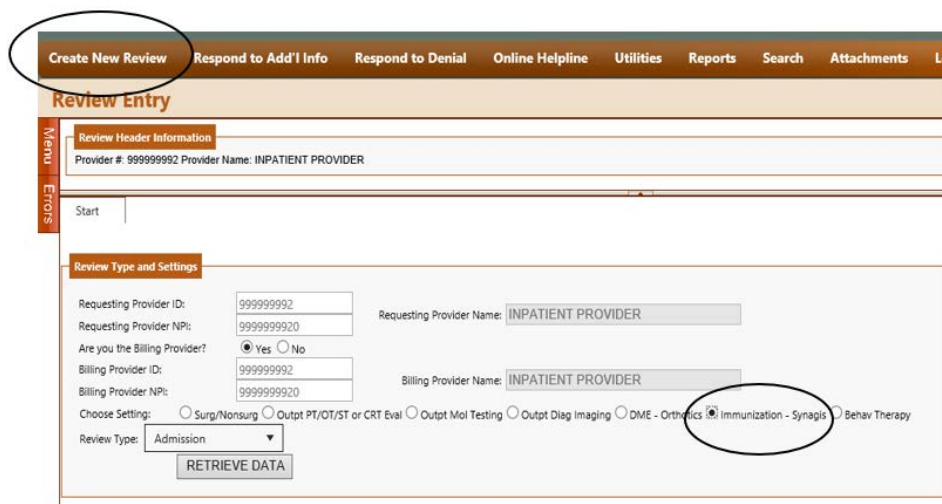


How to Enter in a Synagis Request

Please [login to eQSuite®](#) to start the review process and click on “Create New Review”. Your Provider information will be auto generated based upon the user information that was sent to us on your [access request form](#).

You will be prompted to select if you are the billing provider. If so, you will click yes, and your information will generate. If you select “No”, you will be prompted to enter the Billing Providers Medicaid ID Number. You will then select “Immunization-Synagis” for your setting and select Admission as the review Type. Then click Retrieve Data.



Create New Review Respond to Add'l Info Respond to Denial Online Helpline Utilities Reports Search Attachments Let

Review Entry

Review Header Information
Provider #: 99999992 Provider Name: INPATIENT PROVIDER

Start

Review Type and Settings

Requesting Provider ID: 99999992
Requesting Provider NPI: 999999920
Requesting Provider Name: INPATIENT PROVIDER

Are you the Billing Provider? Yes No

Billing Provider ID: 99999992
Billing Provider NPI: 999999920
Billing Provider Name: INPATIENT PROVIDER

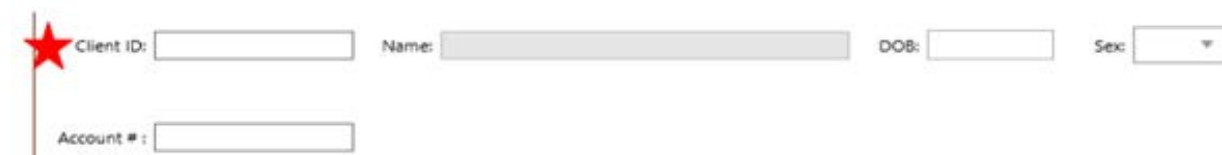
Choose Setting: Surg/Nonsurg Output PT/OT/ST or CRT Eval Output Mol Testing Output Diag Imaging DME - Orthotics Immunization - Synagis Behav Therapy

Review Type: Admission

RETRIEVE DATA

Once you have clicked on Retrieve Data the screen will open for you to enter the Beneficiary information.

You will enter the Medicaid ID Number for the Client. Once you hit enter or tab the patients Name, DOB and Gender will auto populate.





★ Client ID: Name: DOB: Sex:

Account #:

The next field to complete will be the Ordering Provider, you will click on edit and the system will prompt you to enter the Medicaid ID Number for the Ordering Physician. The start of care date will be entered, and you will then have a series of questions you will need to answer.

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #
 Edit	Ordering Provider		
Edit	Consulting Surgeon		

 Start of care:

Where will the procedure be performed? If Other, explain on the Summary Tab. (None) ▾

Did the client receive eligibility for Medicaid after some of the requested services were provided? Yes
 No

Did the client receive eligibility for Medicaid after all of the requested services were provided? Yes
 No

Untimely PAR request? If yes, explain on the Summary Tab. Yes
 No

For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab. Yes
 No

CHECK KEY

Once you have completed answering the questions you will click “Check Key.” This button will verify that all required fields have been completed and show if there are any errors. Once the system checks are complete and there are no errors, the DX/Procedures tab will generate, and you will be prompted to enter the Diagnosis and the CPT Code.

