

CARE COORDINATION PROVIDER PORTAL

Entering New Inpatient Authorization Requests
OHCA Behavioral Health Unit
November 2025



ENTERING NEW INPATIENT AUTHORIZATION REQUESTS



Transition to eQSuite Care Coordinator Provider Portal

Instructions for Inpatient Providers

Do NOT submit faxes for members with PAs in the eQSuite Provider Portal.

How to tell the difference:

- PAs created in eQSuite will start with “QD,”
- PAs created the old way (faxed, in MMIS) start with “40.”

Different Provider Types mean different ways to submit Admission and Extension PAs:

General Hospital/DRG/MedSurg

- Existing PA Cases will continue to submit by FAX through discharge.
- New PA Cases must be submitted through the eQSuite Provider Portal.

Acute II or PRTE

- Existing PA Cases must submit the next PA Extension request through the eQSuite Provider Portal. ***Except Cedar Ridge and Southwest Behavioral.**
- New PA Cases must submit new admissions through the eQSuite Provider Portal.

Acute Psychiatric Hospitals

- Existing PA Cases will continue to submit by FAX through discharge.
 - New PA Cases must submit new admissions through the eQSuite Provider Portal.
-

REQUIRED REVENUE CODES

For filing claims, the Revenue Code on the claim must match the Revenue Code on the issued Prior Authorization.

- Acute Inpatient Psychiatric Care- **0124**
- Acute Inpatient Medical Detox- **0126**
- Acute II Inpatient Psychiatric Care- **0129**
- Psychiatric Residential Treatment Facility (PRTF)- **1001**

We do not advise that you start submitting PAs through the portal until you have had contact with your billing department about the updated Revenue Codes.



ENTERING AN AUTHORIZATION REQUEST

- Be Aware! eQSuite will time users out after 30 minutes of inactivity. The only way to reset the timer is to navigate to a new page.
- To start a new authorization request, click **NEW REQUEST** located on the right side of the Authorization Dashboard.



STARTING A NEW AUTHORIZATION REQUEST

- The authorization intake workspace will populate. It consists of 4 tabs: **REQUEST**, **ADDITIONAL REQUEST DETAILS**, **CLINICAL**, and **FINALIZE**.
- The **REQUEST** tab opens by default. The working tab is highlighted blue.
- Once the required information for the working tab is complete, the next tab will automatically open as the information is saved.
- For users associated with multiple practices, select the correct practice from the dropdown list.

The screenshot shows the 'Provider Portal User' interface. At the top, there is a blue header bar with the text 'Provider Portal User' and a 'Logout' link. Below the header, there is a row of four buttons: 'NEW REQUEST' (highlighted with a red box), 'EXPORT TO EXCEL', 'EXPORT TO PDF', and '+ FILTERS'. Below this row, there is a tabbed interface with three tabs: 'Request' (highlighted with a red box and labeled 'Key initial request'), 'Clinical' (labeled 'Enter clinical information'), and 'Finalize' (labeled 'Finalize and submit'). Below the tabs, there is a 'Draft' section with a 'Practice' label and a dropdown menu labeled 'Select Practice...' (highlighted with a red box). A speaker icon is located in the bottom right corner of the slide.

PATIENT SEARCH PANEL

- Associate the member with the request by clicking the **Find Patient** hypertext.
- Enter the member information in the Patient Search pop-out window and click the Search icon.
- Member search requirements are either:
 - Birth Date + First Name + Last Name (*Exact Spelling*)
 - Birth Date + Member ID

The screenshot shows the 'Patient Search' panel. On the left, a 'Request' section has a blue header 'Key initial request' and a 'Draft' status. Below this are fields for 'Practice*' and 'Patient*', with a 'Test User' button and a 'Find patient...' link. On the right, the 'Patient Search' form has input fields for 'First Name', 'Last Name', 'Member ID', and 'Birth Date'. At the bottom right of this form are 'CANCEL' and 'SEARCH' buttons. Red boxes highlight the 'Find patient...' link and the search input fields.

NOTE: The member will be displayed and you must select the member by clicking on their information in the populated search results.

This screenshot shows the 'Patient Search' panel after a search. The input fields are populated: 'First Name' is 'Pebbles', 'Last Name' is 'Flintstone', and 'Birth Date' is '12/27/1963'. The 'SEARCH' button is highlighted. Below the input fields, a table displays the search results. A red box highlights the table, and a cursor points to the first row.

