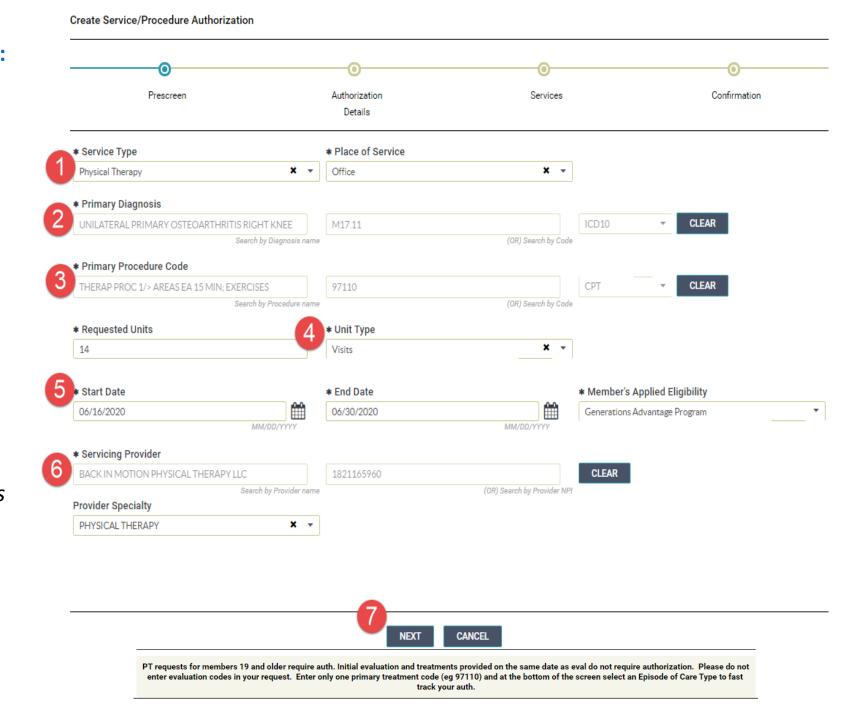


ProAuth Physical Therapy Authorization Requests



Initial (beginning of therapy) Requests:

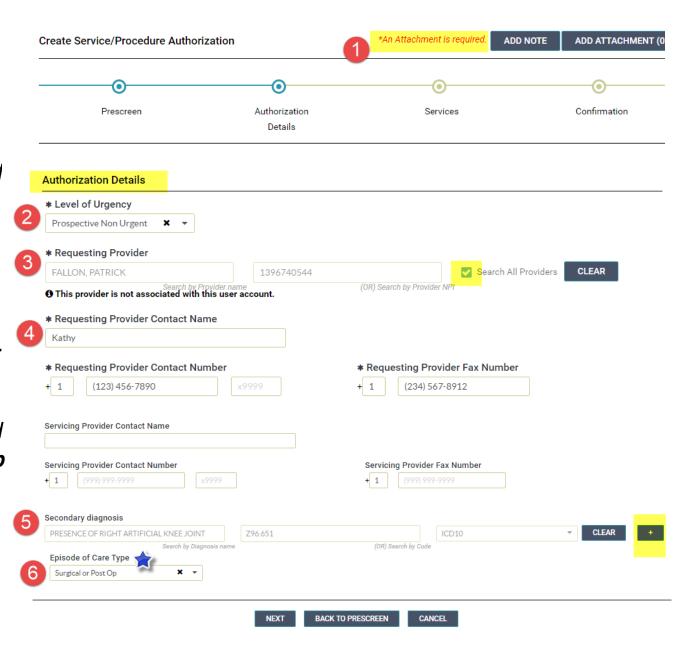
- 1) Service Type: Physical Therapy
- **2) Primary Dx:** Primary diagnosis (other diagnoses can be added on the next screen)
- 3) Primary Procedure Code: Use one frequently used treatment code (e.g., 97110). Do NOT use evaluation codes as they do not require authorization.
- **4) Unit Type:** Use Visits option
- **5) Start Date:** Use date of first treatment after the evaluation visit
- 6) Servicing Provider: You may see duplicates or some of your locations that show as out of network. This has to do with billing versus service locations.
- **7) Next:** Click NEXT button to see authorization requirements and instructions.



