

March 14, 2026

ProAuth provider training

A resource for Fallon Health's provider partners



What you'll learn

- How to access and navigate ProAuth
- How to submit inpatient and outpatient requests
- How to track requests and view determinations
- When to use ProAuth vs. the Provider Portal



Logging in

Go to **FallonHealth.org**

Select **Providers** → **Log In**

Sign in using your Okta credentials

New: ProAuth and the Provider Portal are separate tools (see next page)

Tip: Only staff submitting PA requests should have ProAuth access for staff needed access only to view referral and authorization, they should sign up for the Portal.

Careers | About Fallon Health | News | Traducción española
1-800-868-5200 (TRS 711)
Mon., Tue., Thu., Fri.: 8 a.m. to 6 p.m. Wed: 9 a.m. to 6 p.m.
SEARCH

for: MEMBERS EMPLOYERS **PROVIDERS** BROKERS

Back to: [Home](#) / Providers

Providers

care.
It's what we believe in.

Interested in contracting with us?
[Letter of Interest submission form \(pdf\)](#)

Have questions?
Contact your Provider Relations Representative:
1-866-275-3247
askfchp@fallonhealth.org

Online tools
Criteria, policies and guidelines
Forms
Pharmacy
Training and resources
Provider Manual
News and announcements
Frequently asked questions
Contact us

Resources for providers

Get the online tools and resources you need to take care of your patients who are Fallon Health members.

Provider portal
[Read the announcement](#) | [Log in](#)

Quick links

Online tools

- Provider portal
[Log in](#) | [How to register](#)
- ProAuth authorization tool**
[Log in](#) | [Register](#) | [FAQs](#)
- [Provider look-up](#)
- [Procedure code look-up](#)

Administration

- [Forms](#)
- [Medical policies](#)
- [Payment policies](#)
- [Update your contact information](#)



Important information about referrals and prior authorizations

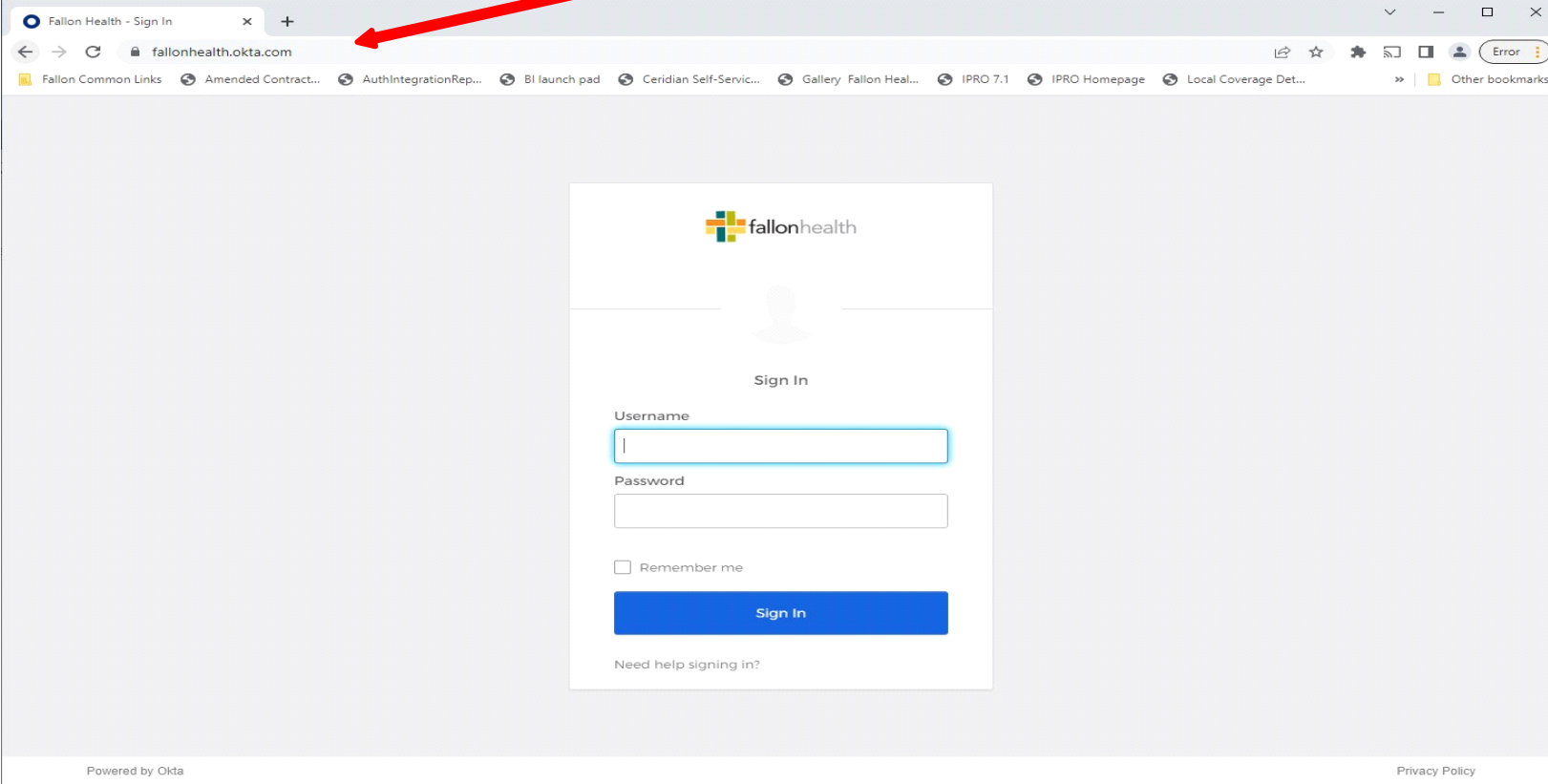
- The **Provider Portal** offers *view-only* access for referral and authorization status.
- If someone in your organization needs to *enter or submit* referrals or prior authorizations, they must be granted access to **ProAuth**.

