

## Best practices for submitting prior authorization requests with InterQual Connect questions through the e-referral system

After answering InterQual Connect questions in the e-referral system, do the following to help ensure prior authorization requests are processed as quickly as possible:

- Always click Review Summary Refer to Step 1 below for additional details.
- Always click Complete to submit requests The Save Review button has been renamed to Save For Later. Don't click the Save For Later button, as it will cause your request to pend even if criteria are met and will delay the processing of your request. Refer to Step 2 below.

Here's what to do to submit a request after answering InterQual Connect questions in the e-referral system:

1. On the Recommendations screen, do one of the following:

lf	Do this
The recommended service is automatically selected Tip: Look for a check mark to ensure the service is selected. See the image below for an example.	Click <i>Review Summary.</i> Important: If you don't select a recommended service, cases that meet criteria will pend for review. This will delay our processing of your request.
The recommended service is not automatically selected	Select the service, and then click <i>Review Summary.</i>
There is no recommendation	Click Review Summary.

	Symptomatic Varic	ose Tributaries <u>Hide codes</u>		
1	Selected  CPT	HCPCS		
eck mark Results Count: 11 CPT® only © 2011-2024 American Medical Association. All Rights Reserved.				
ates that	Code 🕇 Description			
service				
s been	36465	NJX NONCMPND SCLRSNT 1 VEIN		
her or not	36466	NJX NONCMPND SCLRSNT MLT VN		
criteria	36470	NJX SCLRSNT 1 INCMPTNT VEIN		
re met.	36471	NJX SCLRSNT MLT INCMPTNT VN		
	36475	ENDOVENOUS RF 1ST VEIN		
	36478	ENDOVENOUS LASER 1ST VEIN		



2. On the Review Summary screen, review the summary and click *Complete* to submit the request.

**Important:** Don't click *Save For Later.* This will cause your request to pend even if criteria are met and will delay the processing of your request. Always click *Complete* to submit the request.

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Review Summary		
Patient Name: Date of Birth:	Criteria Status: Criteria Met	
Created By:	Criteria Product: CP:Procedures	
Created Date: 04/11/2025, 09:40 AM EDT	Criteria Subset: Varicose Veins - HMO (Custom) - BCM	
Completed Date:	Chiena Version. Chient Defined 2024	
Facility:		
Recommendation	is ✔ indicates reviewer selection	
RECOMMENDED Evidence supports services as medically ne	ecessary.	
✓ Symptomatic Varicose Tributaries		

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