- 1) Note and Attachment Requirements:

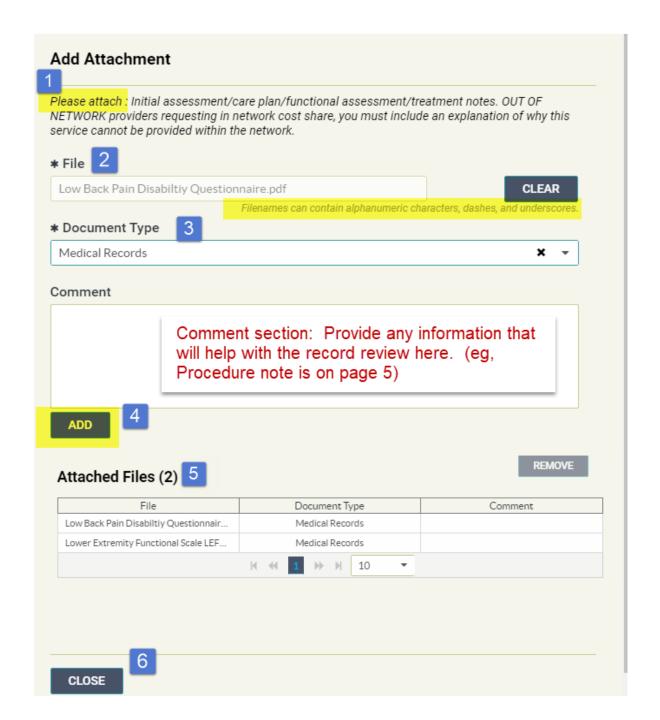
 Information in red will display in top right corner
- **2) Level of Urgency:** *Initials are typically Prospective/Non-Urgent*
- 3) Requesting Provider: Use Search All Providers button to the right if you do not see the ordering provider on your initial search. You will see a warning that the requesting provider is not part of your user account. This provider's staff will also see your request if they are users of this system.
- **4) Requesting Provider Contact Name:** Enter the name of the person we should contact to ask questions about the request.
- **5) Secondary Diagnosis:** Enter other diagnoses here. Use the + button to add more than one diagnosis.
- 6) EPISODE OF CARE TYPE: : Acute Non-Surgical, Surgical or Post Op, Chronic Illness or Disease, and N/A are the choices. Using this field will speed up the processing of your request. Chronic Illness or Disease option should not be used for generalized weakness, osteoarthritis, or back pain types of conditions. This option should be used for conditions like stroke, ALS, amputations, or other long-term illnesses.

Initial Request Authorization Details (2nd screen)



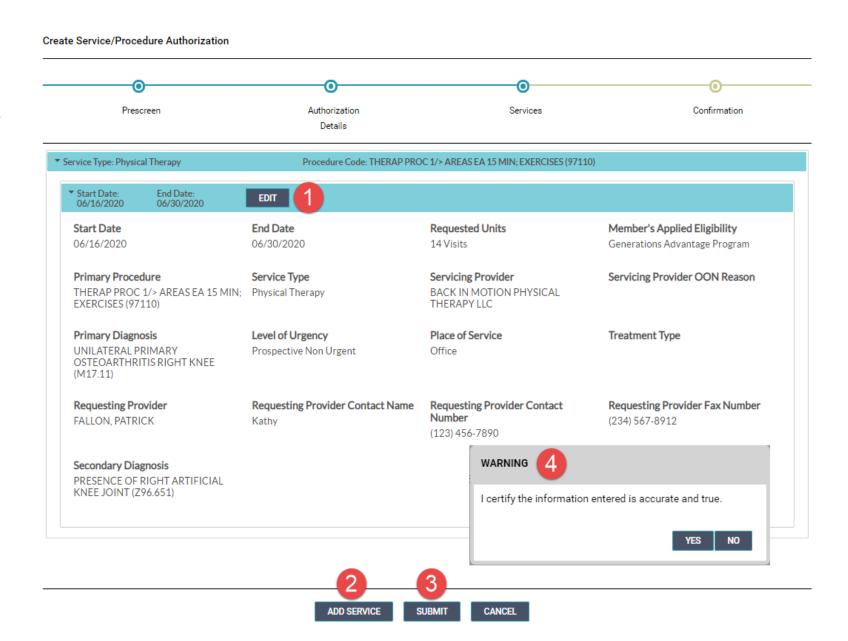
How to Attach Records

- 1) Please Attach Message: This will show you the types of medical records you should attach.
- **2) Click Browse Button:** Filename requirements are visible below the field.
- **3) Document Type:** *Typically this will be Medical Records.*
- **4) ADD Button:** Click this to load your documents/records (if you skip this step you will see the attachments required message when you try to submit your request).
 - 1) ---Repeat steps above to add more documents--
- **5) Attached Files:** You can view the files to see what you have attached. To remove a record click on it to highlight it and then click the REMOVE button.
- **6) CLOSE Button:** Click this when you are done adding documents/records



Final Steps

- 1) Edit: Review your entered information. If you need to change anything click on the Edit button.
- 2) Add Service: This button allows you to add another CPT/Procedure code to your request. For therapy you only need to enter one primary treatment code.
- **3) Submit:** Click this to submit your request.
- 4) Attestation Notice: After you click Submit you must attest to the accuracy of the information entered.