Task	Where to find It	Who can use It
Eligibility and Benefits	Provider portal	Super users + authorized users
Claims – Viewing	Provider portal	Super users + authorized users
Claims – Submission	Provider portal	Super users + authorized users
Referrals – Viewing	Provider portal	Super users + authorized users
Prior Authorizations – Viewing	Provider portal	Super users + authorized users
Referrals – Entering/Submitting	ProAuth	Staff who submit or request referrals
Prior Authorizations – Entering/Submitting	ProAuth	Staff who submit or request authorizations



Logging in

- Once you select “Log In” you will be prompted to sign in.
 - Your username is the email you registered with.
 - The password is what you selected.
- For faster access, you can bookmark the site fallonhealth.okta.com

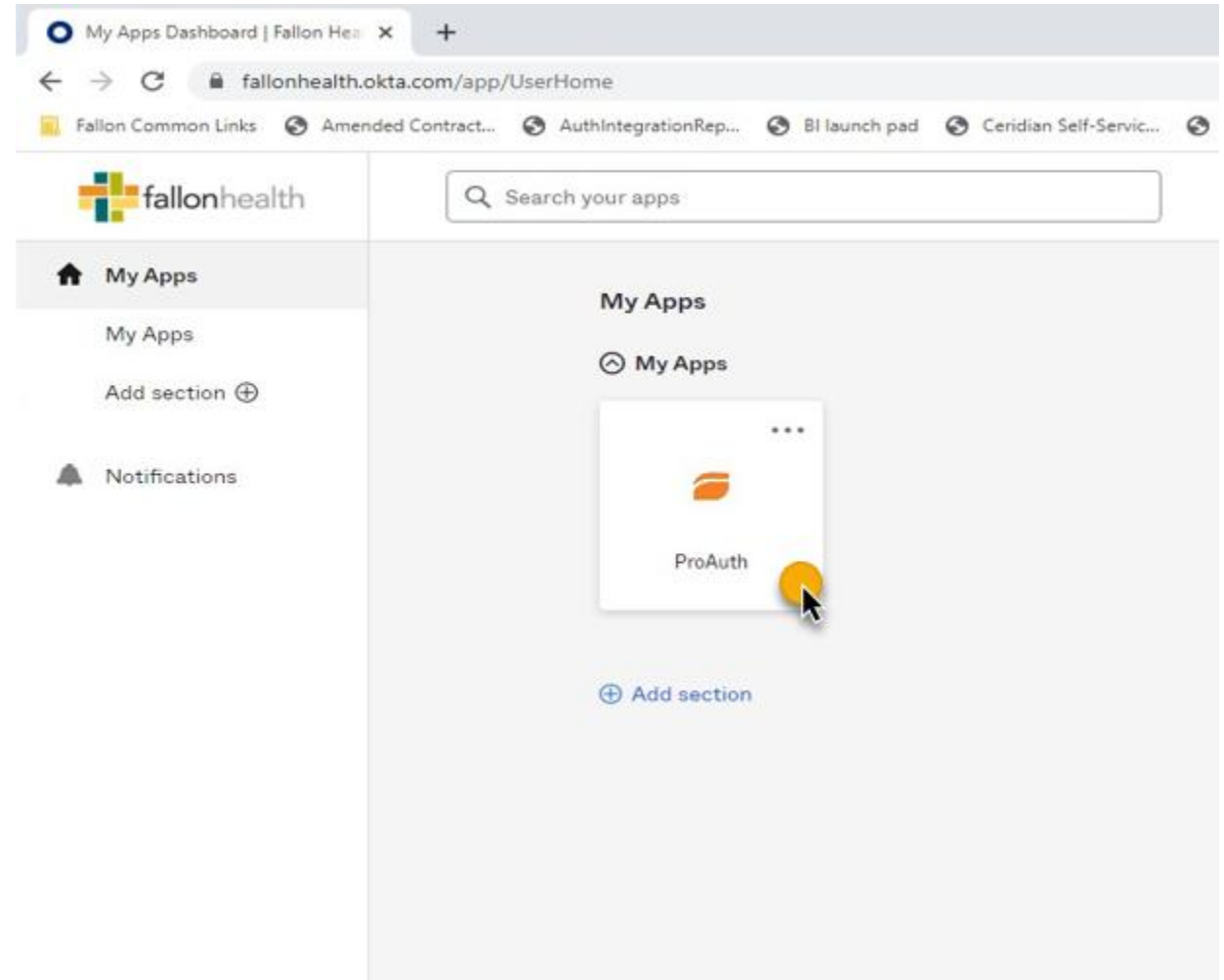


The screenshot shows a web browser window with the address bar containing 'fallonhealth.okta.com'. A red arrow points to the address bar. The page displays the Fallon Health logo at the top. Below the logo is a 'Sign In' heading and a user icon. The form includes a 'Username' field, a 'Password' field, a 'Remember me' checkbox, and a blue 'Sign In' button. At the bottom of the form, there is a link that says 'Need help signing in?'. The footer of the page contains 'Powered by Okta' and 'Privacy Policy'.



Logging in

- Log in through **Okta**
- Select the **ProAuth** application
- For access issues:
AskFCHP@fallonhealth.org



Dashboard



Dashboard overview

TruCare ProAuth FH-UPDATE: Please review and answer the 2 new questions at the bottom of the Authorization Details Screen

PROVIDER FILTER (0/99) Pam Cardaci Help About

Dashboard

CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By ⓘ

Member ID

Authorization Number

Date of Service From Date

MM/DD/YYYY

Date of Service To Date

MM/DD/YYYY

Inpatient Service Types

Service/Procedure Service Types

Include Closed Requested By Me

FILTER RESET

Inpatient Authorizations Summary

ADD LINE ITEM EXTEND VIEW AUTH DETAILS

Member Name	Authorization #	Determination Sta...	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

Service / Procedure Authorizations Summary

ADD/EXTEND SERVICE VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
No records found					

The Dashboard is your starting point for:

- Creating new requests
- Searching existing requests
- Filtering by provider, member, or DOS



Dashboard

TruCare ProAuth FHSTG-UPDATE: Please review and answer the 2 new questions at the bottom of the Authorization Details Screen!

