

Cite Auto Auth Desk Guide for Providers

Enter all the required fields in Qualitrac.

Authorization Request (Case Id : 2283) Delete

Date Request Received 06/28/2019 08:41 am	Review Type Acute Medical Surgical (Outpatient)	Place of Service Ambulatory Surgical Center	Type of Service Surgical
Timing Prospective	Request ID 2295		

Dates of Service

Service Start Date *	Service End Date *
<input style="width: 95%;" type="text" value="07/02/2019"/>	<input style="width: 95%;" type="text" value="07/02/2019"/>

Click on the “+Add” button on the right to add the providers and facility.

Ordering Provider * + Add

Name	NPI	Type	Address	Phone	Primary Taxonomy	Action
No Ordering Provider Supplied						

Treating Physician * + Add

Name	NPI	Type	Address	Phone	Primary Taxonomy	Action
No Treating Physician Supplied						

Treating Facility + Add

Name	NPI	Type	Address	Phone	Primary Taxonomy	Action
No Treating Facility Supplied						

Add the principal diagnosis and procedure code(s).

Diagnosis + Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	J34.2	DEVIATED NASAL SEPTUM	●	☐		

Procedures + Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/WO CARTILAGE GRF				1	unit(s)		

Attach documentation if applicable.

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

File Upload

File Upload Restrictions

- Extensions:** .pdf, .doc, and .docx
- Size:** Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
blank document.docx	17 KB	

Name *

Category *

Topic *

Hit continue:

[Continue](#)

This will bring you to the Authorization Request page in MCG:

Authorization : EPS-00017257 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)

Diagnosis Codes : J34.2(ICD-10 Diagnosis) *primary* **Procedure Codes :** 30520(CPT/HCPCS) *primary*

Procedure Code: 30520 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : REPAIR OF NASAL SEPTUM

[Submit Request](#) [Cancel Request](#) [Back](#)

Click on the Document Clinical Button:

Procedure Code: 30520 (CPT/HCPCS)

Requested Units: 1

Description : REPAIR OF NASAL SEPTUM

Guideline Title	Product	Code	Action
Migraine Headache, Surgical Treatment	AC	A-0578	add
Septoplasty	AC	A-0182	add
No Guideline Applies			add

Choose the appropriate Guideline Title and click “add”:

A-0182 - Septoplasty - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Cleft lip nasal deformity [add](#)
- Clinical findings of septal deviation or septal spurring and ...

[Save](#) [Cancel](#)

Check mark all the clinical indications that apply.

A-0182 - Septoplasty - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Cleft lip nasal deformity [add](#)
- Clinical findings of septal deviation or septal spurring and ...

[Save](#) [Cancel](#)

A-0182 - Septoplasty - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Cleft lip nasal deformity [🔗](#)
- Clinical findings of septal deviation or septal spurring and ...
 - Patient has received maximum medical treatment for symptoms, as indicated by ...
 - Elimination of rebound congestion from overuse of nasal decongestant spray [🔗](#)
 - Intranasal antihistamine [🔗](#)
 - Intranasal steroids [🔗](#)
 - Nasal lavage [🔗](#)
 - Oral steroids [🔗](#)
 - Several antibiotic courses for rhinosinusitis [🔗](#)
 - Thorough allergy assessment and treatment [🔗](#)
 - Symptoms of nasal obstruction (eg, sinusitis, rhinitis, nasal polyps) [🔗](#)

Enter clinical notes when applicable by clicking on the icon next to the clinical indication.

- Intranasal steroids [🔗](#)
- Nasal lavage [🔗](#)
- Oral steroids [🔗](#)
- Several antibiotic courses [🔗](#)

Enter your note and click on add.

Request Document Submit

Name: QUAC

57 Type:

10 Diagnos

PT/HPCPS)

NASAL SEPTU

needed for appropriate care of the patient because of

Indication Note ✕

Please provide indication notes ...

250 characters left for notes

For Inpatient Admissions, if the guideline selected has both Admission and Continued stay clinical indications you must add both for the auto auth to work. If the clinical indications included in the Admission or Continued stay criteria are not met on the initial concurrent submission, the review will be pended for a nurse to review. If the clinical indications are met for both the Admission and the Continued stay, the auto auth rule will run and the review will be approved.

Diagnosis Code: L03.90 (ICD-10 Diagnosis)
Description : CELLULITIS UNSPECIFIED

ID_IP_Cellulitis Peds_P112_201906 - ID_IP_Cellulitis Peds_P112_201906 - (ISC)

Hospital admission is/was needed for appropriate care of the patient because of ...

- Admission is indicated if one or more of the following is met ...
- Continued Stay is indicated if one or more of the following is met ...

When you click on the Admission check box it will open the clinical indications that will approve the admission and the Goal Length of Stay (GLOS) assigned to the MCG criteria:

Diagnosis Code: L03.90 (ICD-10 Diagnosis)
Description : CELLULITIS UNSPECIFIED

ID_IP_Cellulitis Peds_P112_201906 - ID_IP_Cellulitis Peds_P112_201906 - (ISC)

Hospital admission is/was needed for appropriate care of the patient because of ...