View your authorization number and status:

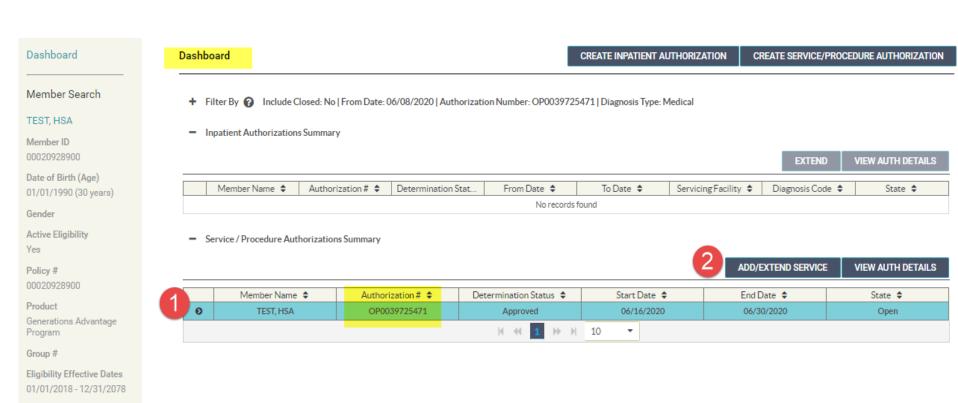
Create Service/Procedure Authorization Authorization Confirmation Prescreen Services Details This authorization is based on Medical Necessity and is not a guarantee of payment. Payment is based on this member's eligibility and benefit coverage at the time of service. For OON approval and denial cost share information please review letter that has been mailed. **Authorization Number Primary Diagnosis** Requesting Provider OP0039725471 UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE MMP ORTHOPAEDIC TRAUMA AND FRACTURE CARE (M17.11) Service 1 Procedure Service Type Servicing Provider Physical Therapy THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES BACK IN MOTION PHYSICAL THERAPY LLC (97110)Status Units **Unit Type** Approved 14 Visits Start Date End Date Member's applied eligibility 06/30/2020 Generations Advantage Program 06/16/2020

Extend (adding visits to therapy in progress) Requests:

1) Find Existing
Authorization: Find
the authorization on
the dashboard or
search by using the
authorization
number

2) ADD/EXTEND

Button: Click on this button to request more visits. If you only need to extend the date range of the authorization call us at 888-339-7982



Add vs Extend Options

1) EXTEND: Click this to request to add more visits to an existing authorization.

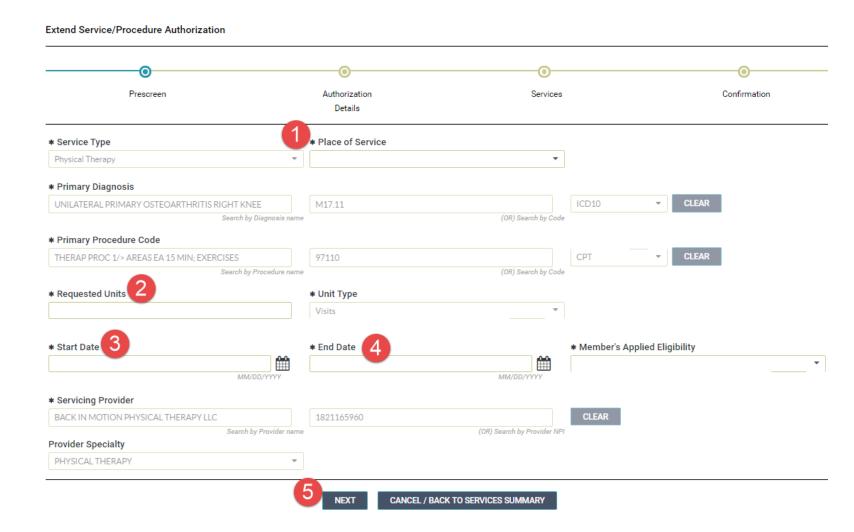
2) ADD SERVICE:

Only use this button if you are adding codes. For therapy only one treatment code is required so the Extend option is best choice.



