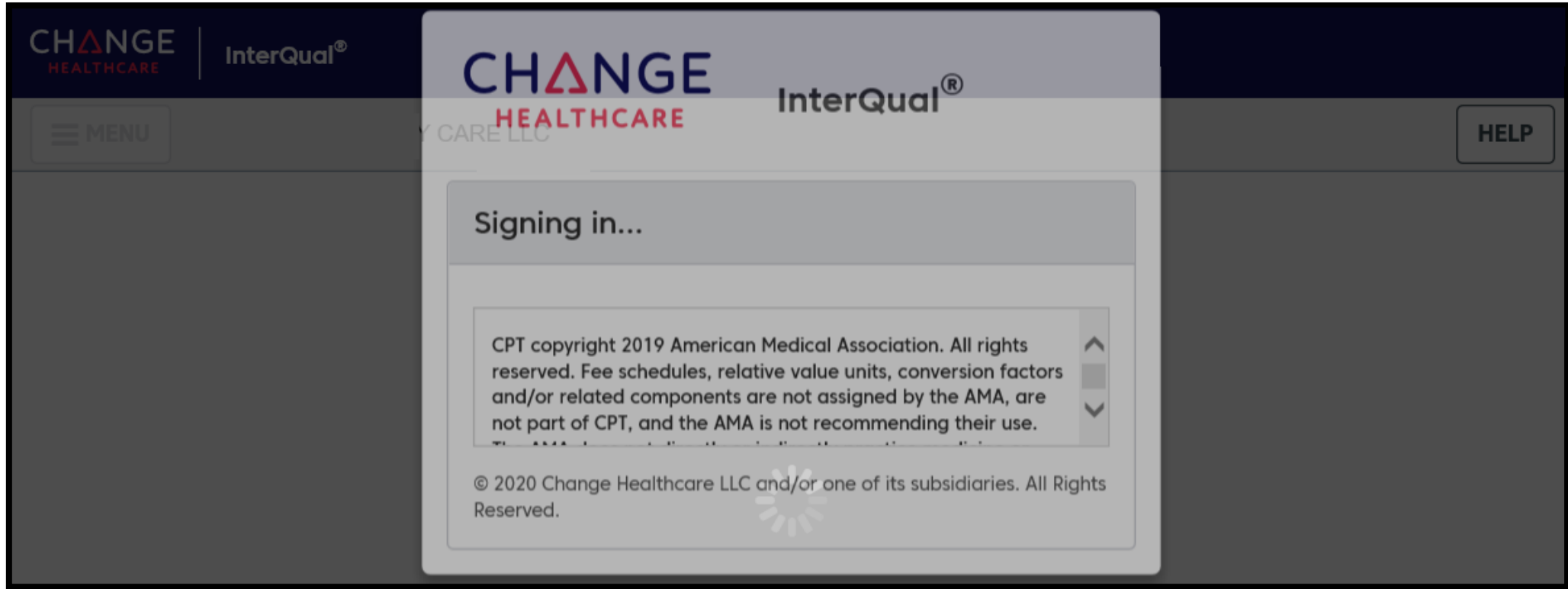
[Add Service](#) 

- Units – Enter the number of units.
- Click Add Service to save the PA line item.

# INTERQUAL® REVIEW

- InterQual® evidence-based questions and answers are currently implemented in the SoonerCare Provider Portal PA function.
- OHCA currently has high tech imaging, some surgeries and some procedures impacted by the InterQual® medical review guidelines.
- OHCA will continue to add additional services throughout the remainder of the year.

# INTERQUAL® REVIEW



The page will redirect to the InterQual® website if the code entered requires InterQual® review.

# INTERQUAL® REVIEW

The screenshot displays the 'Select Subset' interface with a warning message overlay. The warning message, titled 'Message from webpage', states: 'Please only select one CPT/HCPCS code on the recommendation screen, if more than one CPT/HCPCS code is required, you will need to enter that CPT/HCPCS code on another line item.' A red arrow points to the 'OK' button on the message box. Below the message, a table lists recommendations with columns for the procedure name, CPT/HCPCS code, and the version.

