ProAuth
Physical Therapy
Authorization Requests

Martin's Point® Health Care

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.*

Create Service/Procedure Authorization

Prescreen — Authorization Details — Services — Confirmation

① * Service Type
Physical Therapy ✕ ▾

* Place of Service
Office ✕ ▾

② * Primary Diagnosis
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE | M17.11 | ICD10 ▾ | CLEAR
Search by Diagnosis name — *(OR) Search by Code*

③ * Primary Procedure Code
THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES | 97110 | CPT ▾ | CLEAR
Search by Procedure name — *(OR) Search by Code*

* Requested Units
14

④ * Unit Type
Visits ✕ ▾

⑤ * Start Date
06/16/2020 📅
MM/DD/YYYY

* End Date
06/30/2020 📅
MM/DD/YYYY

* Member's Applied Eligibility
Generations Advantage Program ▾

⑥ * Servicing Provider
BACK IN MOTION PHYSICAL THERAPY LLC | 1821165960 | CLEAR
Search by Provider name — *(OR) Search by Provider NPI*

Provider Specialty
PHYSICAL THERAPY ✕ ▾

⑦ NEXT   CANCEL

PT requests for members 19 and older require auth. Initial evaluation and treatments provided on the same date as eval do not require authorization. Please do not enter evaluation codes in your request. Enter only one primary treatment code (eg 97110) and at the bottom of the screen select an Episode of Care Type to fast track your auth.

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)

Create Service/Procedure Authorization

(1) *An Attachment is required.* | ADD NOTE | ADD ATTACHMENT (0

○ Prescreen — ● Authorization Details — ○ Services — ○ Confirmation

Authorization Details

(2) **✱ Level of Urgency**
Prospective Non Urgent ✕ ▾

(3) **✱ Requesting Provider**
FALLON, PATRICK | 1396740544 | ☑ Search All Providers | CLEAR
Search by Provider name (OR) Search by Provider NPI
ⓘ This provider is not associated with this user account.

(4) **✱ Requesting Provider Contact Name**
Kathy

✱ Requesting Provider Contact Number
+ 1 | (123) 456-7890 | x9999

✱ Requesting Provider Fax Number
+ 1 | (234) 567-8912

Servicing Provider Contact Name

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

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

(5) **Secondary diagnosis**
PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT | Z96.651 | ICD10 ▾ | CLEAR | +
Search by Diagnosis name (OR) Search by Code

Episode of Care Type ⭐
(6) Surgical or Post Op ✕ ▾

NEXT | BACK TO PRESCREEN | CANCEL

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*

Add Attachment

1 Please attach : *Initial assessment/care plan/functional assessment/treatment notes. OUT OF NETWORK providers requesting in network cost share, you must include an explanation of why this service cannot be provided within the network.*

* File **2**

Low Back Pain Disabiltiy Questionnaire.pdf   **CLEAR**

Filenames can contain alphanumeric characters, dashes, and underscores.

* Document Type **3**

Medical Records   ✕ ▾

Comment

Comment section: Provide any information that will help with the record review here. (eg, Procedure note is on page 5)

ADD **4**

Attached Files (2) **5**   **REMOVE**

File	Document Type	Comment
Low Back Pain Disabiltiy Questionnair...	Medical Records	
Lower Extremity Functional Scale LEF...	Medical Records	

|◄ ◄◄ **1** ►► ►| 10 ▾

6

CLOSE

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.*

Create Service/Procedure Authorization

Prescreen — Authorization Details — Services — Confirmation

▼ Service Type: Physical Therapy   Procedure Code: THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES (97110)

▼ Start Date: End Date: **EDIT** ①
06/16/2020   06/30/2020

Start Date	End Date	Requested Units	Member's Applied Eligibility
06/16/2020	06/30/2020	14 Visits	Generations Advantage Program

Primary Procedure	Service Type	Servicing Provider	Servicing Provider OON Reason
THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES (97110)	Physical Therapy	BACK IN MOTION PHYSICAL THERAPY LLC	

Primary Diagnosis	Level of Urgency	Place of Service	Treatment Type
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE (M17.11)	Prospective Non Urgent	Office	

Requesting Provider	Requesting Provider Contact Name	Requesting Provider Contact Number	Requesting Provider Fax Number
FALLON, PATRICK	Kathy	(123) 456-7890	(234) 567-8912

Secondary Diagnosis
PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT (Z96.651)

WARNING ④

I certify the information entered is accurate and true.