Name	Member ID	Birth Date
Pebbles Flintstone	1031735560	12/27/1963

Displaying 1-1 out of 1

ELIGIBILITY VERIFICATION

- In order to file a new Prior Authorization Request (PAR), the patient must have active eligibility in the eQSuite system:
 - HAP • TXIX
- The dates of HAP or TXIX eligibility must cover the start date to make the request.
- If the eligibility date terms during your request period, any authorization requested will end on the eligibility end date.
- *Start date not covered?* See **Notification Of Date Of Service (NODOS) For OHCA** located at [Provider Training](#) on the OHCA Public Website Providers Page.


Request
Key initial request

Clinical
Enter clinical

Draft

Practice* Test User

Patient* [Redacted] [Change patient...](#)

Patient Plan* NET 

Start Date* mm/dd/yyyy

Tap the eye in Patient Plan to populate the member's active plans.

Plans			
Type	Category	Start Date	End Date
NET	K Medical Assistance, Categorically Needy, Disabled	07/01/2022	12/31/2299
TXIX	K Medical Assistance, Categorically Needy, Disabled	06/01/2022	12/31/2299

This patient's TXIX is active with indefinite term date, meaning they are eligible for the Prior Authorization Request to be filed.



SOONERSELECT

Plans

Type	Category	Start Date	End Date
S-DBP	HA Healthy Adults	08/01/2024	12/31/2299
S-SEL	HA Healthy Adults	08/01/2024	12/31/2299
HAP	HA Healthy Adults	07/01/2024	04/30/2026

- There are times when a person with active TXIX or HAP will also be enrolled in OHCA's Managed Care Plan, SoonerSelect (*S-Sel* or *S-SPC*).
- OHCA does not review for those with active SoonerSelect; the provider must reach out to the S-Sel providing entity to make PA Request.
- This member started S-Sel 8/1/24. To find which type of SoonerSelect is active, refer to the SoonerCare Portal.
- OHCA will review for days leading up to S-Sel start date, if applicable.



REQUEST TAB

- On the Request Tab, type the start date of service in the field.
- Users can click on the calendar icon to the far right of the field to select the date using the calendar option.

The screenshot shows a web form titled "Request" with the subtitle "Key initial request". The form is divided into three main sections: "Request", "Clinical", and "Finalize". The "Request" section is currently active and contains the following fields:

- Practice:** A dropdown menu showing "USA HEALTH CARE".
- Patient:** A text field showing "Pebbles Flintstone - 1031735560" with a link to "Change patient...".
- Patient Plan:** A text field showing "HMO".
- Start Date:** A text field showing "mm/dd/yyyy" with a calendar icon on the right. This field is highlighted with a red border.
- Are you the:** A group of three radio buttons: "Ordering Provider", "Servicing Provider", and "Both".
- Place of Service:** A dropdown menu showing "Select Place of Service".
- Request Severity:** A dropdown menu showing "Standard".

At the bottom of the form, there are two buttons: "SAVE & CONTINUE" and "RESET".



- Select your Provider Type by clicking the radio button to the left of the type to indicate the provider entering this request is the ordering or servicing provider, or both.
- Users can begin searching for providers after provider type is selected.
 - Ordering - Ordered the requested service.
 - Servicing - Providing the requested service.
 - Both - Ordering and providing the requested service
- Click Find Ordering Provider hypertext to select the ordering provider for this request.
- In the Provider Search pop-up window, use any combination of search parameters and click the Search icon.

PROVIDER TYPES

The screenshot displays a web form titled 'Request' with three tabs: 'Request Key initial request' (active), 'Clinical Enter clinical information', and 'Finalize Finalize and submit'. The form is in 'Draft' status. It contains the following fields and options:

- Practice:** USA HEALTH CARE (dropdown)
- Patient:** Pebbles Flintstone - 1031735560 (with a 'Change patient...' link)
- Patient Plan:** HMO (dropdown)
- Start Date:** 01/24/2022 (calendar icon)
- Are you the:**
 - ☒ Ordering Provider
 - ☐ Servicing Provider
 - ☐ Both
- Ordering Provider:** Find ordering provider... (highlighted with a red box and linked to the Provider Search pop-up)
- Servicing Provider:** Find servicing provider...
- Place of Service:** Select Place of Service (dropdown)
- Request Severity:** Standard (dropdown)
- Buttons:** SAVE & CONTINUE