1 PROVIDER FILTER (0/254)

Dashboard

Member Search

Dashboard

CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE

Filter By ?

Member ID

Authorization Number

Date of Service From Date

02/27/2026

MM/DD/YYYY

Date of Service To Date

MM/DD/YYYY

Inpatient Service Types

Service/Procedure Service Types

Include Closed

Requested By Me

FILTER RESET

1. Provider filter:

- You can only view and submit requests for **providers assigned to your profile**
- Requests cannot be submitted for unassigned providers



Dashboard

Open the **Provider filter**.

- If multiple providers are associated with your account, you may:
 - Search by NPI, or
 - Search by provider name.
- Once you locate the correct provider, select the corresponding **radio button**.
- Select **“Apply Filter”** to continue.

Important note – you must take the filter off when you start a new search.

The screenshot shows a web interface for filtering providers. At the top, there is a pink header with the text "ails Screen!" on the left, "PROVIDER FILTER (0/254)" in a dark circle in the center, and "Trevor Belveau Help About" on the right. Below the header, there is a yellow bar with "+ Advanced Search" and a search input field containing "Search by NPI". The main content area is a list of providers, each with a radio button and their details. The first provider is ABEL, SAMANTHA N, with details for Provider ID, Tax ID, NPI, Specialty, and Servicing address. The second provider is ACHILDIEV, TATIANA, with details for Provider ID, Tax ID, NPI, Specialties, and Servicing address. The third provider is ACHU, RACHEL A, with details for Provider ID, Tax ID, NPI, Specialty, and Servicing address. The fourth provider is AHMED, SALMAN, with details for Location Name. At the bottom, there is a pagination bar with "1 2 3" and a dropdown menu set to "100". Below the pagination bar are two buttons: "APPLY FILTER" and "RESET".

ails Screen! PROVIDER FILTER (0/254) Trevor Belveau Help About

Provider List + Advanced Search Search by NPI

ABEL, SAMANTHA N
Location Name:

Provider ID EVP000104287143	Tax ID 114287143	NPI 1881127025
Specialty ANESTHESIOLOGY	Servicing address BRIGHAM & WOMENS PHYSICIANS ORGANIZATION INC 75 FRANCIS ST BOSTON, MA, 02115, UNITED STATES	

ACHILDIEV, TATIANA
Location Name: RELIANT MEDICAL GROUP INC

Provider ID NWP000000127126	Tax ID 040127126	NPI 1740532761
Specialties EMERGENCY MEDICINE CARDIAC SURGERY CONGENITAL CARDIAC SURGERY C Family Medicine	Servicing address RELIANT MEDICAL GROUP INC 366 SHREWSBURY ST WORCESTER, MA, 01604, UNITED STATES	

ACHU, RACHEL A
Location Name: ANESTHESIA ASSOCIATES OF MASSACHUSETTS PC

Provider ID PPR000002425096	Tax ID 062425096	NPI 1417376872
Specialty ANESTHESIOLOGY	Servicing address ANESTHESIA ASSOCIATES OF MASSACHUSETTS PC 1 BOSTON MED CENTER PL BOSTON, MA, 02118, UNITED STATES	

AHMED, SALMAN
Location Name: BRIGHAM & WOMENS HOSPITAL

1 2 3 100

APPLY FILTER **RESET**

Entering a request



Submitting a new authorization request

Member Search

Search by ID

Member ID: Enter 13 characters OR 11 characters and date of birth

Date of Birth: MM/DD/YYYY

Search by Name and Date of Birth

* First Name: Enter at least 2 characters

* Last Name: Enter at least 2 characters

* Date of Birth: MM/DD/YYYY

Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
<input checked="" type="radio"/>	81	AI, R			Yes	01/01/2025 - 12/31/2078

Always start with Member Search

- Select **Member Search**
- Enter the Member ID
- Create the authorization from the member record

Tip: Fallon Health member IDs always start with an “8”, IDs not starting with an “8” will not return results. Use the 13-digit ID on the member's card.



