

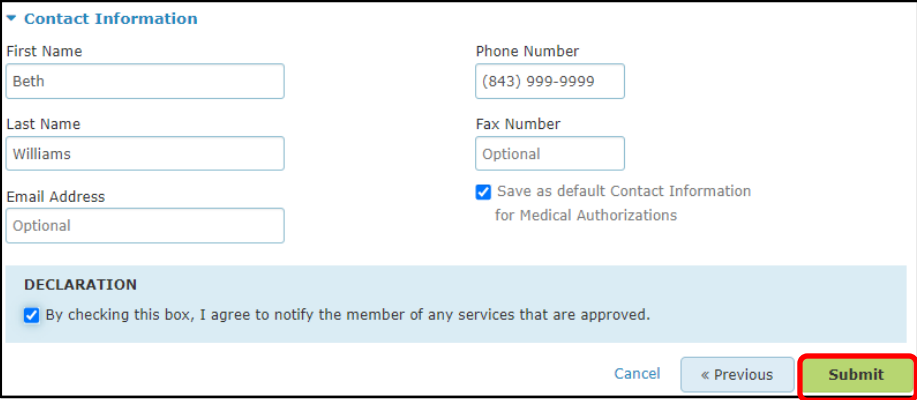
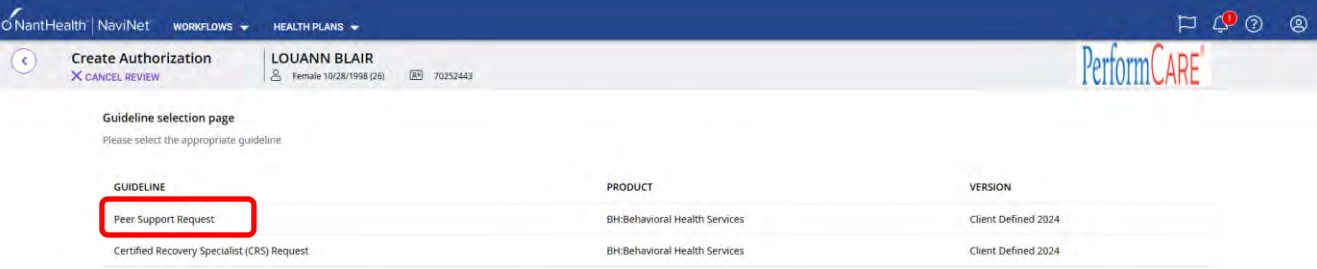
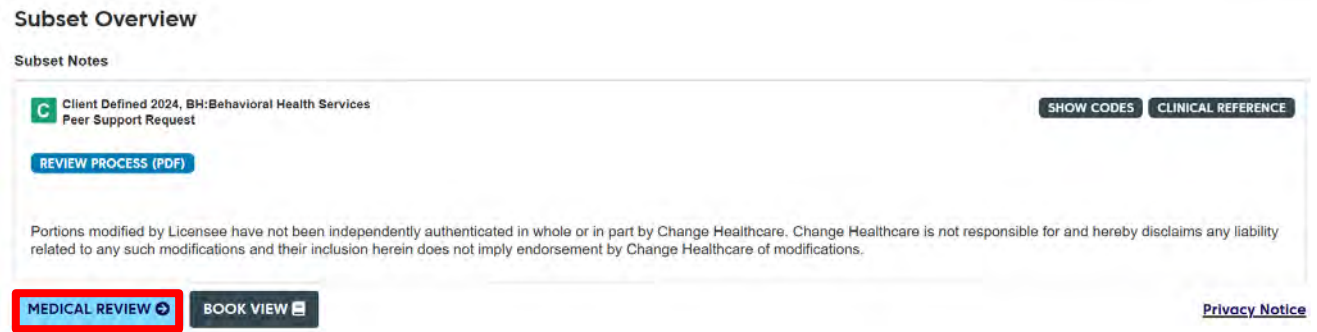
InterQual Assessment for Peer Support Authorizations

For Peer Support 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.	<p>Once providers click Submit for the authorization details in the NaviNet Provider Portal,</p>  <p>The InterQual Assessment page will load.</p>
2.	<p>Choose Peer Support Request.</p> 
3.	<p>Click Medical Review.</p> 

4. Select the Type of Peer Support Request, **Initial** or **Continued Service**.

Medical Review C Peer Support Request **CLINICAL REFERENCE**

COMMENTS 0

Type of Peer Support Request: *Required* 

Initial

Continued Service

Choose an answer to continue

NOTE: If choosing Continued Service, providers should ensure that the Recovery-focused individual service plan is attached as a document in the previous screen.

