

ProAuth Referrals Instructions

for

In and **Out-of-Network** Referrals

Visit [ProAuth Documentation \(martinspoint.org\)](https://martinspoint.org) for ProAuth FAQs and more ProAuth Provider Information



Viewing Referrals

Viewing Referrals

Important: You can only view referrals when the Requesting Provider or Servicing Provider are an exact match to a provider/location in your Provider Filter!!!

- 1. Provider Filter** - Select All or Individual Locations in your Provider Filter in the top right corner of your screen. (Button beside Provider Filter is gray when filter is not set.)
- 2. Filter By** – The date range of referrals is defaulted to a one week look back. Change the date to increase or decrease the date range.
- 3. Member ID and Authorization Number** – Use these fields to find referrals by Member ID or Authorization Number.
- 4. View Auth Details and Correspondence** – Click on the Auth/Referral you want to view (will turn blue) and click to view the details or the correspondence.
- 5. Extend** – Renew your referral each year by using the Extend button.

The screenshot shows the 'MARTIN'S POINT HEALTH CARE PRODUCTION' dashboard. At the top right, there is a 'PROVIDER FILTER (98/66)' button. Below this, there are buttons for 'CREATE INPATIENT AUTHORIZATION' and 'CREATE SERVICE/PROCEDURE AUTHORIZATION'. The main dashboard area contains a 'Filter By' section with fields for 'Member ID' and 'Authorization Number', and 'Date of Service From Date' and 'Date of Service To Date'. There are also dropdown menus for 'Inpatient Service Types' and 'Service/Procedure Service Types'. Below the filters are 'FILTER' and 'RESET' buttons. A table titled 'Inpatient Authorizations Summary' is displayed, with columns for Member Name, Authorization #, Determination Status, From Date, To Date, Servicing Facility, Diagnosis Code, and State. The first row is highlighted in blue. At the bottom of the table, there are 'EXTEND', 'VIEW AUTH DETAILS', and 'VIEW CORRESPONDENCE' buttons. A red arrow points from the 'Important' text to the 'PROVIDER FILTER' button.

| Member Name | Authorization # | Determination Status | From Date | To Date | Servicing Facility | Diagnosis Code | State |
|-------------|-----------------|----------------------|------------|------------|--------------------|----------------|-------|
| | IP01 | Approved | 10/03/2024 | 10/10/2024 | | N39.0 | Open |
| | IP01 | Denied | 10/01/2024 | 10/08/2024 | | W19.XXXA | Open |
| | IP01 | Pending | 10/01/2024 | 10/08/2024 | | I63.9 | Open |
| | IP01 | Approved | 10/01/2024 | 10/08/2024 | | I95.1 | Open |
| | IP01 | Pending | 10/01/2024 | 10/08/2024 | | K56.609 | Open |
| | IP01 | Pending | 10/01/2024 | 10/08/2024 | | E11.628 | Open |
| | IP01 | Approved | 09/30/2024 | 10/07/2024 | | I21.4 | Open |
| | IP01 | Approved | 09/30/2024 | 10/07/2024 | | Z47.1 | Open |
| | IP01 | Approved | 09/30/2024 | 10/07/2024 | | R53.1 | Open |
| | IP01 | Approved | 09/30/2024 | 10/07/2024 | | S72.002A | Open |

Entering Referrals

- The Service Types (**Referral Network** or **Referral NON Network**) must match to the network status of the Servicing Provider. If they do not match you will see a message telling you to update the Service Type to match the status of the Servicing Provider. *(You will not be able to move to the next screen without changing the Service Type.)*
- NON Network (out-of-network) additional entry steps are in **blue**.

