


InterQual Assessment for Mental Health TCM Authorizations

For MH TCM 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
<p>1.</p>	<p>Once providers click Submit for the authorization details in the NaviNet Provider Portal,</p> <div data-bbox="240 573 1218 995" style="border: 1px solid black; padding: 5px;"> <p>▼ Contact Information</p> <p>First Name <input type="text" value="Beth"/> Phone Number <input type="text" value="(843) 999-9999"/></p> <p>Last Name <input type="text" value="Williams"/> Fax Number <input type="text" value="Optional"/></p> <p>Email Address <input type="text" value="Optional"/> <input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</p> <p>DECLARATION</p> <p><input checked="" type="checkbox"/> By checking this box, I agree to notify the member of any services that are approved.</p> <p style="text-align: right;"> Cancel « Previous Submit </p> </div> <p>The InterQual Assessment page will load.</p> <div data-bbox="240 1100 1559 1291" style="border: 1px solid gray; padding: 5px;"> <p>Subset Overview</p> <p>Subset Notes</p> <div style="border: 1px solid gray; padding: 5px;"> <p>C Client Defined 2024, BH-Behavioral Health Services MH TCM</p> <p>REVIEW PROCESS (PDF)</p> <p><small>Portions modified by Licensee have not been independently authenticated in whole or in part by Change Healthcare. Change Healthcare is not responsible for and hereby disclaims any liability related to any such modifications and their inclusion herein does not imply endorsement by Change Healthcare of modifications.</small></p> </div> <p style="text-align: right;">SHOW CODES CLINICAL REFERENCE</p> </div> <p>Click Medical Review</p> <div data-bbox="245 1356 548 1423" style="border: 1px solid gray; padding: 5px; background-color: #ADD8E6; text-align: center;"> <p>MEDICAL REVIEW ➔</p> </div>
<p>2.</p>	<p>Select if the date of referral to TCM is known.</p> <p>NOTE: If choosing Yes, a date must be entered in the comments by clicking the  icon.</p>

Medical Review C MH TCM **CLINICAL REFERENCE**

COMMENTS 0

Is the date of referral to TCM known? If yes, enter that date in the comments. *Required* 

Yes, enter date in the comments

No

Choose an answer to continue

Reviewer Comments ×








Is the date of Referral to TCM known? If yes, enter date in Comments
✓ Yes, enter date in Comments

1/1/25

ADD COMMENT


3. Select if the first date of TCM offered is known.

NOTE: If choosing Yes, a date must be entered in the comments by clicking the  icon.

	<p>Is first date of TCM service offered to Member known? If yes, enter date in Comments <i>Required</i> </p> <p><input type="text" value="Yes, enter date in Comments"/></p> <p><input type="text" value="No"/></p> <p><i>Choose an answer to continue</i></p>
4.	<p>Select if the requested start date is known.</p> <p>NOTE: If choosing Yes, a date must be entered in the comments by clicking the  icon.</p> <p>Is requested start date known? If yes, enter date in Comments <i>Required</i> </p> <p><input type="text" value="Yes, enter date in Comments"/></p> <p><input type="text" value="No"/></p> <p><i>Choose an answer to continue</i></p>
5.	<p>Select if there is a TCM assigned at this time.</p> <p>NOTE: If choosing Yes, the staff person name and phone number must be entered in the comments by clicking the  icon.</p> <p>Is there an assigned TCM? If yes, enter name and phone number in Comments <i>Required</i> </p> <p><input type="text" value="Yes, enter name and phone number in Comments"/></p> <p><input type="text" value="No"/></p> <p><i>Choose an answer to continue</i></p>
6.	<p>Select if the member's Physical Health MCO is known.</p> <p>NOTE: If choosing Yes, the Physical Health MCO must be entered in the comments by clicking the  icon.</p> <p>Is Member's Physical Health MCO known? If yes, enter information in Comments <i>Required</i> </p> <p><input type="text" value="Yes, enter Physical Health MCO name in comments"/></p> <p><input type="text" value="No"/></p> <p><i>Choose an answer to continue</i></p>

7. Select if there are any additional comments.


NOTE: If choosing Yes, the comments can be entered in the comments by clicking the icon.

Are there any TCM Request additional comments? If yes, enter information in Comments *Required* 

Choose an answer to continue


8. Select if a matrix score is available.

NOTE: If choosing Yes, the matrix score must be entered in the comments by clicking the icon.

Is a Matrix Score available? If yes, please enter score in Comments. *Required* 


Choose an answer to continue

9. Select if the Matrix Score was entered as a comment in the previous question.










Was Matrix Score entered in the Comments of the previous question? *Required* 

Choose an answer to continue

10. Select if an exception was granted by the county administrator.

Was an exception granted for Diagnosis or MNC Matrix Score by the County Administrator? *Required* 

Choose an answer to continue

<p>11.</p>	<p>Select if a Functional Assessment Instrument was used. NOTE: If choosing Yes, enter the name of the Functional Assessment used in the comments by clicking the  icon.</p> <div data-bbox="240 268 1560 472" style="border: 1px solid #ccc; padding: 10px;"> <p>Was a Functional Assessment Instrument Used and Score obtained? If yes, enter name of Functional Assessment and score in the comments. <i>Required</i> </p> <p><input type="text" value="Yes, enter name of Functional Assessment and score in the comments"/></p> <p><input type="text" value="No"/></p> <p><i>Choose an answer to continue</i></p> </div>
<p>12.</p>	<p>Click </p>
<p>13.</p>	<p>The next screen will show if the system deems that all answers have been answered appropriately to issue an auto approval or not.</p> <p>If an auto approval can be issued, the following screen will show,</p> <div data-bbox="240 764 1552 873" style="border: 1px solid #ccc; padding: 5px;"> <p>Recommendations  CRITERIA MET</p> <p>Recommended Evidence supports services as medically necessary.</p> <p> Per Policy Show codes</p> </div> <p>If an auto approval cannot be issued, the following screen will show,</p> <div data-bbox="240 953 1552 1041" style="border: 1px solid #ccc; padding: 5px;"> <p>Recommendations  CRITERIA NOT MET</p> <p>Not Recommended Current evidence does not support the following services.</p> <p> Per Policy Show codes</p> </div> <p>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.</p>
<p>14.</p>	<p>Clicking  will show all questions and answers as a summary so providers can double-check that the correct information has been recorded. Please ensure the Prescribers Name and First Date of Service has been entered as a comment.</p> <p>If providers do not want to review the summary, click Complete.</p> <div data-bbox="245 1434 480 1507" style="border: 1px solid #333; padding: 5px; display: inline-block;"> <p>COMPLETE </p> </div>
<p>15.</p>	<p>A pop-up box will appear to confirm your selection. Click Complete Review.</p>



16.

An approved authorization screen will then appear if the authorization was auto approved.

Authorization Details | **HUONG DUNSTAN** PerformCARE®
 70000021
 Female born on 08/18/1954 (70 yrs old)

[+ Create New](#) [🕒 History](#) [🔍 Authorization Search](#) [📄 View/Print as PDF](#)

✔ 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** PerformCARE®
 70000358
 Male born on 08/07/1968 (56 yrs old)

[+ Create New](#) [🕒 History](#) [🔍 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	MH TCM Criteria Met	dbailey145 01/03/2025 10:51am