The **Provider Search** pop-up window is open, showing search criteria:

- First Name:** (text input)
- Last Name:** (text input)
- Specialty:** Select specialty... (dropdown)
- Network:** Affiliated (dropdown)
- NPI:** (text input)
- Buttons:** CANCEL, SEARCH (highlighted with a red box)



CLICK ON THE PROVIDER IN THE SEARCH RESULTS TO SELECT THEM AS THE ORDERING PROVIDER.
THE PROVIDER INFORMATION WILL POPULATE ON THE MAIN REQUEST PAGE.

NOTE: When searching for a Group name rather than an Individual provider, enter the Group name in the last name field.

Provider Search

First Name

Last Name

SSM Health

Specialty

Select specialty...

NPI

CANCEL

SEARCH

Name	NPI	Address	Specialty
SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY	1114025012	1000 N LEE, , OKLAHOMA CITY, OK	205 : Hospital Based Psych

Screenshot below shows Provider search by NPI.

Provider Search

First Name

Last Name

Specialty

Select specialty...

NPI

1114025012

CANCEL

SEARCH

Name	NPI	Address	Specialty
SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY	1114025012	1000 N LEE, , OKLAHOMA CITY, OK	205 : Hospital Based Psych

Are you the:*

☐ Ordering Provider ☐ Servicing Provider ☒ Both

Ordering Provider*

SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1114025012 - 1000 N LEE OKLAHOMA CITY OK 731021080 - Type: 01 [Change ordering provider...](#)

Servicing Provider*

SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1000 N LEE OKLAHOMA CITY, OK 731021080 - Type: 01 [Change servicing provider...](#)

- To change a provider selected in error, click the CHANGE ORDERING PROVIDER or CHANGE SERVICING PROVIDER hypertext to the right of the selected provider on the Request page.
- This will prompt the user to repeat the search and select the provider from the search results.



FOUR QUESTIONS

From the dropdown lists, Select the relevant:

- Category *always QD*
- Place of Service:
 - 21 DRG • 51 Psych Hospital
- Request Severity *always Standard*
- Level of Care: *Acute I, Acute II, or PRTF*

Once all information has been entered, click **SAVE & CONTINUE** in the bottom left corner.

The form contains the following fields and options:

- Ordering Provider***: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1114025012 - 1000 N LEE OKLAHOMA CITY OK 731021080 - Type: 01 [Change ordering provider...](#)
- Servicing Provider***: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1000 N LEE OKLAHOMA CITY, OK 731021080 - Type: 01 [Change servicing provider...](#)
- Category***: Select Category... | v
- Place of Service***: Select Place of Service | v
- Request Severity***: Standard | v
- Level of Care***: Select Auth Level of Care... | v

Buttons: **SAVE & CONTINUE** (bottom left), **RESET** (bottom right).

Selected values in the bottom screenshot:

- Category***: QD - Behavioral Health Inpatient Stay
- Place of Service***: 21 Inpatient Hospital
- Request Severity***: Standard
- Level of Care***: Acute II

ADDITIONAL REQUEST DETAILS FOR CERTIFICATES OF NEED

The screenshot shows a web form titled 'Additional Request Details' with a blue header bar. Below the header, there are four tabs: 'Request' (Key initial request), 'Additional Request Details' (Additional details, highlighted in blue), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). A 'Draft' label is on the left, and a 'DELETE' button is on the right. The main content area is titled 'Inpatient BH Additional Information'. It contains three numbered sections: 1. Admit Date, 2. Current Length of Stay, and 3. Expected Discharge Date. Each section has a text input field with a placeholder 'mm/dd/yyyy'. To the right of each input field is a calendar icon. Red circles highlight the calendar icons for the Admit Date and Expected Discharge Date fields. Red arrows point from the title 'ADDITIONAL REQUEST DETAILS FOR CERTIFICATES OF NEED' to the first and third sections. A 'SAVE & CONTINUE' button is at the bottom left of the form.

- 1. Enter Admit Date

Enter by typing in the date or by tapping on the calendar to the far right of the search bar.