Subset	CPT/HCPCS Code	Version
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2020
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019.1
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.2
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.1
Epidural or Intrathecal Catheter Placement	CP:Procedures	InterQual 2020

Select one code on the recommendation screen. Another line item will need to be entered on the PA if more than one code is required. Click **OK** to continue.

# INTERQUAL® REVIEW

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

PRODUCT ▾

VERSION ▾

CATEGORY ▾

CLINICAL...

Enter Keywords






62323

FIND SUBSETS

CLEAR ALL



BOOKMARKS ▾

Results Count: 6

Subset ▴	Product	Version ▾
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	 Client Defined 2020
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	 Client Defined 2019.1
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	 Client Defined 2019
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	 Client Defined 2018.2
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	 Client Defined 2018.1
Epidural or Intrathecal Catheter Placement	CP:Procedures	InterQual 2020

Select the appropriate **Subset** from the results list for the related procedure entered.

# INTERQUAL® REVIEW



**Client Defined 2020, CP:Procedures  
Epidural Injections (Custom) - ENT (Custom) - HCA**

[SHOW CODES](#)

I/O Setting: Outpatient

These criteria include the following coverage determinations:

**Cahaba Government Benefit Administrators, LLC**


**Surgery: Injections of the Spinal Canal (L34291)**


[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?  
LCDId=34291&ver=7&Date=&DocID=L34291&SearchType=Advanced&bc=KAAAABAAIAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34291&ver=7&Date=&DocID=L34291&SearchType=Advanced&bc=KAAAABAAIAAAAA%3d%3d&)

Original Effective Date: 10/01/2015

Revision Effective Date: 02/17/2017

Procedures included:

**BEGIN MEDICAL REVIEW** 

**BOOK VIEW** 


**FULL SUBSET**

**SMARTSHEETS**

**CHANGE SUBSET**

Click the Smartsheets tab to download the medical review questions related to the procedure entered.

# INTERQUAL<sup>®</sup> REVIEW

SmartSheets  Epidural Injections (Custom) - ENT (Custom) - HCA

[DOWNLOAD PDF](#)

Results Count: 1

Print Sele...	Requested Service ▲	Age	Indication
<input checked="" type="checkbox"/>	Epidural Injections	AGE ≥ 21 ▼	ALL INDICATIONS ▼

Select the Requested Service, Age, and Indication.



# INTERQUAL<sup>®</sup> REVIEW

The Smartsheets are designed with step-by-step instructions, based on the answer selected.

## *Therapeutic epidural injections (continued...)*

1. Choose one: <sup>(14, 15, 16)</sup>

- ☐ A) Initial therapeutic epidural injections
- ☐ B) Subsequent therapeutic epidural injections
- ☐ C) None of the above



- If option A selected, then go to question 2
- If option B selected, then go to question 26
- No other options lead to the requested service

2. Pain associated with, Choose one:

- ☐ A) Herpes Zoster
- ☐ B) Neurogenic claudication
- ☐ C) Cervical, Thoracic or Lumbar radicular pain
- ☐ D) Back pain without lower extremity symptoms <sup>(17)</sup>
- ☐ E) None of the above

- If option A selected, then go to question 3
- If option B selected, then go to question 4
- If option C selected, then go to question 11
- If option D selected, then go to question 18
- No other options lead to the requested service

# INTERQUAL® REVIEW



Client Defined 2020, CP:Procedures  
Epidural Injections (Custom) - ENT (Custom) - HCA

SHOW CODES

I/O Setting: Outpatient

These criteria include the following coverage determinations:

**Cahaba Government Benefit Administrators, LLC**

**Surgery: Injections of the Spinal Canal (L34291)**

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34291&ver=7&Date=&DocID=L34291&SearchType=Advanced&bc=KAAAABAAIAAAAA%3d%3d&>

Original Effective Date: 10/01/2015

Revision Effective Date: 02/17/2017

Procedures included:

BEGIN MEDICAL REVIEW ↗

FULL SUBSET

SMARTSHEETS

BOOKMARK SUBSET

CHANGE SUBSET

Click the Begin Medical Review button to answer the medical scenario questions.