The first “Add” button you will enter the DX Code (Without the decimal point)

Start | DX/PROCS

Add Search Refresh

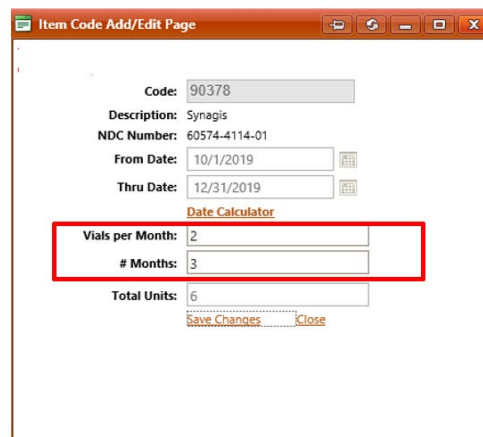
DX Code	Description	Code Identified Date	Principal
No records to display.			

Code	NDC #	From Date	Thru Date	Total Units	Vials/Month	# Months	Edit
90378	60574-4114-01				0	0	Edit
90378	60574-4113-01				0	0	Edit

The CPT Code and NDC# will Pre-Populate, Click “Edit” to enter the Vials per Month and # of Months

Once you have entered the information you will click “Save”

NDC# 60574-4114-01 =50mL- Providers should submit CPT 90378 using 50mL units or 2 x 50mL units (in replacement of the 100 mL units). **DO NOT USE** NDC# 60574-4113-01= 100mL



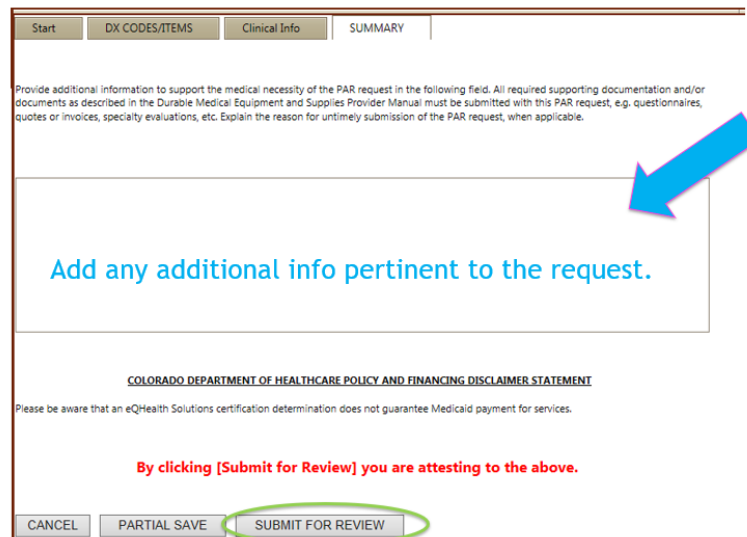
Once you click on “Edit” to enter the number of vials per month and the total number of months, the Total Units will automatically calculate and the Thru date will auto generate based upon how many months you have requested. Once you have completed this information you will click on ‘Save Changes.’

Reminder: Providers to submit CPT 90378-NDC# 60574-4114-01 using 50mL units or 2 x 50mL units (in replacement of the 100 mL units).

The next tab will be some Clinic Information Questions that you will need to respond to then hit continue.



The summary tab will allow you to enter in any additional information you deem pertinent to the request. You do not have to enter anything in this box.



Start | DX CODES/ITEMS | Clinical Info | **SUMMARY**

Provide additional information to support the medical necessity of the PAR request in the following field. All required supporting documentation and/or documents as described in the Durable Medical Equipment and Supplies Provider Manual must be submitted with this PAR request, e.g. questionnaires, quotes or invoices, specialty evaluations, etc. Explain the reason for untimely submission of the PAR request, when applicable.

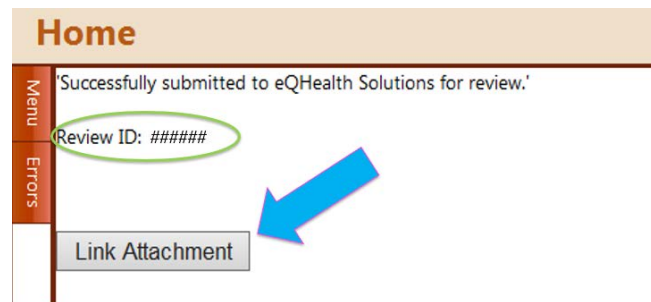
Add any additional info pertinent to the request.

COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT
Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services.

By clicking [Submit for Review] you are attesting to the above.

CANCEL | PARTIAL SAVE | **SUBMIT FOR REVIEW**

Once you click submit for review you will be assigned a Review ID.



Home

Successfully submitted to eQHealth Solutions for review.

Review ID: #####

Link Attachment

You will then [submit supporting documentation](#) by clicking Link attachment

What to Expect Next – Once the required documentation has been received, your PAR, as well as the documentation submitted, will be reviewed. On average, it will take up to four (4) business days from the time your documentation is received to receive a determination.

Final Determinations include: Approved, Partial or Full Medical Denial, and Technical Denial.

PAR numbers will be generated within 24-48 hours and are generated for all determinations.

[Check the Status of a PAR](#)

[How to View Determination Letters](#)