

# InterQual Assessment for Psych Rehab Authorizations

For Psych Rehab 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 <b>Submit</b> for the authorization details in the NaviNet Provider Portal,</p> <div data-bbox="245 575 1219 995" style="border: 1px solid black; padding: 10px;"> <p><b>▼ Contact Information</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">First Name <input type="text" value="Beth"/></td> <td style="width: 50%;">Phone Number <input type="text" value="(843) 999-9999"/></td> </tr> <tr> <td>Last Name <input type="text" value="Williams"/></td> <td>Fax Number <input type="text" value="Optional"/></td> </tr> <tr> <td>Email Address <input type="text" value="Optional"/></td> <td><input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations</td> </tr> </table> <p><b>DECLARATION</b></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;"> <a href="#">Cancel</a>   <a href="#">« Previous</a>   <a href="#">Submit</a> </p> </div> <p>The InterQual Assessment page will load.</p> <div data-bbox="245 1150 1549 1352" style="border: 1px solid gray; padding: 10px;"> <p><b>Subset Overview</b></p> <p>Subset Notes</p> <div style="border: 1px solid gray; padding: 5px;"> <p><span style="color: green;">C</span> Client Defined 2024, BI-Behavioral Health Services Psych Rehab Request <span style="float: right;">SHOW CODES   CLINICAL REFERENCE</span></p> <p><a href="#">REVIEW PROCESS (PDF)</a></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> </div> <p>Click <b>Medical Review</b></p> <div data-bbox="245 1465 570 1535" style="border: 1px solid blue; background-color: #ADD8E6; padding: 10px; text-align: center; width: fit-content; margin: 0 auto;"> <p><b>MEDICAL REVIEW</b> ➔</p> </div>	First Name <input type="text" value="Beth"/>	Phone Number <input type="text" value="(843) 999-9999"/>	Last Name <input type="text" value="Williams"/>	Fax Number <input type="text" value="Optional"/>	Email Address <input type="text" value="Optional"/>	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
First Name <input type="text" value="Beth"/>	Phone Number <input type="text" value="(843) 999-9999"/>						
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Email Address <input type="text" value="Optional"/>	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations						
2.	<p>Select the Type of Psych Rehab Request, <b>Initial</b> or <b>Continued Service</b>.</p>						

Medical Review C Psych Rehab Request CLINICAL REFERENCE

COMMENTS 0

Indicate Type of Request: *Required* 

Initial

Continued Service

*Choose an answer to continue*

**NOTE:** If choosing Initial, providers should ensure that the written recommendation from a LPHA is attached as a document in the previous screen.

If choosing Continued Service, providers should ensure that the Individual Rehabilitation Plan is attached as a document in the previous screen.

3. Select the type of treatment, Club House, Site Based, or Mobile.


Indicate Initial Type of Treatment *Required* 

Mobile

Site Based


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

Club House

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

**NOTE:** Mobile and/or Site Based can be requested in the same request, but Club House must be in a separate authorization.

4. Select if a written recommendation from a LPHA is included.

Is a written recommendation from LPHA included? *Required* 


Yes

No

*Choose an answer to continue*

5. Select if the start date of services is known, **Yes** or **No**.

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

Is Start Date known? If yes, enter date in Comments *Required* 

*Choose an answer to continue*

**Reviewer Comments** ✕

*Is Start Date known? If yes, enter date in Comments:*  
✓ *Yes, enter Start Date in Comments*

2/13/2024

7. Choose the age range that applies for this member.

Admission Guidelines *Required*



Age > or = to 18

Age 14-17 years

Choose an answer to continue

8.

Select which diagnosis applies to this member.

Adult Priority Group (If Adult Priority Group is not applicable, the Member is not considered to meet state definition of priority group) *Required*



Schizophrenia (F20.x)

Major Mood Disorder (F3x.xx)

Other Psychotic Disorder (F28 or F29)

Borderline Personality Disorder (F60.3)

Schizoaffective Disorder (F25.9)

Anxiety Disorder (F4x)

Post Traumatic Stress Disorder (F43.x)

Attention Deficit Disorder (F90.x)

Bipolar Disorder (F31.xx)

Other, Please enter details in Comments

Choose an answer to continue

**NOTE: If Other is chosen, the details must be included in the comments by clicking**



9.

Select if the LHPA has documented functional impairment for the member.

Did an LHPA document that the Member has moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains: living, learning, working, socializing? *Required*



Yes

No

Choose an answer to continue

10.

Select if member is also receiving Peer Support and/or ACT services.




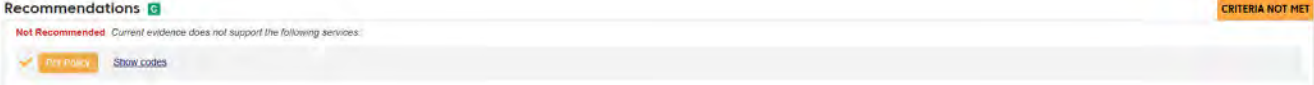


**NOTE:** If yes is chosen, a medical necessity review of the authorization will need to be completed. An auto approval will not be issued. **Provider must also upload the adjunct request form as a document within the authorization on the previous screen by clicking the arrow in the upper**

**left corner.**



Create Authorization

CANCEL REVIEW

	<p>Is member currently receiving Peer Support and/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>
11.	<p>Click </p>
12.	<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 <b>Complete</b> as outlined in Step 14.</p>
13.	<p>Clicking  will show all questions and answers as a summary so providers can double-check that the correct information has been recorded. <b>Please ensure the Prescribers Name and First Date of Service</b> has been entered as a comment.</p> <p>If providers do not want to review the summary, click <b>Complete</b>.</p> 
14.	<p>A pop-up box will appear to confirm your selection. Click <b>Complete Review</b>.</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

15. 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	 Psych Rehab Request Criteria Not Met	kborges4 01/06/2025 11:52am