# INTERQUAL<sup>®</sup> REVIEW

**Medical Review** C *Epidural Injections (Custom) - ENT (Custom) - HCA* **CHANGE SUBSET** **CLINICAL REFERENCE**

COMMENTS 0

Choose one:

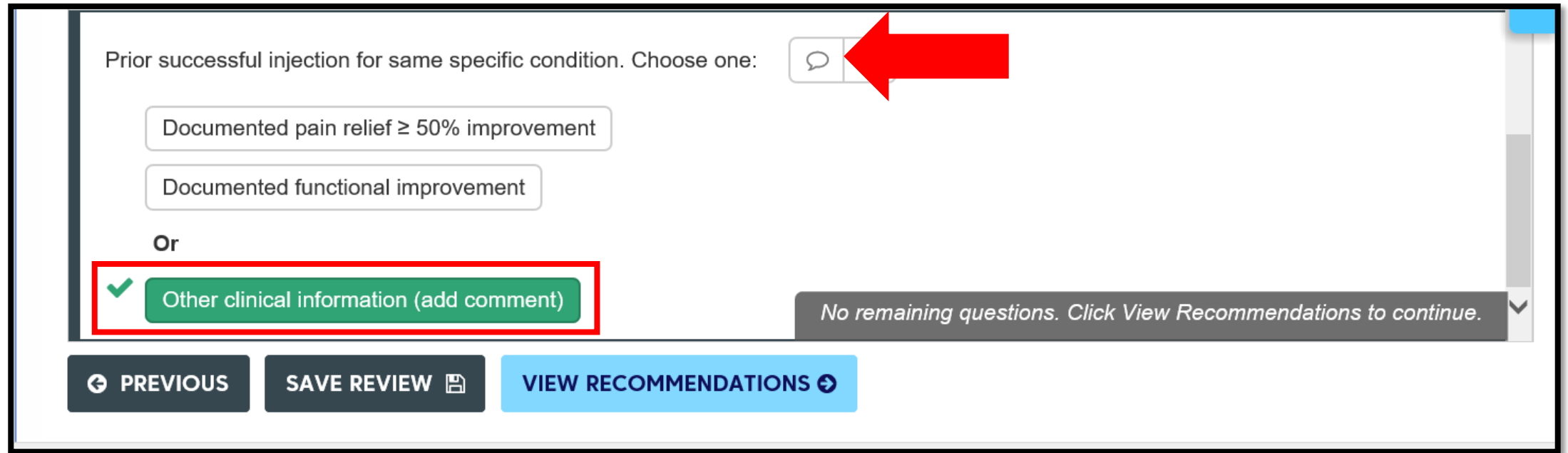
Age ≥ 21

Age ≤ 20

CRITERIA VIEW

Select the correct age for the member.

# INTERQUAL<sup>®</sup> REVIEW



Prior successful injection for same specific condition. Choose one:

☐ Documented pain relief  $\geq$  50% improvement

☐ Documented functional improvement

Or

☒ Other clinical information (add comment)

No remaining questions. Click View Recommendations to continue.

[← PREVIOUS](#) [SAVE REVIEW](#) [VIEW RECOMMENDATIONS →](#)

A red arrow points to a speech bubble icon in the top right corner of the form. A red box highlights the 'Other clinical information (add comment)' option, which is preceded by a green checkmark.

Comments must be added if Other clinical information is selected or if applicable.

# INTERQUAL<sup>®</sup> REVIEW



The screenshot displays the InterQual Review interface. A modal window titled "Reviewer Comments" is open, showing a text area for comments. The text area contains the text "Suspected lower back pain." Below the text area is a blue button labeled "ADD COMMENT". A red arrow points to this button. The background shows the main review interface with a "Medical Review" section, a "COMMENTS 0" indicator, and a "Prior successful" section with "Documented" and "Other clinical" options. A "PREVIOUS" button is visible at the bottom left of the background interface.

**Reviewer Comments**

Prior successful injection for same specific condition. Choose one:  
✓ Other clinical information (add comment)

Suspected lower back pain.

**ADD COMMENT**

Enter the Reviewer Comments then click **ADD COMMENT**.

# INTERQUAL<sup>®</sup> REVIEW

**Medical Review** C *Epidural Injections (Custom) - ENT (Custom) - HCA* CHANGE SUBSET CLINICAL REFERENCE

**COMMENTS** 1

Choose one:

Age ≥ 21

✓ Age ≤ 20

Choose one:

Diagnostic epidural injections

✓ Therapeutic epidural injections

None of the above

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

Click View Recommendations if no questions remain.