Types of requests

Member Search Results						
	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
⊙	81	A Ri			Yes	01/01/2025 - 12/31/2078

[VIEW SUMMARY](#) [CREATE INPATIENT AUTHORIZATION](#) [CREATE SERVICE/PROCEDURE AUTHORIZATION](#)

View Summary:

- Used to view/verify the information listed in the member's profile.
- Primarily used to see who member has listed as PCP.

Note: For referrals and out of network authorization, these request must always come from the PCP listed on file. If you are not listed as the PCP, these types of requests cannot be submitted by your office. If the member's PCP needs to be updated. Please call the member and advise them to call Fallon to update their PCP.

Inpatient Authorization:

- This is used for any request for Inpatient Medical Admissions.
- If a request for inpatient needs to be faxed in, the system will prompt you to do so.

Service/Procedure Authorization:

- This is used for all service/ procedure requests that will be done in an Outpatient setting.
- This also includes Referrals, Same Day Surgeries, DME, Outpatient Hospice and more. See the following page for the complete breakdown.



Types of requests

Services that would be entered under Service/Procedure Authorization:

- **ABA Therapy**
- **DME** (Some codes are handled by 3rd party vendor IHCS. If applicable, the system will advise it cannot proceed and must be faxed to IHCS.)
- **Genetic Testing**
- **Home Health Care** (Some codes are handled by 3rd party vendor IHCS. If information, they system will advise it cannot be uploaded and must be faxed to IHCS.)
- **Home Infusion**
- **Hospice (outpatient)**
- **Infertility**
- **LTC Part B Services**
- **Nutritional Supplements**
- **Out of Network (OON)** Only use this for visits with an out of network specialist, procedures done at a out of network facility should use the correct service type. I.E. if a member is getting a Same day surgery at an OON facility, you would enter on the Same Day Surgery template not OON.
- **Outpatient Therapy (PT, OT, ST) (Also includes acupuncture)**
- **PCP Referrals** Must come from member's PCP on file.
- **Same Day Surgery**
- **Specialty Care** (in office procedures)
- **Transportation** (for non emergent air/ground ambulance services only)

Some requests such as Sleep Studies, High Tech Radiology, Behavioral Health process through 3rd party vendors and CANNOT be submitted via Pro Auth.

For more information on rules for each service type, please reference the Pro Auth Training and Reference guide document for more info on the types of requests and their rules.

- Please be advised that any request that requires Prior Authorization (PA) including Out of Network requests, should always include clinical documentation to support the request. If a member needs to go out of network, please include notes as to why the member is unable to receive the services from a participating provider.



Entering service/procedure auth



Prescreen



Authorization
Details



Services



Confirmation

Service/procedure authorization process:

- Prescreen: Verify that prior authorization is needed for this service
<https://fallonhealth.org/providertools/ProcedureCodeLookup>
- Authorization Details: Outline the details of the request
- Services
- Confirmation



Entering service/procedure auth

Prescreen Authorization Details Services Confirmation

* Service Type (1) * Place of Service (2)

* Primary Diagnosis (3) Enter ICD10 here SEARCH

* Primary Procedure Code (4) SEARCH

* Requested Units (5) * Unit Type (6)

* Start Date (7) * End Date (7) * Member's Applied Eligibility (None Available)

* Servicing Provider (8) SEARCH

NEXT CANCEL

Office visits:

- Always enter **CPT 99429** as the primary procedure code.
- Non-Code Specific Requests: Use **CPT 99429** to direct the system to the appropriate **Treatment Type / Service Group**.
- All authorization requests that are **not code-specific** must use **99429** as the primary code.

1. **Service Type:** Select the service type for the request, see slide 12 for more info.
2. **Place of Service:** Please select the appropriate place of service. Most requests should be listed under “Office” unless procedure is done within an outpatient hospital.
3. **Diagnosis Code:** enter the ICD10 code in the highlighted box and hit search.
4. Requested Code: This should be the primary procedure code. If there is more than 1 code, it can be entered later (slide 20).
5. **Requested units:** Indicate the units/visits here.
6. **Unit Type:** Visits for office visits and units for procedures/ items.
7. **Start-End Date:** End date of the request.
8. **Servicing provider:** Indicate the NPI for the servicing provider, this will indicate their contract status.