YES   NO

② ③

ADD SERVICE   SUBMIT   CANCEL

View your authorization number and status:

Create Service/Procedure Authorization

Prescreen — Authorization Details — Services — **Confirmation**

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
OP0039725471

Primary Diagnosis
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE (M17.11)

Requesting Provider
MMP ORTHOPAEDIC TRAUMA AND FRACTURE CARE

Service 1

Procedure
THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES (97110)

Service Type
Physical Therapy

Servicing Provider
BACK IN MOTION PHYSICAL THERAPY LLC

Status
Approved

Units
14

Unit Type
Visits

Start Date
06/16/2020

End Date
06/30/2020

Member's applied eligibility
Generations Advantage Program

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.* <u>*If you only need to extend the date range of the authorization call us at 888-339-7982*</u>

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.

2) **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

Extend Service/Procedure Authorization

Prescreen — Authorization Details — Services — Confirmation

* Service Type
Physical Therapy

* Place of Service ①

* Primary Diagnosis
UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE | M17.11 | ICD10 | CLEAR
Search by Diagnosis name | *(OR) Search by Code*

* Primary Procedure Code
THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES | 97110 | CPT | CLEAR
Search by Procedure name | *(OR) Search by Code*

* Requested Units ②

* Unit Type
Visits

* Start Date ③
MM/DD/YYYY

* End Date ④
MM/DD/YYYY

* Member's Applied Eligibility

* Servicing Provider
BACK IN MOTION PHYSICAL THERAPY LLC | 1821165960 | CLEAR
Search by Provider name | *(OR) Search by Provider NPI*

Provider Specialty
PHYSICAL THERAPY

⑤ NEXT | CANCEL / BACK TO SERVICES SUMMARY

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

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Add Note ①

* Rationale for additional visits

Is member compliant with home exercise program?

Note

SAVE **CANCEL**

Add Attachment ②

For extension of services please attach progress notes, recent treatment notes and if performed, re-evaluation with updated care plan

* File

BROWSE

Filenames can contain alphanumeric characters, dashes, and underscores.

* Document Type

Comment

ADD

Extended Request Dashboard View Pre-Review/Decision

1) Overall Determination Status will show as Partially Approved
2) 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/EXTEND SERVICE   **VIEW AUTH DETAILS**

	Member Name ⇕	Authorization # ⇕	(1) Determination Status ⇕	Start Date ⇕	End Date ⇕	State ⇕
⊙	TEST, HSA	OP0039725471	Partially Approved	06/16/2020	07/24/2020	Open

Line Item	Start Date	(2) End Date	Servicing Provider	Procedure Code and N...	Service Type	Status
1	06/16/2020	06/30/2020	BACK IN MOTION PHY...	97110 THERAP PROC 1...	Physical Therapy	Approved 14 visits
2	(3) 07/01/2020	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

ADD/EXTEND SERVICE   **VIEW AUTH DETAILS**

	Member Name ⇕	Authorization # ⇕	(1) Determination Status ⇕	Start Date ⇕	End Date ⇕	State ⇕
⊙	TEST, HSA	OP0039725471	Approved	06/16/2020	07/24/2020	Open

Line Item	Start Date	End Date	Servicing Provider	Procedure Code and N...	Service Type	Status
1	06/16/2020	06/30/2020	BACK IN MOTION PHY...	97110 THERAP PROC 1...	Physical Therapy	Approved 14 visits
2	07/01/2020	07/24/2020	BACK IN MOTION PHY...	97110 THERAP PROC 1...	Physical Therapy	(2) Approved 6 visits