# INTERQUAL® REVIEW

Select Why didn't a recommendation meet criteria if recommendations are not available.

The screenshot displays the InterQual® REVIEW interface. At the top, there is a dark blue header with the 'CHANGE HEALTHCARE' logo and 'InterQual®' text. Below the header is a light gray navigation bar containing a 'MENU' button on the left and a 'HELP' button on the right. The main content area is titled 'Recommendations' with a green status indicator. It contains two lines of text: 'Not Recommended Current evidence does not support procedure in this clinical scenario' and 'Recommendation(s) no longer available Why didn't a recommendation meet criteria?'. A large red arrow points to the second line of text. At the bottom of the main content area, there is a row of four buttons: 'PREVIOUS', 'SAVE REVIEW' (with a document icon), 'COMPLETE' (with a checkmark icon), and 'REVIEW SUMMARY' (with a magnifying glass icon). Below this row is a gray button labeled 'Cancel Medical Review'.

# INTERQUAL<sup>®</sup> REVIEW

- Follow the rules in each highlighted box and answer the medical scenario questions.
- Click Additional Criteria Completed.

The screenshot displays the InterQual Review interface. A modal dialog box titled "Additional Criteria" is open, showing a list of rules for "Epidural Injections". The rules include: "Follow the rules in each highlighted box", "Answer as many questions as possible to record all available patient data", and "Continue to Recommendations and review your results". A specific rule is highlighted: "1. No more than 3 epidural sessions (6 injections, counting bilateral as 2) within a 6 month period and no more than 6 epidural sessions (12 injections, including diagnostic and therapeutic) in all anatomical areas in a 12 month period, regardless of the number of levels involved." Below this rule, the "No" option is selected. A blue message box states: "Your selected recommendation is no longer available based on your answer to this question. Proceed to the next question or examine the following rules to record additional criteria:". At the bottom of the dialog, a button labeled "ADDITIONAL CRITERIA COMPLETED" is highlighted with a red arrow. The background interface shows a "Recommendations" section with a "Not Recommended" status, and a navigation bar with buttons for "PREVIOUS", "SAVE REVIEW", "COMPLETE", and "REVIEW SUMMARY". A "Cancel Medical Review" button is visible at the bottom left.

CHANGE HEALTHCARE | InterQual<sup>®</sup> | Sign out | MENU | GO | HELP

**Recommendations**

Not Recommended  
Recommendation

**Additional Criteria**

*Epidural Injections*

- Follow the rules in each highlighted box
- Answer as many questions as possible to record all available patient data
- Continue to Recommendations and review your results

1. No more than 3 epidural sessions (6 injections, counting bilateral as 2) within a 6 month period and no more than 6 epidural sessions (12 injections, including diagnostic and therapeutic) in all anatomical areas in a 12 month period, regardless of the number of levels involved. ☐

Yes  
✓ No

Your selected recommendation is no longer available based on your answer to this question. Proceed to the next question or examine the following rules to record additional criteria:

ADDITIONAL CRITERIA COMPLETED

PREVIOUS | SAVE REVIEW | COMPLETE | REVIEW SUMMARY

Cancel Medical Review



# INTERQUAL® REVIEW

**Recommendations** C

See the options below. Please select a service below by clicking on the "recommended service" box, then select a CPT or HCPCS code. If you would like to proceed with your requested service that was not recommended, please click the first button (Proceed With Not Recommended Service Review). Then select Complete.

Proceed With Not Recommended Service Review

Or

**Recommended** *Evidence supports services as medically necessary.*

Epidural Injections

Show codes

No Unavailable Recommendations

PREVIOUS

SAVE REVIEW


COMPLETE


REVIEW SUMMARY

Select the **Recommended** procedure if the procedure is listed within the Recommendations screen.