5. Select if the recommendation is within the past 180 days.

Is the date of recommendation within the past 180 days? *Required* 

Yes


No

Choose an answer to continue

6. Select the licensure of the staff that recommended Peer Support for the member.

NOTE: The name of the prescriber must also be entered in the comments by clicking the

 icon.

Peer Support being recommended by: (Enter name of provider in Comments) *Required* 



Psychologist

CRNP

PA

Physician

LCSW

LPC

LMFT

Choose an answer to continue

Reviewer Comments



Peer Support being recommended by: (Enter name of provider in Comments)

Prescriber Name|

ADD COMMENT

Click **Add Comment**.

7. Select the reason(s) for the referral.

Reason for Peer Support Referral: (Add additional information in Comments) *Required*



Self Maintenance

Social

Vocational







Education


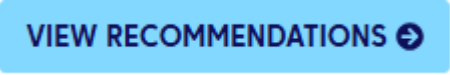
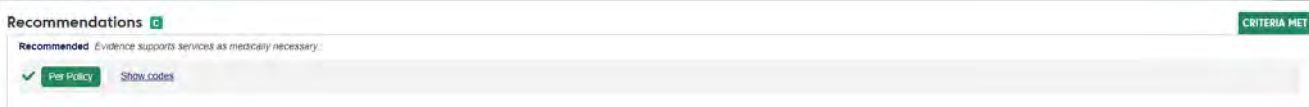
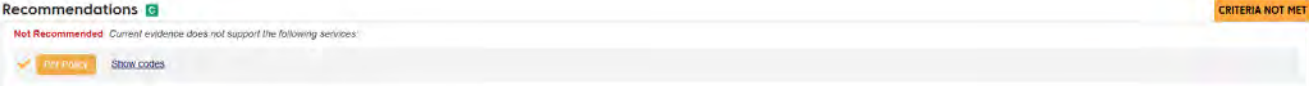


Or (Selecting an answer that follows will clear other selections)

None of the above

NEXT ➔

Choose one or more answers, and then click Next to continue

<p>8.</p>	<p>Select if a first date of service was offered.</p> <p>NOTE: If choosing Yes, a date must be entered in the comments by clicking .</p> <div style="border: 1px solid black; padding: 10px;"> <p>Was a first date of Service offered? (Enter Date in Comments) <i>Required</i> </p> <p><input type="button" value="Yes"/></p> <p><input type="button" value="No"/></p> <p><i>Choose an answer to continue</i></p> </div>
<p>9.</p>	<p>Select the member's age.</p> <p>Member's age <i>Required</i> </p> <p><input type="button" value="Age > or = to 18"/></p> <p><input type="button" value="Age 14-17"/></p> <p><i>Choose an answer to continue</i></p>
<p>10.</p>	<p>Select the situations that apply to this member.</p> <div style="border: 1px solid black; padding: 10px;"> <p>Check all of the following that apply: <i>Required</i> </p> <p><input type="button" value="Member chooses to receive peer support services (choice form on file with provider)"/></p> <p><input type="button" value="Presence of or a history of SMI or a Serious Emotional Disturbance"/></p> <p>Or <i>(Selecting an answer that follows will clear other selections)</i></p> <p><input type="button" value="None of the above"/></p> <p><input type="button" value="NEXT"/>  <i>Choose one or more answers, and then click Next to continue</i></p> </div> <p>Then click Next.</p> <p><input type="button" value="NEXT"/> </p>
<p>11.</p>	<p>Select if member is also receiving Psych Rehab or ACT services.</p> <p>NOTE: If yes is chosen, a medical necessity review of the authorization will need to be completed. An auto approval will not be issued. <i>Provider must also upload the adjunct request form as a document within the authorization on the previous screen by clicking the arrow in the upper left corner.</i></p> <div style="border: 1px solid black; padding: 10px;"> <p><input type="button" value="Create Authorization"/></p> <p><input type="button" value="X CANCEL REVIEW"/></p> </div>

	<p>Is member currently receiving Psych Rehab or ACT Services? <i>Required</i> </p> <p><input type="button" value="Yes"/></p> <p><input type="button" value="No"/></p> <p><i>Choose an answer to continue</i></p>
12.	<p>Click </p>
13.	<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>  <p>If an auto approval cannot be issued, the following screen will show,</p>  <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>
14.	<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> 
15.	<p>A pop-up box will appear to confirm your selection. Click Complete Review.</p>

Warning

Complete this review?

Completing the Medical Review will lock it from any further edits.

COMPLETE REVIEW **CANCEL** 01/03/2025, 12:21:55 PM EST

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	Peer Support Request Criteria Met	nparamasivam1 01/03/2025 4:54am