

CIS RECONSIDERATION REQUESTS

1 Description

Providers may submit requests for reconsideration of the decision rendered on a Children’s Intervention Services (CIS) prior authorization (PA) request via the web portal *Medical Review Portal*. The following guidelines for requesting reconsiderations apply:

- Reconsiderations are allowed when the PA has one or more procedure lines that are:
 - Approved but not for all units requested. Requests must be submitted within **30** calendar days of the decision.
 - Peer consultant denied. Requests must be submitted within **30** calendar days of the decision.
 - Tech Denied but **NOT** Final Tech Denied. Requests must be submitted within **10** calendar days of the decision.
- Providers must attach additional documentation to support the reconsideration request. It is not necessary to re-submit all information sent with the original request but only the information that supports the request for reconsideration.

2 Instructions

Follow these instructions to enter a request for reconsideration of a CIS PA:

1. From the *Medical Review Portal*, select **Submit CIS Reconsideration Review Requests**.

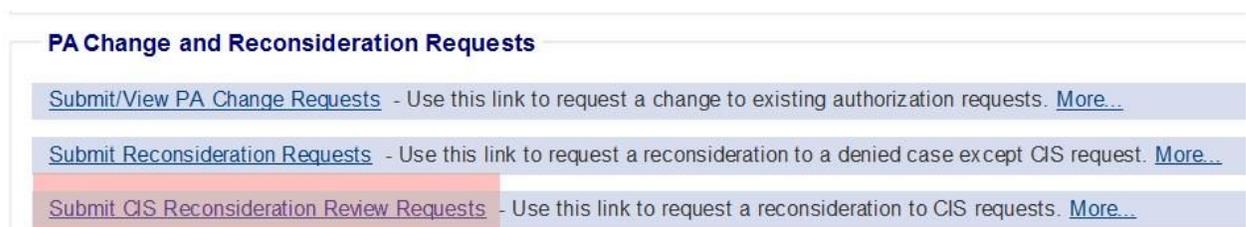


Figure 1

2. Search for the PA request and open the *Review Request* page.

- The *Review Request* page displays the PA request and decision information. To request a reconsideration, click [Enter CIS Reconsideration Request](#) at the bottom of the page. **Note:** If the link is not available, it means that the PA does not meet the rules for reconsideration.

Prior Authorization - Children's Intervention Services Review Request

Request Information										
Request ID :	[REDACTED]				Case Status :	Denied	Case Status Date :	09/07/2015		
Member ID :	333000000200 - TEST, JOHNNY A JR									
Social Security Number :	123456789									
Provider ID :	[REDACTED]				CMO PA Request ID :					
Admission Date :					Discharge Date :					
Effective Date :	10/01/2015				Expiration Date :	10/31/2015				

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
344.00	QUADRIPLEGIA, UNSPECIFD	09/01/2015	Yes	ICD-9
G82.50	QUADRIPLEGIA, UNSPECIFIED	10/01/2015	No	ICD-10

Procedures										
Provider ID	CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
	97110	THERAPEUTIC EXERCISES	10/01/2015	10/31/2015	10			Tech Denied	OPG	Yes

Enter CIS Reconsideration Request

Attach File

Return To Search Results

Return to Provider Workspace

Contact Us

Return to the Auth Request Page

Figure 2

- The next page that displays is the Reconsideration Request form. The contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important because a no-reply email is sent to the email address noted on the reconsideration when the reconsideration is processed by the Alliant reviewer.
- In the first text box on the form, clearly describe what you want changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- In the second text box, provide additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached, it is permissible to enter 'See Attached' in this box.

Request ID : [REDACTED]

For CIS Reconsideration Review requests, please submit additional documentation to support the services required. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name : [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Fax: 333-444-5555 Email : [REDACTED]

Describe what you want changed.
Submitting a request for reconsideration.

Provide your rationale for changing the Prior Authorization Request.
See supporting documentation attached.

Figure 3

- Click **Submit**. If the submission is successful, a page displays confirming that the reconsideration has been entered successfully. Additional supporting documentation should be attached at this point utilizing *Create an Attachment*.

CIS Reconsideration Request Information

Your CIS Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Figure 4

- Click **Browse** to find the file to be attached.
- Select the file by highlighting the file and clicking **Open**; or double click the file.
- The file name appears in the attachment panel.
- Click **Attach File**. If the file is uploaded, the 'File uploaded successfully' message displays. The attached file will display in the **Attached Files** table on the *PA Review Request* page.