# INTERQUAL® REVIEW


**Recommended** Evidence supports services as medically necessary.

✓ Epidural Injections - Outpatient Hide codes 

SELECTED 1 ICD-10-CM **CPT®** 

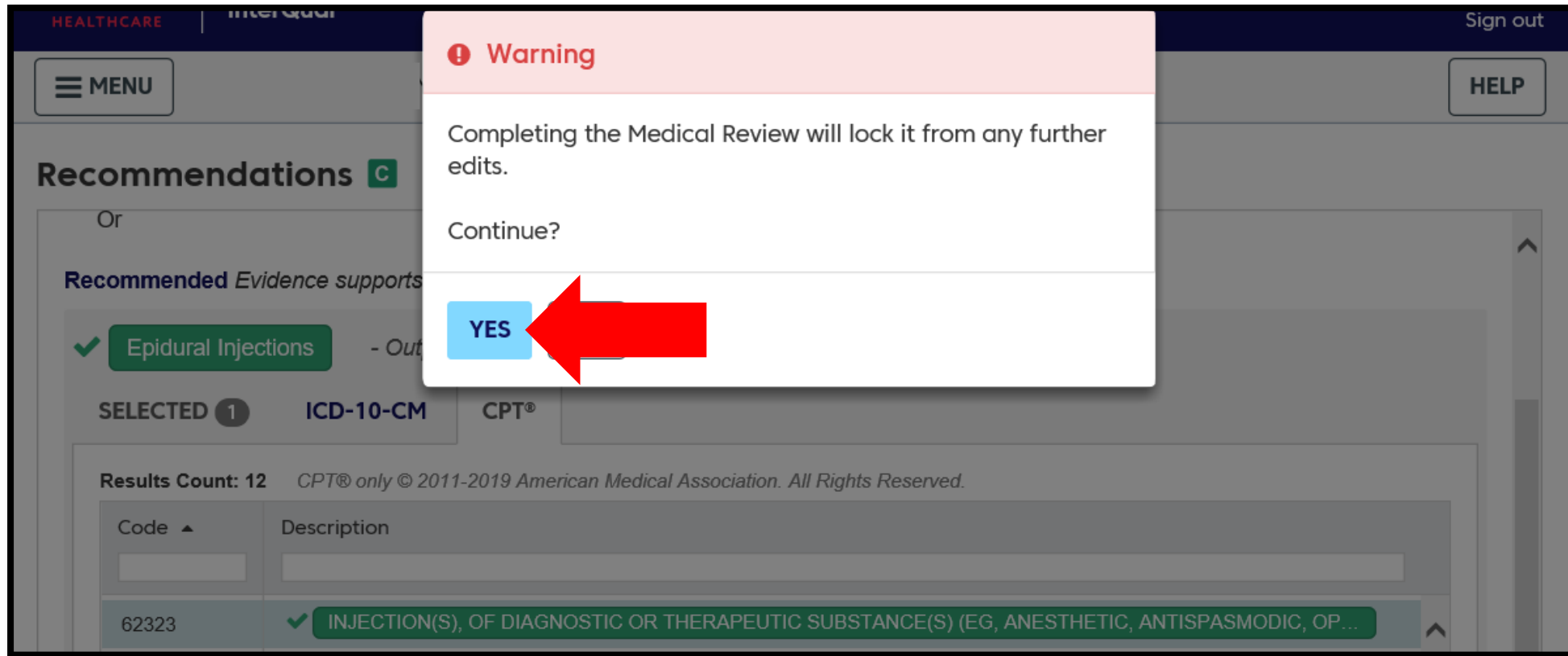
Results Count: 12 CPT® only © 2011-2019 American Medical Association. All Rights Reserved.

Code ▲	Description
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

← PREVIOUS SAVE REVIEW  COMPLETE ✓ REVIEW SUMMARY →

Select the appropriate Code under the CPT® tab and click Complete.

# INTERQUAL<sup>®</sup> REVIEW



Completing the medical review will be locked and no further edits can be made. Click **Yes** to continue.

# INTERQUAL® REVIEW

**Recommended** Evidence supports services as medically necessary.

✓ Epidural Injections - Outpatient Hide codes

**SELECTED 1 ICD-10-CM**

Results Count: 12 CPT® only © 2011

Code	Description
62323	✓ INJECTION(S)
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

Message from webpage

\*\*\* This is only a recommendation result, final determination to follow \*\*\*  
Please click the Save PA Line Item button to save the line item.