Retroactive referrals and authorizations

PCP referrals

- May be entered retroactively in ProAuth **up to 30 days** from the date of service.
 - Requests beyond 30 days must be faxed.

Guidelines for retro referrals by line of business are as follows:

- There is a **90-day** retro referral timeframe allowed for Fallon Medicare Plus and NaviCare members.
- There is a **30-day** retro referral timeframe allowed for BFHC and Fallon 365 and **90 days** for FACC.
- There is a **120-day** retro referral timeframe allowed for Community Care however these referrals do not go through ProAuth, it is the NPI share referral process.

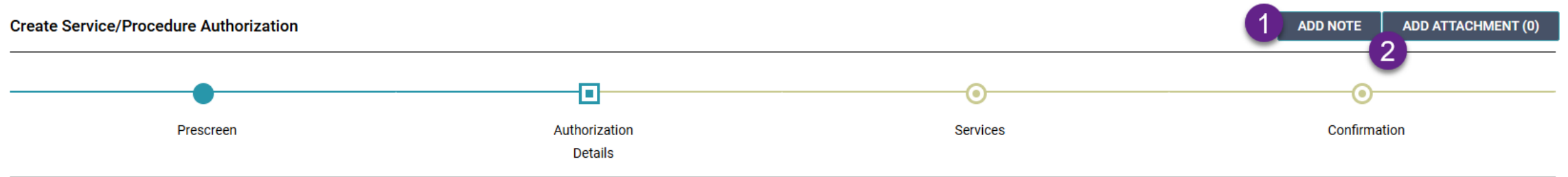
Prior authorizations

- Fallon Health and our vendor partners do not accept retroactive prior authorization requests



Entering service/procedure auth

Create Service/Procedure Authorization



Notes and attachments

- Add notes for clinical context
- Upload all required documentation
- Missing clinicals may delay processing



Entering service/procedure auth

Add Note

* Note 1

TEST

2

SAVE CANCEL

Add Note:

- Type out the note in the blank box
- Save the note

Add Attachment

* File 1

BROWSE

* Document Type 2

Medical Records

Comment 3

ADD 4

CLOSE 5

Add Attachments:

- Select **Browse** to attach a file from your computer.
- Choose the **Document Type**
 - Most documents should be **Medical Records**
 - Select **Other** if unsure
- **Do not enter comments** — notes must be added in the **Notes** section.
- Confirm the attachment appears below (multiple files allowed).
- Select **Close** when finished.

Be sure to include all documentation to support the request.



Entering service/procedure auth

Prescreen Authorization Details Services Confirmation

* Level of Urgency 1 Standard x

URGENCY DEFINITION

* Out of Network Reason 2 N/A x

* Treatment Type 3 See Procedure Code x

* Requesting Provider 4 SEARCH

Search by Provider name (OR) Search by Provider NPI

* Requesting Provider Contact Name 5

* Requesting Provider Contact Number 5 + 1 (999) 999-9999 x9999

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

Servicing Provider Contact Name

Servicing Provider Contact Number 6 + 1 (999) 999-9999 x9999

Servicing Provider Fax Number 6 + 1 (999) 999-9999

Secondary diagnosis 7 SEARCH +

Search by Diagnosis name (OR) Search by Code

HRSN Modifier 1 HRSN Modifier 2

See next page.



Entering Service/Procedure auth

1. **Level of Urgency**: select from Standard (up to 7 days for most plans) or Urgent (72 Hours). ***Note: A request is considered urgent when waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.**
2. **Out of Network Reason**: This will only appear if the servicing provider is Out of Network, just select N/A.
3. **Treatment Type**: For procedures or items use "see procedure code". For Office visits please select the correct "consult and treat" option or "Consult office visit only" if unsure.
4. **Requesting Provider**: Enter the requesting provider NPI (this must be a provider you have access to request PA for)
5. **Requesting Provider Contact name**: Enter a contact name, phone number, and fax number for any questions related to this request.
6. **Servicing Provider Contact**: If available, include contact information for the servicing provider.
7. **Secondary Diagnosis code**: Add additional diagnosis codes if applicable. You will also be asked to confirm whether clinical documentation was attached. If no clinicals are included, please indicate the reason.



