

# ProAuth Dashboard - Key Points

To be able to view Authorizations or Referrals the Requesting or Servicing Provider must be an exact match to an option in your Provider Filter. Your Provider Filter shows what your access permissions are for viewing authorizations and referrals. You can view requests you entered as the Requesting Provider AND requests entered by other health systems that have been sent to you as the Servicing Provider.

For most health systems the Provider Filter contains practice locations and facilities and does NOT contain individual providers.

Best practice is to enter the Practice Location of the requesting provider into the Requesting Provider field and to enter the Requesting Provider's name in the Notes.

## Dashboard Step Specific Instructions:

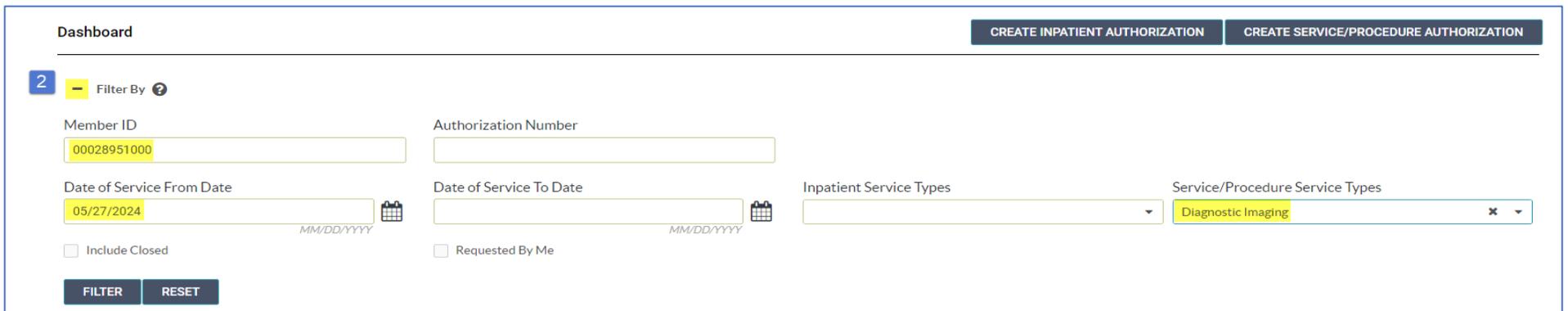
1. In the top right side of the banners select locations (ALL or Specific) from your Provider Filter options (top right button) - **Nothing will display until you select locations in your filter.** The indicator on the Provider Filter button will be **green** when you have Applied your filter selection(s). It is **gray** when you have not.



2. Default Dashboard view is for the prior 7 days. - Click on the plus sign (+) beside 'Filter By' to see all Dashboard filter options. Change the date to view



Use the Dashboard 'Filter By' options to view all requests or limit the view to a specific member, date range, or service type.



# ProAuth Prescreen

## Prescreen Step Specific Instructions:

**1 - Make sure you are entering your request on the right member** and verify eligibility dates. - (Member shows in the left window pane.)

**2 - Only use Diagnostic Imaging** as your Service Type. - (Using a different Service Type will delay the processing of your request. Automation rules are triggered for Diagnostic Imaging and the associated PET and SPECT codes.)

**4 - On the Prescreen page enter the diagnosis that is the Primary reason the imaging is needed.** (Primary = Atrial fibrillation. Secondary diagnoses can be added on the Authorization Details page e.g., hypertension, diabetes, or hyperlipidemia)

**6 & 7 - Enter as Requested Units = 1 and Unit Type = Visits**

**8 & 9 - Enter dates span of 3 months.** (Once submitted you cannot edit your request. Call the Health Management Department at 888-339-7982 when you need to update dates on your request.)

**10 - Enter the Servicing Facility that will perform the imaging.** (If the Servicing Facility is not an option in your ProAuth Provider Filter, be sure to use the practice location of the provider ordering the image as the Requesting Provider on the Authorization Details page.)