- 2. Enter Current Length of Stay in days of treatment completed on this level of care.

- 3. Enter the Expected Date of Discharge

Enter by typing in the date or by tapping on the calendar to the far right of the search bar.



CLINICAL TAB

- The Clinical tab is automatically highlighted and opened after tapping **Save and Continue** on the previous tab.
- The user will enter Diagnoses, Services, notes, and attachments in the Clinical tab.

The screenshot displays the 'Clinical' tab interface. At the top, a navigation bar contains three tabs: 'Request' (Key initial request), 'Clinical' (Enter clinical information, highlighted in blue), and 'Finalize' (Finalize and submit). Below the navigation bar, the 'Clinical' tab is active, showing a 'Draft' status and a 'DELETE' button. The main content area includes sections for 'Diagnoses*' with a search bar, 'Services*' with a search bar, 'Attachments' with an 'ADD ATTACHMENT' button, and 'Notes*' with a large text input area. At the bottom, there are 'SAVE & CONTINUE' and 'RESET' buttons.

NOTE: The user cannot return to the Request Tab once they have moved to the Clinical Tab.

- To make changes to details within the Request Tab, the User must save the PA Request as a draft and exit the screen. This can be done by pressing SAVE & CONTINUE, then exiting the Prior Authorization by tapping AUTHORIZATIONS at the top of the Portal screen.
- By pressing SAVE & CONTINUE then exiting the screen, the Authorization is saved as a draft.
- The User can then access and edit the Authorization from the Drafts Tab on the Authorization Dashboard.

ENTER DIAGNOSIS

- Enter a diagnosis by entering a keyword or the ICD-10 code in the search field- NO decimals or dashes!
- Select the diagnosis from the search results list by clicking on the diagnosis.
- Multiple diagnoses can be entered by repeating the search process for additional diagnosis.

Diagnoses* f3481

Services* F3481 - Disruptive Mood Dysregulation Disorder

Attachments ADD ATTACHMENT

Notes*

Diagnoses* Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X



DIAGNOSES CONT.

- The first diagnosis entered will automatically be the Primary Diagnosis for this request.
- If multiple diagnoses are entered, users can select which diagnosis is the Primary for this request by selecting the radio button to the left of the listed diagnosis.
- Remove a diagnosis by clicking the X to the right of the diagnosis.
- A removed diagnosis will remain on the list with a strike through along with the option to Undo until the request is finalized and submitted.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

Diagnoses*

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X Undo
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X



ENTER SERVICES

- Enter the Revenue Code or keyword/description in the Service field.
- 0124 Acute
- 0126 Detox
- 0129 Acute II
- 1001 PRTF
- Select the correct Service Type from the resulting list.

Diagnoses*

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	Undo
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X

Services*

01

- 0124 - ROOM & BOARD - SEMI PRIVATE - 2 BED - PSYCHIATRIC
- 0126 - ROOM & BOARD - SEMI PRIVATE - 2 BED -
- 0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER



Services*

Primary	Service	Start Date/End Date*	Units		Total	Total Units	Remove
<input checked="" type="radio"/>	0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	08/05/2025 08/18/2025	13 for	Unit		13	X

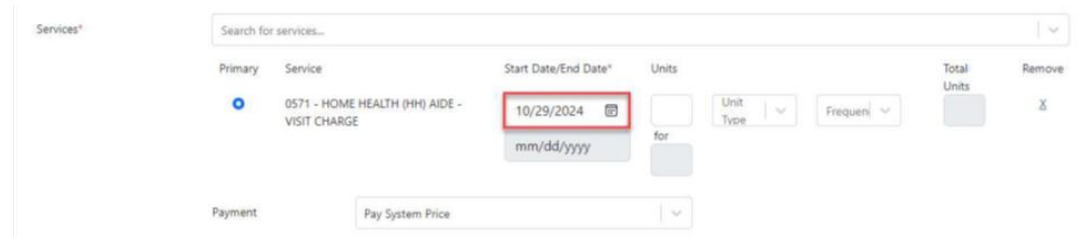
Payment

- The service selected will be displayed below the search bar.
- The initial service entered automatically becomes the Primary Service, indicated by the blue radio button to the left of the Service.
- Multiple services can be entered using the service search bar and selecting the service from the search results.
- The service details will include the Start Date and End Date of Services.




