


InterQual Assessment for Substance Use TCM Authorizations

For SU 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 997" 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;"> <input type="button" value="Cancel"/> <input type="button" value="« Previous"/> <input style="border: 2px solid red;" type="button" value="Submit"/> </p> </div> <p>The InterQual Assessment page will load.</p> <div data-bbox="240 1155 1550 1333" style="border: 1px solid gray; padding: 5px;"> <p>Subset Overview</p> <p>Subset Notes</p> <p>Client Defined 2024, BH-Behavioral Health Services SU TCM SHOW CODES CLINICAL REFERENCE</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>Click Medical Review</p> <div data-bbox="246 1402 568 1476" style="border: 1px solid blue; background-color: #ADD8E6; padding: 5px; 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 SU TCM **CLINICAL REFERENCE**

COMMENTS 0

Is the date of Referral to TCM known? If yes, enter date in Comments *Required*



Yes, enter date in 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



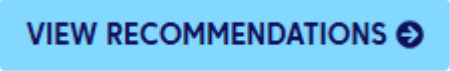

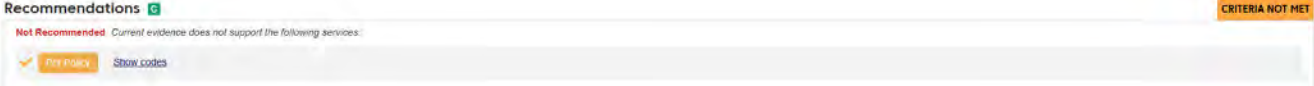


ADD COMMENT

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="button" value="Yes, enter information in Comments"/></p> <p><input type="button" value="No"/></p> <p><i>Choose an answer to continue</i></p>
7.	<p>Select if there are any additional comments.</p> <hr/> <p>Are there any TCM Request additional comments? If yes, enter information in Comments <i>Required</i> </p> <p><input type="button" value="Yes, enter information in Comments"/></p> <p><input type="button" value="No"/></p> <p><i>Choose an answer to continue</i></p> <hr/> <p>NOTE: If choosing Yes, the comments can be entered in the comments by clicking the  icon.</p>
8.	<p>Select if member voluntarily participating in SU TCM services.</p> <hr/> <p>Is the Member volunteering to participate in TCM 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>
9.	<p>Select if the member meets specific criteria for TCM services.</p> <p>Does the Member meet the specific criteria for TCM services established by the SCA for their respective county of residence? <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>
10.	<p>Select if the member is committed to drug/alcohol recovery as a goal.</p>

	<p>Is the Member committed to drug/alcohol recovery as a goal? <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>Select if the member has identified at least one domain in the ISS rated as "At Risk".</p> <p>Has the Member identified at least one domain in the Inventory of Support Services (ISS) in which the need is rated as "At Risk" (i.e. 5-7) or higher? <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 (3)

	Name	Source
1	 BH document Upload Test Document.docx	kborges4 01/02/2025 2:12pm
2	 SU TCM Criteria Met	kborges4 01/02/2025 2:15pm