OK

PREVIOUS REVIEW SUMMARY

Review Completed On: 09/29/2020, 03:29 PM CDT

The following is only a recommendation result, final determination is to follow. Click **OK**.

# INTERQUAL® REVIEW

✓ Epidural Injections - Outpatient Hide codes

SELECTED 1 ICD-10-CM CPT®

Results Count: 12 CPT® only © 2011-2019 American Medical Association. All Rights Reserved.

Code ▲	Description
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
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← PREVIOUS REVIEW SUMMARY →

Review Completed On: 09/29/2020, 03:29 PM CDT

Save PA Line Item Review

Click the Save PA Line Item button to save the review.

# PA SUBMISSION

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
	09/21/2020	09/21/2020	62323-NJX INTERLAMINAR LMBR/SAC		1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

\*From Date

To Date

\*Code Type

Procedure Code

\*Code

Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

\*Units

0

Dollars

Payment Method

1-Pay System Calculated Price


Remarks (optional)


Add Service




Cancel Service

The page is redirected to the Provider Portal and the information entered is saved on the PA request.

# PA SUBMISSION

	From Date	To Date	Code	Modifiers	Units	Action
	09/21/2020	09/21/2020	62323-NJX INTERLAMINAR LMBR/SAC		1	<a href="#">Copy</a>   <a href="#">Remove</a>

 Click to collapse.

**\*From Date**   **To Date**   **\*Code Type** Procedure Code  **\*Code**

**Thru**


**Appropriate modifier(s) must be submitted on PA for claims processing.**

**Modifiers**

**\*Units**  **Dollars**  **Payment Method** 1-Pay System Calculated Price

**Remarks (optional)**

[Add Service](#) [Cancel Service](#)

 **Submit** **Cancel**

If no additional codes need to be added, click Submit.

# PA SUBMISSION

Service Details						
	From Date	To Date	Code	Modifiers	Units	
<input type="checkbox"/>	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1
<div>Dollars <input type="text"/> Payment Method <input type="text"/></div> <div>Remarks (optional) Jackie Peyton RN at (405) 867-5309</div>						
Attachments						
	Transmission Method	File	Control #	Action		
<input type="checkbox"/>	EL-Electronic Only	order.pdf (957K)	20180904376312			
<div>Back <span style="float: right;">Confirm Cancel</span></div>						

Click Confirm to submit the request.



# PA SUBMISSION

Prior Authorizations > Authorization Receipt

**Authorization Receipt**

Your Prior Authorization Number 501812345 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.

**Print Preview** **Copy** **New**

**Authorization Receipt** – The Portal will generate a PA number to confirm the request submitted successfully. This does not mean the PA is approved.

**REMINDERS**

# REMINDERS

- There are no retro authorizations for therapy services.
- There is a three-day retro limitation for imaging.
- There is a 5 days retro limit for all other services.
- Cancelled or denied PAs are subject to retro limitations and *must be submitted as a new request*.

# REMINDERS

- Emergent/Urgent PAs are medical conditions that are defined as loss of life or limb – not due to a scheduling issue.
- For Emergent/Urgent PA requests:
  1. Submit the PA with supporting documentation.
  2. E-mail the [MAUAdmin@okhca.org](mailto:MAUAdmin@okhca.org) with the subject “Emergency PA”
  3. Include the PA number and reason for the emergency.
  4. Provide a contact name and telephone number.

# RESOURCES

# MEDICAL PA RESOURCES

For medical prior authorization inquiries regarding clinical documentation or urgent requests, please email [MAUAdmin@okhca.org](mailto:MAUAdmin@okhca.org)

\*Additional resources are available at [www.Oklahoma.gov/ohca/providers/medical-authorization-unit](http://www.Oklahoma.gov/ohca/providers/medical-authorization-unit)

# HELPFUL TELEPHONE NUMBERS

- OHCA call center
  - 800-522-0114 or 405-522-6205; option 1
- Internet help desk.
  - 800-522-0114 or 405-522-6205; option 2, 1
- EDI help desk.
  - 800-522-0114 or 405-522-6205; option 2, 2

# RESOURCES

OHCA policy and rules:

- <https://oklahoma.gov/ohca/policies-and-rules/xpolicy.html>.
- Provider policies and rules and Oklahoma Health Care Authority Medicaid rules.
  - Chapter 25 – SoonerCare Choice.
  - Chapter 30 – Fee for Service.