START DATE

- The start date defaults to the start date entered on the request tab.
- This date can be changed at this time by typing in the field or using the calendar icon to the right of the field.
- The date entered must occur on or after the start date entered on the request tab.



The screenshot shows a web interface for entering service information. At the top is a search bar labeled "Search for services...". Below it is a table with columns: Primary, Service, Start Date/End Date*, Units, Unit Type, Frequency, Total Units, and Remove. A single row is visible with a blue dot in the Primary column, the service "0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE", and the start date "10/29/2024". The date field is highlighted with a red rectangle, and a calendar icon is to its right. Below the date field is a placeholder "mm/dd/yyyy". To the right of the date field is a "for" label and a blank box. Further right are dropdown menus for "Unit Type" and "Frequency". At the bottom left is a "Payment" section with a "Pay System Price" dropdown.

Primary	Service	Start Date/End Date*	Units	Unit Type	Frequency	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

for

Payment:



PAYMENT TYPE

- Select “Payment Type” from the dropdown menu.
- For Inpatient Behavioral Health treatment, use Pay System Price.

NOTE: Payment Type is not configured by Category or Type of Service. All options will be available to the User regardless of the Category or Type of Service on the Prior Authorization. The User must select the appropriate Payment Type for the entered Service Code.

Payment

Pay System Price

Pay Unit Price

Pay Cap Amount

PAR SSM A 2 EXT STAR



EXPIRATION DATE

- The final day of the PA Request is a non-payable unit and is not configured in the unit total.
- The final day of a PA is its Expiration Date.
- The Last Covered Day (LCD) is the day before the PA Expiration Date.

Start Date 08/05/2025

End Date 8/18/2025

Services*

Search for services...

Primary	Service	Start Date/End Date*	Units	Total	Total Units	
<input checked="" type="radio"/>	0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	08/05/2025 08/18/2025	13 for	Unit	Total	13

Payment

Pay System Price

Remove X

The total from 8/5 to 8/18 is 14 days; however, the final day of the PA is the expiration date and is a non-payable date. The total units requested is 13 (to avoid LCD on weekend).



EXPIRATION DATES AND EXTENSIONS

For ACUTE Authorizations, your extension request will be due:

- The DAY BEFORE the authorization expires.

For Acute II/PRTF Authorizations, your extension request will be due:

- THREE DAYS BEFORE the authorization expires.



CHANGE PRIMARY SERVICE

The screenshot displays a web interface for managing services. It features two rows of service entries. Each row has a 'Primary' column with a radio button, a 'Service' column with the service name, a 'Start Date/End Date*' column with date pickers, a 'Units' column with input fields and frequency dropdowns, a 'Total Units' column with a numeric field, and a 'Remove' column with an 'X' icon. The first service, '0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE', has its primary radio button selected (filled blue). The second service, '0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME', has its primary radio button unselected (empty circle). A red rectangle highlights this unselected radio button. Below the service names, there is a 'Payment' section with a 'Pay System Price' dropdown.

Primary	Service	Start Date/End Date*	Units	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 12/03/2024	3 for 5 Weeks Visit Per We...	15	X
<input type="radio"/>	0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME	10/29/2024 mm/dd/yyyy	 for Unit Type Frequen		X

