InterQual Assessment for Certified Recovery Specialist Authorizations

For Certified Recovery Specialist (CRS) authorizations to be completed, the InterQual Assessment must be completed as instructed below. Most authorizations will be auto approved, which allows providers to obtain the authorization approval immediately.

NOTE: While progressing through the questions below, if the next question does not appear and

No remaining questions. Click View Recommendations to continue.

appears in the lower left corner, the answer to the question has triggered a medical necessity review of the authorization and the authorization will be pended.

Step	Action				
1.	Once providers click Submit for the authorization details in the NaviNet Provider Portal,				
	 Contact Information 				
	First Name	Phone Number			
	Beth	(843) 999-9999			
	Last Name	Fax Number			
		<pre>Save as default Contact Information</pre>			
	Optional	for Medical Authorizations			
	DECLARATION By checking this box, I agree to notify the member of any services that are approved.				
		Cancel « Previous Submit			
2.	The InterQual Assessment page will load. Choose Certified Recovery Specialist (CRS) Request. NartHealth NaviNet workclows + HEALTH PLANE + Create Authorization LOUANN BLAIR Concrete Authorization				
	Guideline selection page Please select the appropriate guideline				
	GUIDELINE	PRODUCT	VERSION		
	Peer Support Request	Bit:Behavioral Health Services	Client Defined 2024		
	Certified Recovery Specialist (CRS) Request	BH:Behavioral Health Services	Client Defined 2024		
3.	Click Medical Review.				
-	Subset Overview				
	Subset Notes				
	Client Defined 2024 BU-Behavioral Health	Sarvinae			
	CRS	Services	SHOW CODES CLINICAL REFERENCE		
	REVIEW PROCESS (PDF)				
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			Privacy Notice		

4.	Select the Type of Certified Recovery Request, Initial or Continued Service.	
	Type of CRS request <i>Required</i>	
	Initial	
	Continued Service	
	Choose an answer to continue	
	NOTE: If choosing Continued Service, providers should ensure that the Individual	
	Recovery plan is attached as a document in the previous screen.	
5.	Select if the date of referral to CRS services is known.	
	NOTE: If choosing Yes, a date must be entered in the comments by clicking 🤐.	
	the second se	
	Is the date of referral to CRS services known? If yes, enter that date in the comments. Required	
	Yes, enter date in comments	
	No	
	Choose an answer to continue	

	Reviewer Comments ×	
	Is the date of referral to CRS services known? If yes, enter that date in the comments. ✓Yes, enter date in comments	
	1/1/25	
	ADD COMMENT	
6.	Click Add Comment when finished. Select if a first date of service was offered.	
	NOTE: If choosing Yes, a date must be entered in the comments by clicking \square . Was a first date of service offered? (Enter date in comments) <i>Required</i> \square Yes, enter date in comments	
	Choose an answer to continue	
7.	Select if the member is \geq 18. Is the member age \geq 18? <i>Required</i>	
	Yes	
	Choose an answer to continue	

8.	Select if the member has a primary SUD diagnosis.			
	Does the member have a primary SUD diagnosis? (Enter in the comments) <i>Required</i>			
	Yes, enter in the comments			
	Choose an answer to continue			
9.	Select if the member agrees to receiving services.			
	Does the member agree to receiving Certified Recovery specialist services? <i>Required</i>			
	Yes			
	Choose an answer to continue			
10.	Click			
11.	The next screen will show if the system deems that all answers have been answered appropriately to issue an auto approval or not.			
	If an auto approval can be issued, the following screen will show,			
	Recommendations CRITERIA MET Recommended Evidence supports services as medically necessary: V Per Policy Show.codes			
	If an auto approval cannot be issued, the following screen will show, Recommendations Reco			
	Providers can review the summary of answers to ensure that all questions have been answered appropriately and make changes if needed. If correct answers have been provided, providers should click Complete as outlined in Step 14.			
12.	REVIEW SUMMARY Clicking can double-check that the correct information has been recorded. Please ensure the Presribers Name and First Date of Service has been entered as a comment.			

		eview the summary, click Complete.		
13.	A pop-up box will appear to confirm your selection. Click Complete Review.			
	• Warning			
	Complete this review?			
	Completing the Medical edits.	Review will lock it from any further		
	COMPLETE REVIEW	CANCEL 01/03/2025, 12:21:55 PM EST		
14.	An approved authorization s	creen will then appear if the authorization	was auto approved.	
	Authorization Details	HUONG DUNSTAN 70000021 Female born on 08/18/1954 (70 yrs old)	PerformCARE®	
		+ Create New 😕 History	Q Authorization Search 🔀 View/Print as PDF	
	O Approved	Authorization #: 92501000261	Effective: 01/03/2025	
	If the authorization could not be auto approved a pending authorization screen will appear,			
	Authorization Details	AGRIPINA CHICKERING 70000358 Male born on 08/07/1968 (56 yrs old)	PerformCARE®	
		+ Create New 🤊 History	Q Authorization Search 🗋 View/Print as PDF	
	Pending	Authorization #: 92501000264	Effective: 01/03/2025	
	PerformCare will complete a clinical review of the authorization and a response will be issued to providers within 2 business days.			

Providers can view an Interqual Assessments completed by clicking on Auth Details of an approved authorization and then scrolling to the Documents section,

 Documents (1) 	
Name	Source
1 CRS Criteria Met	Irenaut1 01/17/2025 8:07am