# HELPFUL LINKS

- Agency website
  - [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca)
- OHCA provider portal
  - [www.ohcaprovider.com](http://www.ohcaprovider.com)
- Provider training
  - [www.oklahoma.gov/ohca/providers/provider-training](http://www.oklahoma.gov/ohca/providers/provider-training)
- Medicaid managed care
  - [www.oklahoma.gov/ohca/about/medicaid-expansion/soonerselect](http://www.oklahoma.gov/ohca/about/medicaid-expansion/soonerselect)
- Medicaid expansion
  - [www.oklahoma.gov/ohca/about/medicaid-expansion/expansion](http://www.oklahoma.gov/ohca/about/medicaid-expansion/expansion)

# QUICK REFERENCE GUIDE

A revised version of the OHCA provider quick reference guide is now available.

Visit the provider training page at  
[www.oklahoma.gov/ohca/providers/provider-training](http://www.oklahoma.gov/ohca/providers/provider-training)  
to download a copy.

# PROVIDER QUICK REFERENCE GUIDE



## Visit our site recently?

Visit the OHCA website at [oklahoma.gov/ohca](http://oklahoma.gov/ohca) for more information about the agency, our policies and programs.

## Don't miss out on webinar opportunities!

OHCA hosts a variety of free learning sessions available for SoonerCare providers and staff. Virtual learning sessions occur several times a month on a variety of topics. One is the Introduction to Oklahoma SoonerCare webinar. This training provides information on the basics of SoonerCare for those who are new to the program or need a refresher. For more information, visit [oklahoma.gov/ohca/providers/provider-training](http://oklahoma.gov/ohca/providers/provider-training). The provider training page features webinar descriptions, registrations, training presentations and previously recorded webinar sessions.

## Provider Education Specialists are available to assist you...

Provider education specialists are available for telephonic or virtual training with providers and health-related community workgroups and coalitions. Education specialists can answer questions about OHCA policy, programs and procedures, claim issues, and navigating the secure SoonerCare Provider Portal.

Training can be requested via email. Please include a brief description of the issue or topic in question, the provider's name and SoonerCare ID number, a return phone number, and a contact name with your training request.

**SEND TRAINING REQUESTS TO**  
Email: [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org)

For immediate claims or policy assistance, please call the OHCA provider helpline at **800-522-0114**.

## How do I schedule SoonerRide?

Use TripCare to schedule non-emergency transportation reservations online. You can view all scheduled trips for your facility for any specified day. TripCare's dashboard allows you to manage trip requests and reservations, and know which transportation provider is assigned to each reservation. Schedule rides at least three business days before appointment at [tripcare.logisticare.com](http://tripcare.logisticare.com) or call 800-435-1276.

Revised: December 29, 2020

## OHCA PROVIDER HELPLINE

Toll-Free: 800-522-0114  
Oklahoma City Area: 405-522-6205

OPTION	UNIT	HOURS
1	OHCA Call Center	8AM-5PM, M-F
2, 1	Internet Help Desk (SoonerCare Provider Portal)	8AM-12PM, & 1-5PM, M-F
2, 2	EDI Help Desk (batch transactions)	8AM-12PM & 1-5PM, M-F
3, 1	Adjustments (claims)	7:30AM-4PM Mon., W-F 12PM-4pm, Tues.
3, 2	Third Party Liability	8AM-5PM, M-F
4	Pharmacy Help Desk (issues)	8AM-7PM, M-F 9AM-5PM, Sat. 11AM-5PM, Sun.
5	Provider Contracts	8AM-5PM, M-Tues., Thurs-F 1PM-5PM, Wed.
6, 1	Pharmacy Help Desk (authorizations)	8AM-7PM, M-F 9AM-5PM, Sat. 11AM-5PM, Sun.
6, 2, 1	Behavioral Health Authorizations (OP)	8AM-5PM, M-F
6, 2, 2	Behavioral Health Authorizations (IP)	8AM-5PM, M-F
6, 3	Medical Authorizations (status only)	8AM-5PM, M-F
6, 4	Prior Authorizations (PAs)	8AM-5PM, M-F
6, 5	Dental Authorizations	8AM-5PM, M-F

## How do I update my provider file?

The SoonerCare Provider Portal allows contracted providers the opportunity to maintain their essential contract information. Administrators and providers can make changes and updates to their provider file through the secure SoonerCare Provider Portal at [ohcaprovider.com](http://ohcaprovider.com). Input your User ID in the Login box, then click the Log In option. On the Welcome screen, select the Update Provider Files link on the right side of the page. The SoonerCare Provider Enrollment page will load with the update options available for your contract type.