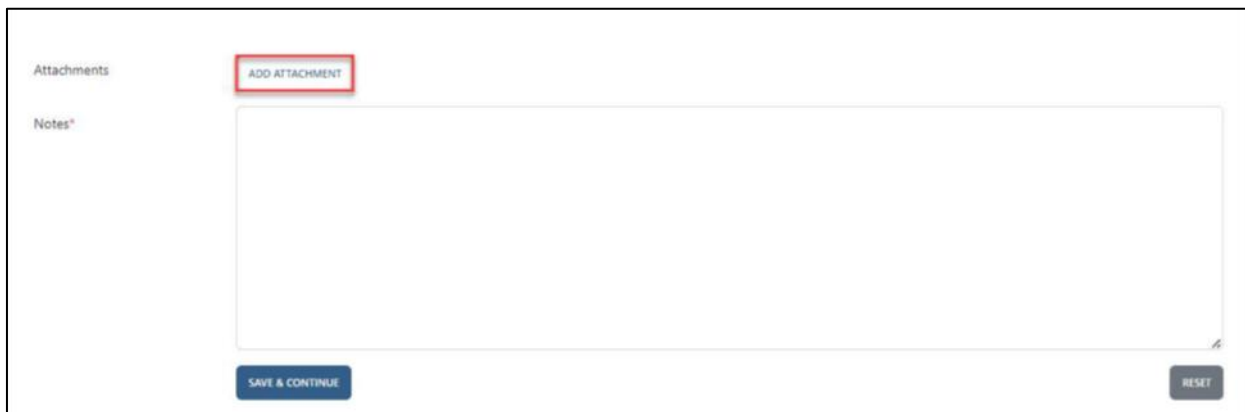
Payment: Pay System Price

- When multiple services are selected, users can change the designated primary service by selecting the radio button to the left of the service to be the primary services.
- Room and Board will always be the primary service!



ADD ATTACHMENTS

- Add a document from your computer as an attachment by clicking the Add Attachment icon.
- A note of services requested is required and will go directly to the reviewer.



The screenshot shows a form interface with a sidebar on the left containing the labels "Attachments" and "Notes". The main content area features a red-outlined button labeled "ADD ATTACHMENT" at the top left. Below this button is a large, empty rectangular text box. At the bottom left of the form is a blue button labeled "SAVE & CONTINUE", and at the bottom right is a small grey button labeled "RESET".



Select the Attachment Type from the dropdown list. Click the Upload icon to add the attachment to the authorization request.

You may tap the listed attachment to view the document in a PDF viewing window.

Add Attachment

File*

Choose FileLAB VALUES.docx

Type

Authorizations

Authorizations

Care Transitions

Consent

Correspondence

DirectUpload

Education

IROClinical

Letter

CANCEL

UPLOAD

Click the X to the right of the listed attachment to remove it from the request. Multiple documents can be added as attachments by repeating the process for Add Attachment and selecting additional documents from the computer files. Save & Continue when finished.

Attachments

PAR SSM A 2 EXT START 8-9-25 JG.pdf

Authorizations

X

ADD ATTACHMENT

Notes*

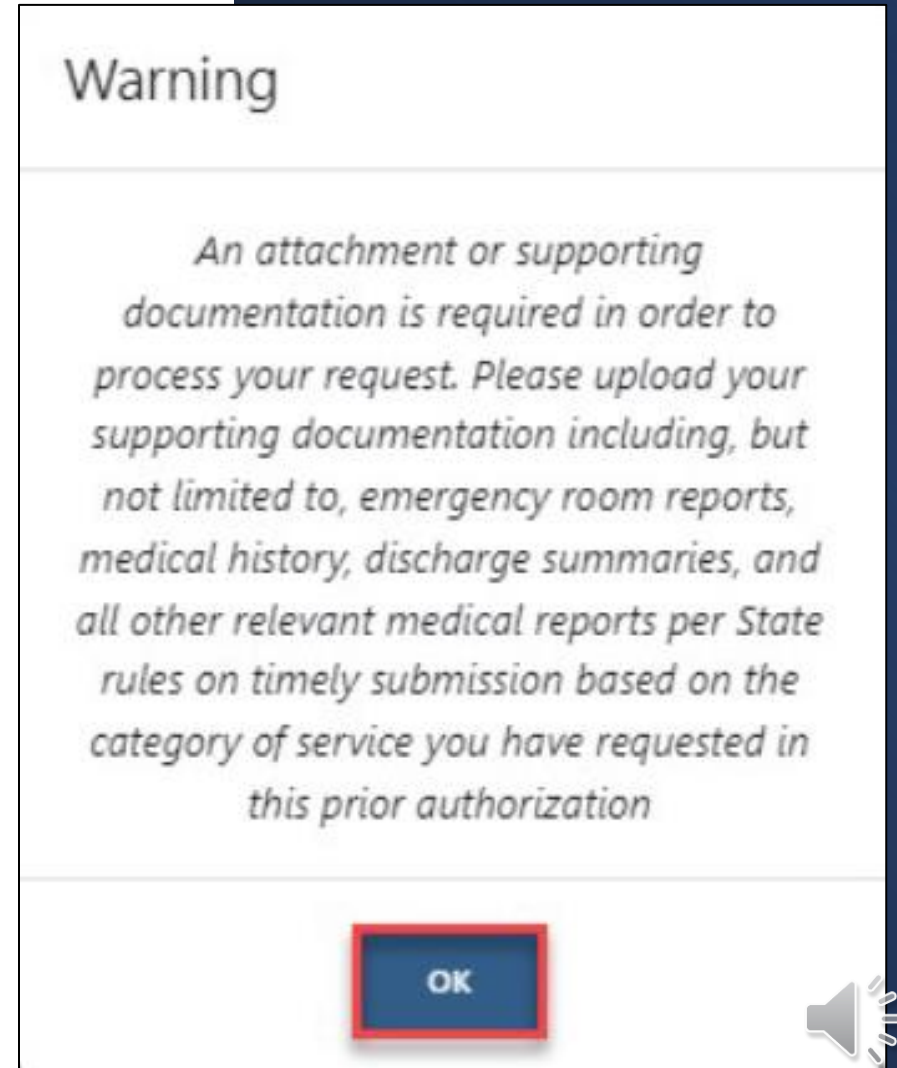
Complete PAR uploaded for new admission.