- Admission is indicated if one or more of the following is met ...
 - Age younger than 6 months [🔗](#)
 - Immunocompromised or immunosuppressed patient (eg, asplenic, chronic systemic corticosteroid use) [🔗](#)
 - Altered mental status that is severe or persistent [🔗](#)
 - Hemodynamic instability [🔗](#)
 - Suspected necrotizing soft tissue infection (eg, gas in tissue) [🔗](#)
 - Bacteremia [🔗](#)
 - Failure of outpatient treatment [🔗](#)
 - Surgical procedure needed (eg, abscess drainage, debridement) not amenable to emergency department, or observation care [🔗](#)
 - Cutaneous gangrene [🔗](#)
 - Limb-threatening infection (eg, possible neurovascular compromise) [🔗](#)
 - Clinical presentation (eg, acuity of infection, rapidity of progression) is judged to require intensity of patient monitoring (eg, vital sign measurement, checks for infection progression) that cannot be provided at other than inpatient level of care. [🔗](#)
 - Extremity lesion with 1 or more of the following: ...
 - Facial lesion with 1 or more of the following: ...
 - Orbital cellulitis. See Cellulitis, Orbital or Periorbital Abscess, PediatricISC guideline. [🔗](#)
 - Periorbital or perineal infection that is severe or progressive [🔗](#)
 - Severe pain requiring acute inpatient management [🔗](#)
 - Compartment syndrome monitoring [🔗](#)
 - Inability to maintain oral hydration (ie, IV fluid support needed) [🔗](#)
 - Strict or protective (eg, laminar flow) isolation [🔗](#)
 - Other condition, treatment, or monitoring requiring inpatient admission [🔗](#)
- Continued Stay is indicated if one or more of the following is met ...

Next click on the Continued Stay check box and it will open the clinical indications for the Continued stay beyond the GLOS:

Strict or protective (eg, laminar flow) isolation [🔗](#)
 Other condition, treatment, or monitoring requiring inpatient admission [🔗](#)
 Continued Stay is indicated if one or more of the following is met ...
 Continued high fever, mental status change▪Anticipate broadened antibiotic coverage, repeat cultures, and possible lumbar puncture.▪Expect brief stay extension. [🔗](#)
 Necrotizing soft tissue infection▪Early intervention with tissue fasciotomy or debridement, broad spectrum antibiotics, and fluid resuscitation is required.▪Expect moderate to prolonged stay extension. [🔗](#)
 Sepsis or continued Hemodynamic instability▪Anticipate ICU care, broadened antibiotic coverage, repeat cultures, and possible lumbar puncture.▪Expect brief stay extension. [🔗](#)
 Bacteremia▪Expect brief stay extension. [🔗](#)
 Delay in improvement of lesion▪Stay extension varies. [🔗](#)
 Buccal cellulitis in unimmunized patient▪Expect minimal stay extension to ensure negative CSF and blood culture results. [🔗](#)

After choosing all the clinical indications that apply click on the Save and this will bring up the next screen which includes the disclaimer.

A-0182 - Septoplasty - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

Cleft lip nasal deformity [🔗](#)
 Clinical findings of septal deviation or septal spurring and ...
 Patient has received maximum medical treatment for symptoms, as indicated by ...
 Elimination of rebound congestion from overuse of nasal decongestant spray [🔗](#)
 Intranasal antihistamine [🔗](#)
 Intranasal steroids [🔗](#)
 Nasal lavage [🔗](#)
 Oral steroids [🔗](#)
 Several antibiotic courses for rhinosinusitis [🔗](#)
 Thorough allergy assessment and treatment [🔗](#)
 Symptoms of nasal obstruction (eg, sinusitis, rhinitis, nasal polyps) [🔗](#)

Disclaimers

30520 - CPT/HCPCS

- Authorization of the requested service does not guarantee payment of the claim. Payment is subject to each member's benefits and coverage. All other regulations concerning Idaho Medicaid services and claims payment remain in effect. Please contact Customer Service at 1-888-538-9510 with any questions.

✔ **Procedure Code:** 30520 (CPT/HCPCS) [show more](#)

Requested Units: 1

Description : REPAIR OF NASAL SEPTUM

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Click on Submit Request and you will be prompted to enter your username under the User Attestation.

User Attestation

⚠ I certify...

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Submit

Then click on Submit

You will be prompted to enter any applicable comments and click on Submit again.

Submit Review ✕

Comments

Cancel **Submit**

Uploaded By
jknippPPU

Scroll to the bottom of the page to see the Review Outcome:

Outcomes		Review Outcome: Approved
(HCPCS) 30520 - SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF		
Requested	Final Recommendation	
Outcome		
Authorization Number		
Start Date	07/02/2019	
End Date	07/02/2019	
Modifier 1		
Modifier 2		
Units	1	
Units Qualifier	unit(s)	
Frequency		
Frequency Qualifier		
Total Cost		

Click on the Final Recommendation tab to see if it was auto approved and the Authorization Number:

Outcomes		Review Outcome: Appro
(HCPCS) 30520 - SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF		
Requested	Final Recommendation	
Outcome	Auto Approved	Letter Rationale:
Authorization Number	201	
Start Date	07/02/2019	
End Date	07/02/2019	
Modifier 1		
Modifier 2		
Approved	1	
Denied	0	
Units Qualifier	unit(s)	
Frequency		
Frequency Qualifier		
Total Cost		