### Providers can update the following:

- Banking Information
- Office Information
- EFT and ERA
- Address and Contact Information
- Add/Delete Group Members
- View Contract Types and Dates
- Complete Contract Renewal  
(Option will load only when it is time to renew your contract)

## How do I use Electronic Data Interchange (EDI)?

EDI handles processing and troubleshooting of all electronic batch files that are uploaded in the OK Medicaid Provider Portal under files exchange. To submit electronic batch files, you must complete an EDI/ERA application for providers and test with special X-12 Software, or have a contract with an OK Medicaid clearinghouse that will submit files on your behalf.

EDI accepts electronic batch submissions of 837 (professional, institutional, dental), 270/271, 276/277 and 278 files. Processing of batch files can take an average of four hours to process once uploaded in the SoonerCare Provider Portal. The EDI department also processes EDI applications to set up a provider for 835 electronic remittance advices. Contact the EDI help desk at 800-522-0114 for questions or concerns regarding EDI transmission and processing.

## How do I verify eligibility using the Eligibility Verification System (EVS)?

In the OKC area, call 405-840-0650 or toll-free, 800-767-3949. You must have the SoonerCare provider ID number and EVS PIN. Enter your 9-digit provider number and location code followed by #. Enter your 4-digit EVS PIN followed by #. Available 20 hours a day, 5AM-1AM. Eligibility can also be checked on the SoonerCare Provider Portal.

Forgot your PIN? See Internet Help Desk option under the OHCA Provider Helpline.

### TRANSACTION CODES

- 1 - Member Eligibility
- 2 - Provider Warrant
- 3 - Prior Authorization
- 4 - Claims Inquiry
- 5 - Change EVS/AVR PIN

A=\*21 E=\*32 I=\*43 M=\*61 U=\*82 T=\*81 Y=\*93  
B=\*22 F=\*33 J=\*51 N=\*62 Q=\*11 V=\*83 Z=\*12  
C=\*23 G=\*41 K=\*52 O=\*63 R=\*72 W=\*91  
D=\*31 H=\*42 L=\*53 P=\*71 S=\*73 X=\*92

Revised: December 29, 2020

OHCA Quick Reference Guide

## PRIOR AUTHORIZATIONS

ISSUED BY DEPARTMENT

USER/CONTACT	PHONE/FAX
PASRR Level of Care Unit	405-522-7133 & 405-522-7674
Medical Authorizations	405-522-6205, option 6, 3 Toll-Free: 800-522-0114, option 6, 3 MAUadmin@ohkca.org
Durable Medical Equipment	DMEadmin@ohkca.org
Occupation/Physical/ Speech Therapy	Therapyadmin@ohkca.org
Dental Authorizations	405-522-7401
Pharmacy Help Desk College of Pharmacy	405-522-6205 Toll-Free: 800-522-0114 Fax: 405-271-4014 Toll-Free Fax: 800-224-4014
Personal Care Local County DHS Office	Contact local DHS office
Advantage Administration Unit	918-933-4900
Developmental Disabilities Services Division (DDSD) Area Office	405-325-5080 Toll-Free: 800-349-9173 Fax: 405-573-6853
Medically Fragile Waiver OHCA Waiver Staff	Toll-Free: 888-287-2443
Behavioral Health	Toll-Free: 800-522-0114

# TRAINING RESOURCES

- Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to: [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org). (Requests should include the Provider name and ID, contact information, and a brief description of what assistance is being sought.)
  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos

**QUESTIONS?**



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

okhca.org  
mysoonerhealth.org

Agency: 405-522-7300  
Helpline: 800-987-7767

