

ProAuth Reference Guide for Post Acute- Authorization Extension Request: Home Health Care

Follow the steps below to enter an electronic prior authorization into Security Health Plan's computer system, ProAuth system..

1. Log into the Provider Portal.
2. Select **Member** from the top of the page.
3. Search for member by using the First name, Last name and DOB or Subscriber, Member, Medicare or Medicaid #.
4. Click **Search →**.
5. Click **Authorizations**.
6. To view pending authorizations, click [here](#) to connect to ProAuth.
7. To create a new authorization, click **Create new**.
8. Select authorization type; Medical referral, Medical admission, or Pharmacy.
9. Click **Connect to ProAuth →**.
10. Click on Dashboard
 - a. Input members ID or authorization number
 - b. Clear the date of service from date
 - c. Click filter
 - d. Highlight the row that you want to extend the authorization
 - e. Click extend

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ? Include Closed: No | Member ID: [REDACTED]

- Inpatient Authorizations Summary

	Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
	[REDACTED]	[REDACTED]	Partially Approved	12/30/2024	01/05/2025	THREE OAKS HEALTH SC	R62.7	Open
	[REDACTED]	[REDACTED]	Approved	04/23/2022	04/28/2022	MARSHFIELD MEDICAL CE...	R53.1	Discharged
	[REDACTED]	[REDACTED]	Approved	04/20/2022	04/23/2022	MARSHFIELD MEDICAL CE...	I48.91	Discharged
	[REDACTED]	[REDACTED]	Approved	03/26/2021	03/29/2021	MARSHFIELD MEDICAL CE...	A41.9	Discharged

highlight row

Click filter

ADD/EXTEND SERVICE

VIEW AUTH DETAILS

VIEW CORRESPONDENCE

	Member Name	Authorization #	Determination Status	Start Date	End Date	State
+	[REDACTED]	[REDACTED]	Approved	01/06/2025	03/06/2025	Open

This screenshot shows the 'Extend Service/Procedure Authorization' step, which is highlighted with a yellow box. The workflow progress bar at the top indicates the current step is 'Extend Service/Procedure Authorization', with previous steps 'Prescreen', 'Authorization Details', 'Services', and 'Confirmation' shown as completed. Below the progress bar, a summary bar displays 'Service Type: Home Health Care' and 'Procedure Code: UNLIS HOME VST SVC/PX (99600)'. An 'EXTEND' button is highlighted with a yellow box on the right side of the summary bar.

11. Extend Inpatient Authorization section

- Serval field will automatically populate
- Input the Place of Service
- Requested Units
- Start and End Date
- Click next

This screenshot shows the 'Extend Inpatient Authorization' form. The workflow progress bar at the top indicates the current step is 'Authorization Details', with previous steps 'Prescreen', 'Services', and 'Confirmation' shown as completed. The form contains several fields, many of which are highlighted with yellow boxes:

- * Service Type:** A dropdown menu showing 'Home Health Care'.
- * Place of Service:** A dropdown menu, highlighted with a yellow box.
- * Primary Diagnosis:** A text field containing 'MALIGNANT NEOPLASM OF RECTUM' with a search icon.
- * Primary Procedure Code:** A text field containing 'UNLIS HOME VST SVC/PX' with a search icon.
- * Requested Units:** A text field, highlighted with a yellow box.
- * Unit Type:** A dropdown menu showing 'Days'.
- * Start Date:** A date picker field, highlighted with a yellow box.
- * End Date:** A date picker field, highlighted with a yellow box.
- * Member's Applied Eligibility:** A text field.
- * Servicing Provider:** A text field containing 'CODY, LEE B' with a search icon.
- Provider Specialty:** A dropdown menu.

Buttons for 'CLEAR' are present next to the ICD10, CPT, and Member's Applied Eligibility fields.

This information should appear:

Extend Service/Procedure Authorization

Note: In the top right it will indicate what is required: add note, add attachment or clinical criteria

↓

12. Click **ADD NOTE** in upper right hand corner of the screen.

i. Fill out these sections

- Requested for
- Initial or Concurrent
 - *** If for concurrent request the signed POC should be submitted
- Diagnosis
- PHM (past medical history)
- Clinical notes

- Criteria Met
- Notes- document member's safe discharge plan

Add Note*** Initial or Concurrent?**

Concurrent

**Initial - Submit the clinical or the assessment to determine/support coverage of services.****Concurrent - Submit recent clinical notes and signed plan of care to determine continued coverage of services.****Diagnosis**

MALIGNANT NEOPLASM OF RECTUM

Search by Diagnosis name

C20

(OR) Search by Code

ICD10

**CLEAR****PMH****Clinical information for current request****Criteria Met**

Clinical information for current request

Criteria Met

Note

SAVE CANCEL

13. Click **ADD ATTACHMENT (0)** in upper right hand corner of screen.
- Browse for file, select the file, and click **Open** or double click to load file.
 - Select Document Type.
 - Click **ADD**. Document will appear as an Attached File. Add additional documents if needed.
 - Click **CLOSE**.