Dashboard

Member Search

TEST, UPGRADE **1**

Member ID  00028951000

Date of Birth (Age) 01/11/1968 (56 years)

Gender

Active Eligibility Yes

Policy # 00028951000

Product USFHP Program

Group #

Eligibility Effective Dates 06/01/2022 - 12/31/2078

Create Service/Procedure Authorization

Prescreen

Authorization Details

Services

Confirmation

\* Service Type **2** Diagnostic Imaging

\* Place of Service **3** Outpatient Hospital

**4** \* Primary Diagnosis ISCHEMIC CARDIOMYOPATHY

**5** \* Primary Procedure Code MYOCARDIAL SPECT MULTIPLE STUDIES

**6** \* Requested Units 1

**7** \* Unit Type Visits

**8** \* Start Date 07/01/2024

**9** \* End Date 09/30/2024

\* Member's Applied Eligibility USFHP Program

**10** \* Servicing Provider

Provider Specialty HOSPITAL

**11** NEXT CANCEL

Effective July 1, 2024 - Authorization is required for PETs and SPECTs for dates of service on or after July 1, 2024. --- To expedite your request please answer all of the specialty specific questions in the NOTES section of your request and ATTACH the visit note with assessment and plan that include the order for this test along with any recent related testing reports --- (An outpatient auth is NOT required when member is inpatient, observation, or in the emergency room.)

Please use 3 month date span for imaging requests. Units should be entered as 1.

# ProAuth Authorization Details

## Authorization Details Specific Instructions:

**2 -** Requesting Provider field **BEST PRACTICE - Use the Requesting Provider's primary office group location** (i.e., Maine Cardiology Specialists) NOT the individual provider's name (i.e., John Smith). Reminder - To be able to view Authorizations or Referrals the Requesting or Servicing Provider must be an exact match to an option in your Provider Filter.

**3 -** The Requesting Provider Contact Name and Number info **needs to be the staff person entering the request or who we can call if we require additional or clarifying information**. Please do NOT enter the provider and provider's number as the contact.

**4 -** Secondary supporting diagnoses can be entered here and you can use the + button to the right to enter multiple supporting diagnoses.

**5 -** Click on the Add Note button and complete the required questions which are indicated with \* beside them. Fill out additional questions questions in the applicable Specialty section.

**6 -** Click on the Add Attachment button. You will see the following attachment instructions: **Please attach the MOST RECENT VISIT NOTE that contains the assessment and plan with the order for this test and any PRIOR IMAGING RESULTS.**

Dashboard

Member Search  
TEST, UPGRADE  
Member ID  
00028951000  
Date of Birth (Age)  
01/11/1968 (56 years)  
Gender  
Active Eligibility  
Yes  
Policy #  
00028951000  
Product  
USFHP Program  
Group #  
Eligibility Effective Dates  
06/01/2022 - 12/31/2078

Create Service/Procedure Authorization

\*A Note and an Attachment are required.

ADD NOTE

ADD ATTACHMENT (0)

5

6

Prescreen

Authorization Details

Services

Confirmation

Place of Service  
Outpatient Hospital

Authorization Details

1 \* Level of Urgency  
Prospective Non Urgent \* URGENCY DEFINITION

2 \* Requesting Provider  
Search by Provider name (OR) Search by Provider NPI Search All Providers CLEAR

3 \* Requesting Provider Contact Name  
Petunia

\* Requesting Provider Contact Number  
+ 1 (999) 999-9999 x9999

\* Requesting Provider Fax Number  
+ 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

4 Secondary diagnosis  
ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM Z01.810 ICD10 CLEAR +

Episode of Care Type

7 NEXT BACK TO PRESCREEN CANCEL

# ProAuth Services

**Services Specific Instructions:** Review your entered information to verify accuracy.

- Is the **Correct Member** showing in the left window pane?
- Did I use **Diagnostic Imaging** as the Service Type? (Reminder - Using the wrong service type will slow the processing of your request.)
- Is the **Primary Diagnosis** the reason for the the test is needed?
- Are the **units** (1 Visit) and **date span** (3 months) entered correctly?
- Is the **Requesting Provider Contact Name and Number** a direct line to be called if more information is needed?
- **Will I be able to see my request after I submit it?**
  - Make sure the Requesting Provider **OR** the Servicing Provider is a match to an option in my ProAuth Provider Filter?
  - If not, you will get a pop up **WARNING** that you will no be able to see your request once you submit it. You can go back and change one the Requesting or Servicing Provider and then resubmit.