ProAuth Out of Network Referral Request – Initial Screen Entry Instructions

- 1) **Service Type** = Select **Referral NON Network**
- 2) **Place of Service** = Select Office or Outpatient Hospital
- 3) **Primary Diagnosis** = Enter ICD-10 code (secondary diags can be entered on another screen)
- 4) **Primary Procedure** = Code REFER will auto-populate (this is only code that should be used on a Referral request)
- 5) **Requested Units** = Enter # of months referral will be needed (no more than 12 will be approved)
- 6) **Unit** = Select Months
- 7) **Start Date** = Use today's date
- 8) **End Date** = no more than 12 months after Start Date
- 9) **Servicing Provider** = Use the service location of the specialist
- 10) **Next** – Click on Next to move to see requirements and move to second screen

Create Service/Procedure Authorization

Progress: Prescreen (Active) | Authorization Details | Services | Confirmation

1 * Service Type: Referral NON Network

2 * Place of Service: Office

3 * Primary Diagnosis: CHRONIC MYELOMONOCYTIC LEUKEMIA IN REMISSION (ICD10: C93.10)

4 * Primary Procedure Code: Referral (ICD10: REFER)

5 * Requested Units: 12

6 * Unit Type: Months

7 * Start Date: 10/01/2024

8 * End Date: 10/01/2025

9 * Servicing Provider: [Redacted] (Message: Servicing Provider selected is out of network.)

Member's Applied Eligibility: USFHP Program

Buttons: NEXT, CANCEL

10

The out of network message should display under the Servicing Provider field when using the Referral NON Network Service Type.

ProAuth In Network Referral Request – Initial Screen Entry Instructions

- 1) **Service Type** = Select Referral Network
- 2) **Place of Service** = Select Office or Outpatient Hospital
- 3) **Primary Diagnosis** = Enter ICD-10 code (secondary diags can be entered on another screen)
- 4) **Primary Procedure** = Code REFER will auto-populate (this is only code that should be used on a Referral request)
- 5) **Requested Units** = Enter # of months referral will be needed (no more than 12 will be approved)
- 6) **Unit** = Select Months
- 7) **Start Date** = Use today's date
- 8) **End Date** = no more than 12 months after Start Date
- 9) **Servicing Provider** = Use the service location of the specialist
- 10) **Next** – Click on Next to move to see requirements and move to second screen

Create Service/Procedure Authorization

Progress: Prescreen (Active) | Authorization Details | Services | Confirmation

1 * Service Type: Referral Network

2 * Place of Service: Office

3 * Primary Diagnosis: CHRONIC MYELOMONOCYTTIC LEUKEMIA NO REMISSION

4 * Primary Procedure Code: Referral

5 * Requested Units: 12

6 * Unit Type: Months

7 * Start Date: 10/01/2024

8 * End Date: 10/01/2025

9 * Servicing Provider: MAINEHEALTH

Provider Specialty: MULTISPECIALTY

* Member's Applied Eligibility: USFHP Program

10 NEXT CANCEL

For in network referrals use Referral Network as the Service Type and no out of network warning should show below the Servicing Provider field.

ProAuth Referral Request – Second Screen Entry Instructions

- 1) **Urgency Level** = Select appropriate level (See urgency definitions by clicking on Blue box beside the dropdown options)
- 2) **Out-of-Network Reason** = Select most applicable option from the list (Additional information can be provided on the Add Note screen)
- 3) **Requesting Provider** = Use a Service Location in your Provider Filter (You will enter the referring provider's info on the Add Note screen)
- 4) **Requesting Provider Contact Name** = Enter name of who to contact for questions
- 5) **Requesting Provider Contact Number** = Enter phone # for who we should call if we have questions or need more information
- 6) **Requesting Provider Fax Number** = Enter Fax # to use if we need to send you information
- 7) **Secondary diagnosis** = Enter any additional relevant diagnoses
- 8) **Add Note** = See instructions on page 8
- 9) **Add Attachment** = See instructions on page 9
- 10) **Provider Specialty** = **Important! - This field needs to be completed to approve your request.** Select the **closest match** and if needed, add additional info on the Add Note screen.
- 11) **Next** – Click on Next to move to see requirements and move to the Review screen

Network referrals do not require medical records.

