INTERQUAL® CONNECT

FREQUENTLY ASKED QUESTIONS/ANSWERS

Question	Answer
1. What is InterQual Connect?	Change Healthcare, an independent company, developed InterQual Connect. Blue Cross and Blue Shield of Alabama is integrating the new InterQual Connect tool in *ProviderAccess* to allow physicians to request online precertification reviews for specific services. Beginning January 1, 2021, Blue Cross and Blue Shield of Alabama will allow physicians to initiate online precertification reviews for specific services/equipment through *ProviderAccess*. This will increase the quality of services provided to patients and allow providers to submit precertification requests more efficiently.
2. Which services will providers have the option to obtain precertification for in the new system?	**Select Outpatient/Office Services or Durable Medical Equipment:** • Blepharoplasty • Breast reconstruction • Brow lift or ptosis repair • Cochlear implant surgery • Gastric restrictive procedures • Knee arthroplasty • Lumbar arthrodesis • Motorized/power wheelchair • Reduction mammoplasty • Rhinoplasty • Surgery for varicose veins, including perforators and sclerotherapy • Uvulopalatopharyngoplasty • Wireless capsule endoscopy
3. Where do providers need to go to initiate precertification reviews?	Providers can log in to *ProviderAccess* and check member eligibility and benefits to determine precertification requirements. If a precertification is required, providers will be able to initiate a request.
4. Who can submit a precertification request?	Ordering physicians or their staff may submit the precertification request.
5. Can online reviews be submitted to obtain service precertifications for all patients?	Online reviews cannot be submitted for members of the following plans at this time: • FEP • Blue Advantage® • Groups that carve out utilization management services to an entity outside of Blue Cross • Groups that exclude coverage for the services requested (e.g., bariatric procedures) and/or have specific network requirements
6. What information will the ordering physician or clinician need to request precertification?	• Patient's Blue Cross contract number • Patient's first and last name, date of birth • Ordering provider's first and last name • Primary diagnosis code (ICD-10) • CPT/HCPCS code(s) being requested • Providers will have the ability to upload medical records and test results to Blue Cross for review
7. What is the turnaround time once a precertification request is submitted?	Online requests that meet medical necessity criteria are authorized in real time. A determination will be made on requests that are submitted for further review by Blue Cross within 15 calendar days as required by National Committee for Quality Assurance (NCQA) timeliness guidelines.
8. After a review is completed, is a letter sent to the provider?	Yes. Determination letters, including certification numbers for authorized services, are sent to the ordering provider and the patient. The approval letter will also be available for you to download, save, and/or print in InterQual Connect.

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9. Is there an appeal process if a precertification is not approved?	Yes. Appeal rights are detailed in communications sent to providers with each adverse determination. You will have 180 days to file the appeal.
10. Where can I find Blue Cross' medical polices?	Blue Cross' medical policies can be found online.
11. How long will a precertification approval be valid?	The authorization period varies depending on the requested service. The authorization start and end dates will be noted in the application and included in correspondence sent to the provider and patient.
12. If precertification is not obtained, can the service(s)/equipment be reviewed post-service?	The availability of retrospective review is dependent upon the member's benefits and the type of service being requested. The standard benefit is that if no precertification is obtained, retrospective review is not available and there are no benefits for the service.
13. Can I request precertification via a fax?	Precertification reviews will be accepted by fax, but you will receive a more timely response if you use the online process. Precertification requests can be faxed to: **Inpatient:** 1-833-938-9934, **Outpatient:** 1-833-610-1575
14. Is an approval letter automatically generated when all lines of a precertification request meet criteria?	Approval letters are automatically generated for precertification requests that meet criteria. You must finalize the review by clicking "Complete" and then OK on the Recommendations window. Be sure to close the Recommendations window to return to the pre-service request. If all of these steps are not completed, the approval letter will not automatically generate.
15. How will the Pre-Service Review Program affect courtesy predeterminations that we currently perform for services included in the program?	We will continue to perform medical necessity reviews on surgical services in the Pre-Service Review Program through December 31, 2021, regardless of how an employer group chooses to participate in the program. Beginning January 1, 2022, if an employer group does not agree to precertification for any surgical services in the Pre-Service Review Program, Blue Cross will no longer perform any other medical necessity or investigational reviews on that specific service.

BlueCross BlueShield of Alabama

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