SAVE & CONTINUE

RESET

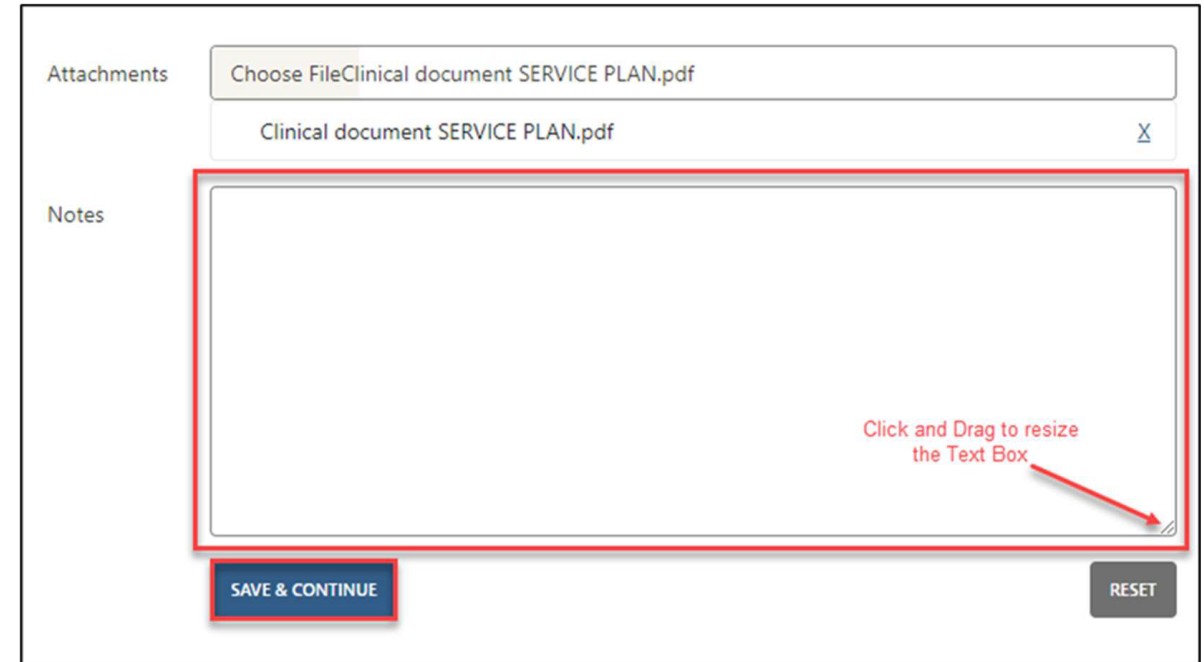
NOTE: A pop-up window with a warning message will be displayed if the User tries to submit the authorization without an attachment.

- User can acknowledge this warning message and continue with submission by pressing OK.



ADD NOTES

- Add note to the request to communicate information to the reviewer(s), such as TPL or Medicare Information, or that the uploaded document is complete.
- Enter the note in the text box.
- All clinical information is to be in the attachment, not in this Attachment note!
- There is no character limit to the text field.
- Once the notes are completed, click the Save & Continue icon.