NON Network referrals require medical records to be attached.

Create Service/Procedure Authorization

*A Note is required. ADD NOTE ADD ATTACHMENT (0)

*A Note and an Attachment are required. ADD NOTE ADD ATTACHMENT (0)

Prescreen Authorization Details Services Confirmation

Authorization Details

* Level of Urgency 1
Prospective Non Urgent x URGENCY DEFINITION

* Out of Network Reason 2

* Requesting Provider 3
RICHARDS, SAMANTHA 1689960114 Search by Provider name (OR) Search by Provider NPI Search All Providers CLEAR

* Requesting Provider Contact Name 4
Jane

* Requesting Provider Contact Number 5
+ 1 (999) 999-9999 x1234

* Requesting Provider Fax Number 6
+ 1 (888) 888-8888

Servicing Provider Contact Name

Servicing Provider Contact Number
+ 1 (999) 999-9999 x9999

Servicing Provider Fax Number
+ 1 (999) 999-9999

Secondary diagnosis 7
SEC & UNS MALIGN NEO LYMPH NODES HEAD FACE & NECK C77.0 (OR) Search by Code ICD10 CLEAR +

Episode of Care Type
10 ✓

Provider Specialty
Gastroenterology
General Surgery
Genetics

11 NEXT BACK TO PRESCREEN CANCEL

ProAuth Referral Request – Add Note Instructions

- 1) **Instructions** = Provides information on referrals.
- 2) ***Specialty Field Attestation*** = Built in reminder to enter the Specialty Type to which you are referring. This is needed for immediate approval of your request. **If you do not fill out this field your network referral will not auto-approve.**
- 3) **Referring Provider Name** = Enter the individual referring provider's name and credentials (MD/DO/NP/PA). The service location of the referring provider should be used in the Requesting Provider field.
- 4) **Referring Provider NPI** = Enter referring provider's NPI #
- 5) **Additional Referral Information** = Use this field to provide more information about the specialist. You should enter the Service Location of the specialist's office in the Servicing Provider field.
- 6) **Save** = Click on Save button to save the information you have entered.

Non Network Referrals

- Do not auto-approve.
- Are reviewed for the need to be seen by an out-of-network specialist.
- Enter information in the required field explaining the reason the member is being referred out-of-network.

Add Note

Instructions Note: 1

- Acupuncture and Chiropractic Services are not covered.
- Mental/Behavioral Health services are managed by BHCP (888-812-7335).
- No referral is required for services that require authorization (e.g., ABA, Dental, Drugs)
- OB/GYN, Optometry/Ophthalmology, PT (under 18), OT, and Speech services do NOT require a referral when provided by network providers. NON-network providers may request the standard network cost share by submitting and authorization.
- Referrals are NOT needed for DME, Orthotics/Prosthetics, or Diagnostic Testing. Servicing providers should verify code specific authorization requirements.
- Remember to enter the specialty provider location (not the individual provider) as the Servicing Provider. This allows your referral to apply to all providers within the specialty office.

If you are referring to a specific provider within a location, use the Additional Information box below to enter the provider details.

Specialty Field Attestation ★ 2

I understand that if I enter a Specialty Type in the Specialty Type dropdown field at the bottom of this page my request may be immediately approved. If this field is blank my request will NOT receive immediately approval.

I understand the specialty type requirements

★ Referring provider name 3

★ Referring provider NPI 4

Additional Referral Information: 5

6

SAVE **CANCEL**

ProAuth Referral NON Network Request – Add Attachment Instructions

- 1) **File** = Attach RECENT and RELEVANT records using the BROWSE button. (Note – File names can contain alphanumeric characters, dashes, and underscores) You can attach more than one file but can only add one file at a time.
- 2) **Document Type**= Select Medical Records from the dropdown list.
- 3) **Comment** = Use this field to enter information to call out specific information of importance in the medical records you attach (e.g., See page 2 of the consult note or see visit note dated 8/31/23...)
- 4) **ADD** = Click the ADD button to save the attached document to your request (Documents will not stay attached if you do not hit the Add button.)
- 5) **REMOVE** = Click to highlight a file and then you can click the REMOVE button to delete it.
- 6) **CLOSE** = Click on the CLOSE button once you have completed attaching medical records.