14. Note: Uploaded documents must be one of the following formats: *pdf*, *doc*, *docx*, *jpg*, or *jpeg*.

15. Note: Maximum upload is 25MB

16. Click **CLINICAL CRITERIA** in upper right hand corner of screen
- Select the appropriate clinical criteria for the review

Select Guideline for Clinical Criteria

InterQual 2023, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2024, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2022, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2021, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2019, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2020, LOC:Home Care Q & A, Home Care Services, Adult

InterQual 2019.1, LOC:Home Care Q & A, Home Care Services, Adult

MEDICAL REVIEW 

- i. Click to begin the review

Cpt codes that drive the IQ reviews

Codes ×

HCPCS

G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0490, G0493, G0494, G0495, G0496, S0274, S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9152, S9208, S9209, S9211, S9212, S9213, S9214, T1001, T1021, T1030, T1031

CLOSE

of skilled services in the home requires the following:

Subset Overview

Subset Notes

InterQual[®] 2024, July 2024 Release, LOC:Home Care Q & A
Home Care Services, Adult

[SHOW CODES](#)[CLINICAL REFERENCE](#)

	Version	Release Date
☒	InterQual 2024, July 2024 Release	07/05/2024
☐	InterQual 2024, Mar. 2024 Release	03/22/2024

[REVIEW PROCESS \(PDF\)](#)[CMS CHAPTER 7 \(PDF\)](#)

Informational Note

Medicare Note

CMS: Reference: (1)

These criteria are appropriate for adults requiring intermittent home care services. Delivery of skilled services in the home requires the following:

- Patient is clinically stable without anticipation of their condition worsening
- Medical practitioner orders or approved plan of care at least every 60 days
- Reasonable expectation for clinical or functional improvement or prevention of further decline or appropriate for long-term care or maintenance interventions
- PO fluid tolerated or nutritional route established (e.g., IV, enteral feeding tube)
- Home care agency can safely deliver the required care in the patient's place of residence
- Home environment is safe, accessible, and can be modified to accommodate the home care plan

In addition to the above, the following conditions should also be met if the patient is receiving high technology services:

- Emergency medical services available
- Lab and pharmacy services available
- Supplies including fluids, medications, and home medical equipment
- Nursing specialization in chemotherapy and/or infusion therapy for home infusion therapy available if needed

[MEDICAL REVIEW ➔](#)[BOOK VIEW](#)[FULL SUBSET](#)[SMARTSHEETS](#)[Privacy Notice](#)

CHANGE
HEALTHCARE

InterQual[®]

Signed in as Theresa Sternik, 01/15/2025, 03:11:06 PM CST
[Sign out](#)

MENU

SHPIQC TEMPLATE PROVIDERE PORTAL

HELP

Medical Review

Home Care Services, Adult

CLINICAL REFERENCE

COMMENTS 0

Evaluation visit(s) only for all disciplines requested *Required*  

Yes 

No

Choose an answer to continue

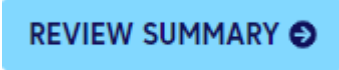
PREVIOUS

SAVE REVIEW 

VIEW RECOMMENDATIONS 

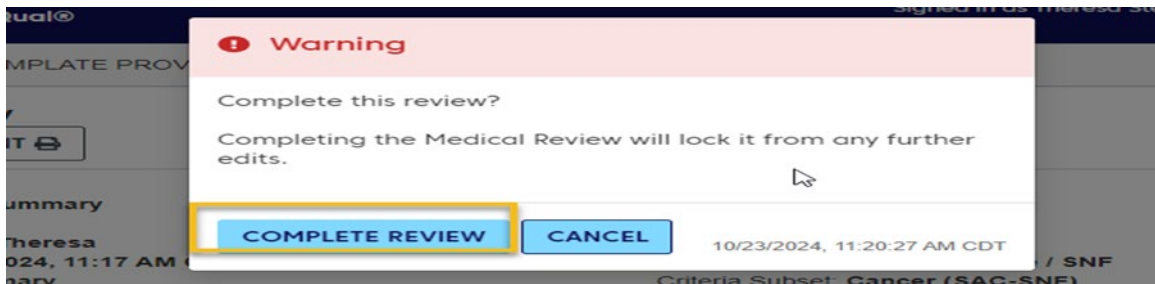
[Privacy Notice](#)

- ii. Click on the appropriate criteria that member meets based on clinical assessment.