The screenshot shows a web form titled 'ADD NOTES'. It has two main sections: 'Attachments' and 'Notes'. The 'Attachments' section contains a file upload button labeled 'Choose File' and a list of uploaded files, including 'Clinical document SERVICE PLAN.pdf'. The 'Notes' section features a large, empty text box. A red rectangular border highlights this text box, and a red arrow points to the bottom-right corner of the box with the text 'Click and Drag to resize the Text Box'. At the bottom of the form, there are two buttons: 'SAVE & CONTINUE' (highlighted with a red border) and 'RESET'.



Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

DELETE

Finalize

PRINT

DEMOGRAPHICS

Member Name	
Member Number	
Date of Birth	

REQUEST DETAILS

Requesting Provider	SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY 205 : Hospital Based Psych
Servicing Provider	SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY 1000 N LEE OKLAHOMA CITY, OK 731021080
Place of Service	21 Inpatient Hospital
Requested Dates	08/05/2025 to 08/18/2025
Level of Care	Acute II
Payment Method	Pay System Price

DIAGNOSES

F3481	Disruptive Mood Dysregulation Disorder(Primary Diagnosis)
R4183	Borderline Intellectual Functioning

REQUESTED SERVICES

0129	ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER (Primary Service) Total: 13 Units(s) Begin Date: 08/05/2025 End Date: 08/18/2025 Payment Method: Pay System Price
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NOTES

08/11/2025
Complete PAR uploaded for review.

ATTACHMENTS

PAR SSM A 2 EXT START 8-9-25 JG.pdf [Authorizations](#)

Pre-certification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

FINALIZE TAB

- The Finalize tab will open with the request summary displayed, allowing a review of the entered information for correctness prior to submitting the request through the system.
- If the information entered is incorrect, users can click the related tab (Request or Clinical) to navigate back to that section and correct the information.
- If the information entered is correct, click SUBMIT at the bottom left of the page.
- This sends the request to OHCA for review and authorization of services



Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Finalize

Case Number: QD2522319A

Case Status: In Progress

Request Date: 08/11/2025

[Create Fax Cover Sheet](#)

[Create New Auth for Current Patient](#)

[Return to Dashboard](#)

PRINT

- After Submitting the request, an eQSuite unique case number will be assign and the request status will be In Progress.
- Users will have options to Create a Fax Cover Sheet, Create a New Auth for Current Member, or Return to the Dashboard.
- The print icon in the upper right corner allows you to print the prior authorization summary or save the summary as a PDF.



LOCATING COMPLETED CONS AND LETTERS

- In the COMPLETED tab locate and tap the member's case row.
- The Summary Page will populate along with tabs for Notes & Attachments and Letters.
- Completed CONs are located in the Letters tab.



Member#: [REDACTED] Request Date: 08/27/2025 Procedure Date: 09/03/2025 Discharge Date: 09/13/2025 Concurrent Case History ▼

Date of Birth: [REDACTED] Case#: QD252341A7 Status: Approved Type: Authorization#: QD252341A7 Severity: Standard

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

REQUEST DETAILS

Requesting Provider	RED RIVER YOUTH ACADEMY 630 : Psychiatric Residential Treatment Facility (PRTF)
Servicing Provider	RED RIVER YOUTH ACADEMY 3400 DESKIN DRIVE NORMAN, OK 730698295
Place of Service	51 Inpat Psychiatric Facility
Requested Dates	09/03/2025 to 09/13/2025
Level of Care	PRTF

Member#: [REDACTED] Request Date: 08/27/2025 Procedure Date: 09/03/2025 Discharge Date: 09/13/2025 Concurrent Case History ▼

Date of Birth: [REDACTED] Case#: QD252341A7 Status: Approved Type: Authorization#: QD252341A7 Severity: Standard

Please ensure that the request type (Extension vs. Reconsideration) you have selected is appropriate for the Prior Authorization's previous case status. If the incorrect request type has been selected, per state rules, your request will be abandoned by a reviewer for you to re-enter using the correct request type option. X

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

Letters

Certificate of Need	08/22/2025
PA Letter	08/22/2025



OKLAHOMA

Health Care Authority

eQSuite Care Coordination Provider Portal Access:

<https://eqsuite-ok.acentra.com/>

View Provider Letter describing changes in billing:

[2025-19 eQSuite Training.pdf](#)

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