Add Attachment

Please attach most RECENT relevant records (office visit, labs, imaging or consult notes)

* File **1**

File names can contain alphanumeric characters, dashes, and underscores.

* Document Type **2**

Comment **3**

ADD **4**

5 **REMOVE**

Attached Files (3)

| File | Document Type | Comment |
|------------------------|-----------------|-------------------------------------------|
| PCP Office Visits.docx | Medical Records | |
| Imaging and Labs.docx | Medical Records | |
| Consult Notes.docx | Medical Records | See pg 4 for specialist's recommendations |

Navigation: ⏪ ⏩ **1** 10 ▼

CLOSE **6**

ProAuth Referral Request – Final Steps

- 1) **Verify Member Selection** – Make sure you have the correct member for your request showing on the left side panel (if wrong member you will need to cancel the request and re-enter information on the correct member).
- 2) **Verify Provider Selection** - Make sure the REQUESTING PROVIDER is an option in your Provider Filter list (if not, you will see a **WARNING** that you will not be able to view the auth and check the determination status) – Click on the RETURN TO AUTHORIZATION button and then on the next screen select the EDIT option on the right to update the requesting provider or any other information.
- 3) **Last Step** – Click on the SUBMIT button at bottom of the page.
- 4) **Dashboard** - To view your requests use the Dashboard . Remember change the date filter to see requests entered beyond the last 7 days.

WARNING

The providers entered on this authorization request are not currently associated with your user account. Once this authorization is submitted you will be unable to view or update it.

[SUBMIT AUTHORIZATION](#) [RETURN TO AUTHORIZATION](#)

If you see this **WARNING** you need to use the **Return to Authorization** option, click on the **EDIT** button to change your **REQUESTING PROVIDER** to the provider's **SERVICE LOCATION** in your **ProAuth Provider Filter list** (button on top right of page)

Dashboard 4

Member Search

NOT A 2016 USFHP, MARTINS POINT MEMBER

Member ID 1
00018939800

Date of Birth (Age)
01/01/1900 (123 years)

Gender

Active Eligibility
Yes

Policy #
00018939800

Product
USFHP Program

Group #

Eligibility Effective Dates
01/01/2023 - 12/31/2078

2

Create Service/Procedure Authorization

Prescreen Authorization Details Services Confirmation

Service Type: Referral Procedure Code: REFERRAL (REFER)

Start Date: 09/11/2023 End Date: 09/11/2024 EDIT

| | | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Start Date 09/11/2023 | End Date 09/11/2024 | Requested Units 12 Months | Member's Applied Eligibility USFHP Program |
| Primary Procedure REFERRAL (REFER) | Service Type Referral Network (or Referral NON Network) | Servicing Provider | Servicing Provider OON Reason PAR specialist not available within 60 minutes of member |
| Primary Diagnosis CHRONIC MYELOMONOCYTIC LEUKEMIA NO REMISSION (C93.10) | Level of Urgency Prospective Non Urgent | Place of Service Office | Treatment Type |
| Requesting Provider MARTINS POINT HEALTH CARE INC | Requesting Provider Contact Name Jane | Requesting Provider Contact Number (999) 999-9999 x1234 | Requesting Provider Fax Number (888) 888-8888 |
| Secondary Diagnosis SEC & UNS MALIG NEO LYMPH NODES HEAD FACE & NECK (C77.0) | | | |

3 ADD SERVICE SUBMIT CANCEL