- iii. Click on  to view the overall review entered.

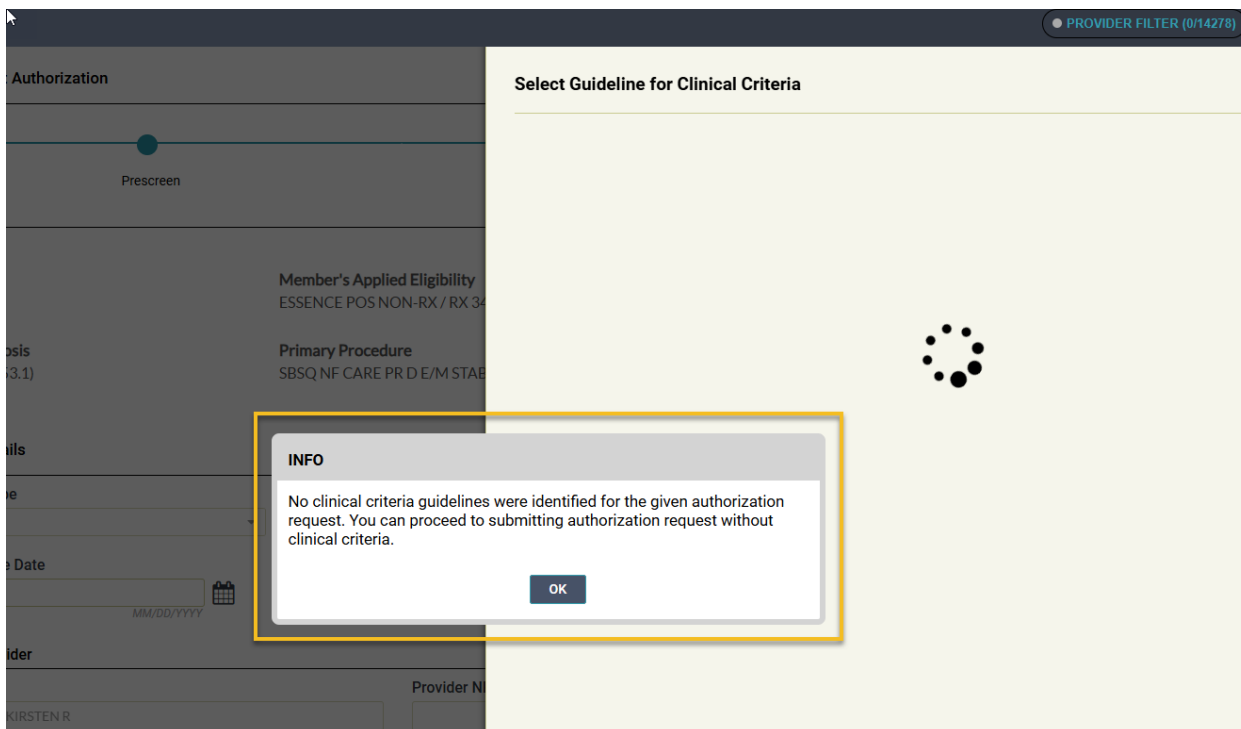
- iv. Click on  once the review has been completed

- v. A secondary box will appear to confirm the review has been completed. Click on Complete Review to submit the review.



If this box appears:

- i. This is an indication there the diagnosis that was submitted in not in the IQ subset.
- ii. Click ok
- iii. Click anywhere on the screen to continue with the submission



17. Complete the admission details: Admission type, place of service, level of urgency, requesting provider and contact information of who is submitting the request.

Extend Service/Procedure Authorization *A Note and an Attachment are required. *Clinical Criteria Required.

ADD NOTE ADD ATTACHMENT (0) CLINICAL CRITERIA

Prescreen
Authorization Details
Services
Confirmation

Start of Service
01/15/2025

Servicing Provider
CODY, LEE B

Place of Service
Home

End of Service
03/26/2025

Primary Procedure
UNLIS HOME VST SVC (99600)

Primary Diagnosis
MALIGNANT NEOPLASM OF RECTUM (C20)

Requested Units
60 Days

Member's Applied Eligibility
MEDICARE ADVANTAGE ALLY 2025

Service Type
Home Health Care

Authorization Details

* Level of Urgency URGENCY DEFINITION

* Requesting Provider

CODY, LEE B

Search by Provider name

1093221434

(OR) Search by Provider NPI

☐ Search All Providers

CLEAR

Requesting Provider Contact Name

alice

NEXT
BACK TO PRESCREEN
CANCEL / BACK TO SERVICES SUMMARY

SUBMIT

- a. Click on **SUBMIT** to submit this authorization request to Security Health Plan.