Dashboard

Member Search  
TEST, UPGRADE  
Member ID  
00028951000  
Date of Birth (Age)  
01/11/1968 (56 years)  
Gender  
Active Eligibility  
Yes  
Policy #  
00028951000  
Product  
USFHP Program  
Group #  
Eligibility Effective Dates  
06/01/2022 - 12/31/2078

Create Service/Procedure Authorization

Prescreen Authorization Details **Services** Confirmation

Service Type: Diagnostic Imaging Procedure Code: MYOCARDIAL SPECT MULTIPLE STUDIES (78452)

Start Date: 07/01/2024 End Date: 09/30/2024 EDIT

Start Date 07/01/2024	End Date 09/30/2024	Requested Units 1 Visits	Member's Applied Eligibility USFHP Program
Primary Procedure MYOCARDIAL SPECT MULTIPLE STUDIES (78452)	Service Type Diagnostic Imaging	Servicing Provider CENTRAL MAINE MEDICAL CENTER	Servicing Provider OON Reason
Primary Diagnosis ISCHEMIC CARDIOMYOPATHY (I25.5)	Level of Urgency Prospective Non Urgent	Place of Service Outpatient Hospital	Treatment Type
Requesting Provider HIGGINS, PETER J	Requesting Provider Contact Name Petunie	Requesting Provider Contact Number (777) 777-7777	Requesting Provider Fax Number (888) 888-8888
Secondary Diagnosis ENCOUNTER FOR PREPROCEDURAL CARIOVASCULAR EXAM (Z01.810)			

ADD SERVICE SUBMIT CANCEL

**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

# ProAuth Confirmation

## Confirmation Specific Information:

- You will see your [Authorization #](#)
- You will see the [Status](#) of your request

Dashboard

Member Search  
TEST, UPGRADE  
Member ID  
00028951000  
Date of Birth (Age)  
01/11/1968 (56 years)  
Gender  
Active Eligibility  
Yes  
Policy #  
00028951000  
Product  
USFHP Program  
Group #  
Eligibility Effective Dates  
06/01/2022 - 12/31/2028

### Create Service/Procedure Authorization

Prescreen      Authorization Details      Services      **Confirmation**

This determination is not a guarantee of payment. Payment is based on this member's eligibility, benefit coverage, and coding requirements at the time of service. For OON and denial cost share information please review letter that has been mailed.

<b>Authorization Number</b> OP0102495971	<b>Primary Diagnosis</b> ISCHEMIC CARDIOMYOPATHY (I25.5)	<b>Requesting Provider</b> .
<b>Service 1</b> <b>Procedure</b> MYOCARDIAL SPECT MULTIPLE STUDIES (78452)	<b>Service Type</b> Diagnostic Imaging	<b>Servicing Provider</b>
<b>Status</b> Approved	<b>Units</b> 1	<b>Unit Type</b> Visits
<b>Start Date</b> 07/01/2024	<b>End Date</b> 09/30/2024	<b>Member's applied eligibility</b> USFHP Program

[RETURN TO MEMBER SEARCH](#)   [RETURN TO DASHBOARD](#)   [PRINT](#)

You can return to the [Dashboard](#) to locate your Authorization # and click on the [View Correspondence](#) button to print your letters.

Service / Procedure Authorizations Summary

[ADD/EXTEND SERVICE](#)   [VIEW AUTH DETAILS](#)   [VIEW CORRESPONDENCE](#)

Member Name	Authorization #	Determination Status	Start Date	End Date	State
TEST, UPGRADE Q	OP0102492953	Approved	07/01/2024	09/30/2024	Open

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### Correspondence Summary

**Authorization Number**  
OP0102492953      [BACK TO DASHBOARD](#)

**Correspondence Page Instructions**

Click on the small triangle in the left column to expand the letter details. Next, locate the line containing the word "Status" and click on it. This action will activate the "OPEN PDF" button. Once the "OPEN PDF" button turns blue, click on it to open your letter. Please note other authorization letters from BHCP, and Optum are available for viewing via their portals.

Letter Name	Status	Date Generated
USFHP Auth Provider	Complete	06/03/2024 4:47 PM
USFHP Auth Member	Complete	06/03/2024 4:46 PM

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