Extend Request Required Fields

- 1) Place of Service: Same selection as previous request.
- Requested Units: Number of units you are requesting to add to this authorization.
- 3) Start Date: Use the date after the last date of previous request. (Please do not overlap dates of your requests.)
- **4) End Date:** Date you expect to discharge.
- 5) Next: You will see auth requirements information. Click Next again to fill our remaining required fields

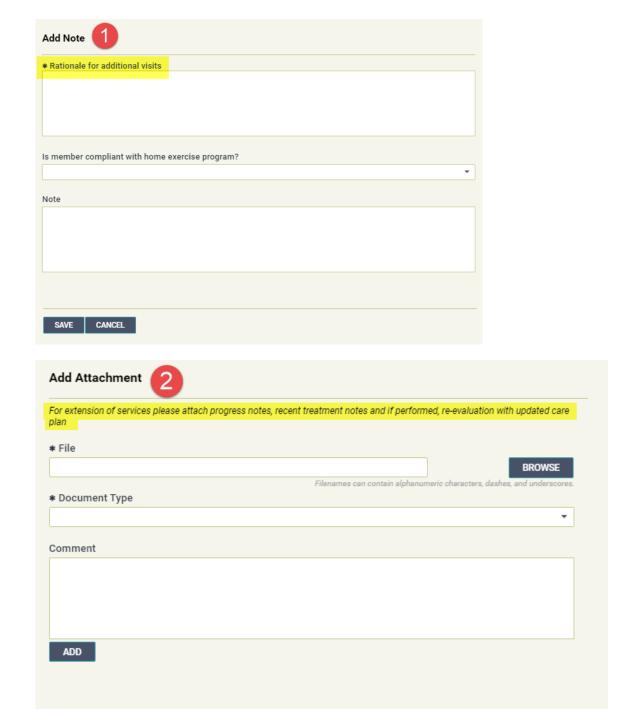


Requirement for Extension Requests

- **1) Add Note:** Brief explanation of need for more visits
- 2) Add Attachment: Follow add attachment instructions and see types of documents required

2nd Screen Other Required Fields (not shown):

- Level of Urgency: Concurrent should be used for extensions
- Episode of Care: This field is not required but assists us in speeding up the review of your request even though it is the same as your previous request



Extended Request Dashboard View Pre-Review/Decision

- Overall Determination Status will show as Partially Approved
- End Date of Line Item #1 and
- 3) Start Date of Line Item #2 do not overlap
- 4) Status will show as No Decision until reviewed

| | | | | | | | | | ADD/E | XTEND SERVICE | VIEW AUTH DETAILS | |
|---|----------------|---|-------------------|------------|-------------------------|------------------------|----------------------|--------------------|------------------|---------------|--------------------|--|
| | Member Name 💠 | | Authorization# \$ | | 4 | Determination Status 💠 | Start Date \$ | | End Date \$ | | State \$ | |
| 0 | TEST, HSA | A | OPO | 039725471 | | Partially Approved | 06/16/2020 | 06/16/2020 07/24/2 | | 20 | Open | |
| | Line Item Stan | | t Date | 2 End Date | | Servicing Provider | Procedure Code and N | Service T | Service Type | | Status | |
| | 1 | | 6/2020 | 06/30/2020 | | BACK IN MOTION PHY | 97110 THERAP PROC 1 | Physical Th | Physical Therapy | | Approved 14 visits | |
| | 2 3 0 | | 07/24/ | | 2020 BACK IN MOTION PHY | | 97110 THERAP PROC 1 | Physical Therapy | | 4 No Decision | | |

Extended Request Dashboard View Post-Review/Decision

- 1) Overall Determination Status updates
- 2) Line Item #2 shows status of Extension request

| Start Date \$ | | | |
|-----------------------|---------------------|--------------------------------------|--|
| Juli L Date | End Date ♦ | State 💠 | |
| 06/16/2020 | 07/24/2020 | Open | |
| Procedure Code and N | Service Type | Status | |
| / 97110 THERAP PROC 1 | Physical Therapy | Approved 14 visits | |
| / 97110 THERAP PROC 1 | Physical Therapy 2 | Approved 6 visits | |
| ſ | 97110 THERAP PROC 1 | 97110 THERAP PROC 1 Physical Therapy | |