18. A pop up box will appear to confirm all information submitted is accurate and true. (must answer yes or no)

WARNING

I certify the information entered is accurate and true.

YES

NO

19. Give you an overview of what was submitted

Extend Service/Procedure Authorization

Prescreen

Authorization Details

Services

Confirmation

Start Date: 03/03/2025

End Date: 05/16/2025

EDIT

Start Date

03/03/2025

End Date

05/16/2025

Requested Units

60 Days

Member's Applied Eligibility

ESSENCE POS RX 3400 OOP

Primary Procedure

DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN (G0299)

Service Type

Home Health Care

Servicing Provider

Servicing Provider OON Reason

Primary Diagnosis

MALIGNANT NEOPLASM OF RECTUM (C20)

Level of Urgency

Non Urgent

Place of Service

Home

Treatment Type

Requesting Provider

EB

Requesting Provider Contact Name

alice

Requesting Provider Contact Number

(111) 111-1111

Requesting Provider Fax Number

(111) 111-1111

Criteria Status

Criteria Not Met

Line Item	Start Date	End Date	Requested Units	Status	Determined Units	Applied Eligibility	Servicing Provider Name	Servicing Provider NPI	Treatment Type	Place Of Service	Level Of Urgency
1	01/13/2025	03/13/2025	60 Days	Approved	60 Days	ESSENCE POS RX 3400 OOP				Home	Non Urgent

20. Once submitted authorization status will appear:

Extend Service/Procedure Authorization

Prescreen

Authorization Details

Services

Confirmation

I certify this information submitted is accurate

Authorization Number	Primary Diagnosis	Requesting Provider
	MALIGNANT NEOPLASM OF RECTUM (C20)	

Service 1

Procedure	Service Type	Servicing Provider
DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN (G0299)	Home Health Care	
Status	Units	Unit Type
Pending	60	Days
Start Date	End Date	Member's applied eligibility
03/03/2025	05/16/2025	ESSENCE POS RX 3400 OOP
Criteria Status		
Criteria Not Met		

Dashboard

Member Search

IP Configuration

SP Configuration

SR Configuration

Global Configuration

Member ID

Date of Birth (Age)

Gender

Active Eligibility

Policy #

Product

Group #

Eligibility Effective Dates

Extend Inpatient Authorization

Prescreen

Authorization Details

Authorization Confirmation

I certify this information submitted is accurate.

Authorization Number	Authorization Status	Extension Start Date	Requested Days
	Pending	12/30/2024	7
Servicing Facility	Primary Diagnosis	Primary Procedure Code	Criteria Status
	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN (M47.816)	99307	SNF Met

RETURN TO MEMBER SEARCH

RETURN TO DASHBOARD

PRINT

21. Provider can click “return to Dashbaord to look at the entire authorization for status of extension:

Authorization Number [REDACTED]	Admission Type Elective	Level Of Urgency Non Urgent	Request Source Provider
Admission Date 12/17/2024	Discharge Date	Total Days 3 Approved/ 0 Denied/ 17 Pending	Discharge Disposition
State Open	Primary Diagnosis Code M47.816	Primary Diagnosis Description SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	
Requesting Provider Name [REDACTED]	Requesting Provider NPI [REDACTED]	Requesting Provider Phone Number (111) 111-1111	Requesting Provider Fax Number (111) 111-1111
Servicing Facility Name [REDACTED]	Servicing Facility NPI [REDACTED]	Servicing Facility Phone Number (715) 389-6000	Servicing Facility Fax Number
Servicing Facility Out Of Network Reason			

Line Item Details

Line Item	From Date	To Date	Requested Days	Status	Determined Days	Applied Eligibility	Stay Level	Service Type	Place Of Service	Level Of Urgency	Type	Procedure(s)
1	12/17/2024	12/20/2024	3	Approved	3	SPIRIT POS NON-RX / RX 1500 OOP	Skilled Nursing	Skilled Nursing Care	Skilled Nursing Facility	Non Urgent	Initial	99307
2	12/20/2024	12/27/2024	7	No Decision		SPIRIT POS NON-RX / RX 1500 OOP	Skilled Nursing	Skilled Nursing Care	Skilled Nursing Facility	Non Urgent	Concurrent	99307
3	12/27/2024	12/30/2024	3	No Decision		SPIRIT POS NON-RX / RX 1500 OOP	Skilled Nursing	Skilled Nursing Care	Skilled Nursing Facility	Non Urgent	Concurrent	99307
4	12/30/2024	01/06/2025	7	No Decision		SPIRIT POS NON-RX / RX 1500 OOP	Skilled Nursing	Skilled Nursing Care	Skilled Nursing Facility	Non Urgent	Concurrent	99307