Entering a service/procedure auth

Create Service/Procedure Authorization

Progress bar: Prescreen, Authorization Details, **Services**, Confirmation

Service Type: DME Procedure Code: CONTINUOUS AIRWAY PRESSURE DEVICE (E0601)

Start Date: 03/10/2026 End Date: 03/31/2026 [EDIT](#)

Start Date 03/10/2026	End Date 03/31/2026	Requested Units 3 Units	Member's Applied Eligibility MEDICARE HMO
Primary Procedure CONTINUOUS AIRWAY PRESSURE DEVICE (E0601)	Service Type DME	Servicing Provider	Servicing Provider OON Reason
Primary Diagnosis Obstructive sleep apnea (adult) (pediatric) (G47.33)	Level of Urgency Standard	Place of Service Office	Treatment Type See Procedure Code
Requesting Provider	Requesting Provider Contact Name TEST	Requesting Provider Contact Number (999) 999-9999	Requesting Provider Fax Number (999) 999-9999

[ADD SERVICE](#) [SUBMIT](#) [CANCEL](#)

Services

- Use the **Services** section to confirm the requested code and add additional services.
- Enter **each CPT code on its own line**.
- If more than one CPT code is needed, select **Add Service** and enter all codes **before submitting**.
- Repeat this process for each additional code.



Entering a service/procedure auth

Progress bar: Prescreen (filled), Authorization Details (filled), Services (active), Confirmation (empty)

Service Type: DME Procedure Code: HUMDIFIR HEAT USED W/POS ARWAY PRSS (E0562)

Start Date: 03/10/2026 End Date: 03/31/2026 REMOVE EDIT

Start Date 03/10/2026	End Date 03/31/2026	Requested Units 1 Units	Member's Applied Eligibility [REDACTED]
Primary Procedure HUMDIFIR HEAT USED W/POS ARWAY PRSS (E0562)	Service Type DME	Servicing Provider [REDACTED]	Servicing Provider OON Reason [REDACTED]
Primary Diagnosis Obstructive sleep apnea (adult) (pediatric) (G47.33)	Level of Urgency Standard	Place of Service Office	Treatment Type See Procedure Code
Requesting Provider [REDACTED]	Requesting Provider Contact Name TEST	Requesting Provider Contact Number (999) 999-9999	Requesting Provider Fax Number (999) 999-9999

Service Type: DME Procedure Code: CONTINUOUS AIRWAY PRESSURE DEVICE (E0601)

ADD SERVICE SUBMIT CANCEL

- The example above (highlighted in yellow) shows how a request appears when multiple CPT codes are entered. Each code displays in its own section with an expand arrow and can be edited or removed **before submission**.
- **Note:** Although it may look like multiple requests, each CPT code must be entered on its own line. After submission, all codes will appear under **one authorization number**.



Viewing submitted service/procedure authorizations

1. Select the “Dashboard” option.
2. Utilize the filter options to help find specific requests. This will default to the “DOS from date” auto selecting today's date. If you wish to see all requests submitted, remove the “DOS from” date field.
3. Use the provider filter at the top of the screen and select the provider on the request.

The screenshot shows a web application interface for viewing submitted service/procedure authorizations. The interface is divided into several sections:

- Header:** A pink navigation bar at the top contains a "Dashboard" link (marked with a yellow circle '1') and a "PROVIDER FILTER (0/254)" button (marked with a yellow circle '3').
- Buttons:** Below the header are two buttons: "CREATE INPATIENT AUTHORIZATION" and "CREATE SERVICE/PROCEDURE AUTHORIZATION".
- Filter Section:** A section titled "Filter By" (marked with a yellow circle '2') contains several input fields:
 - Member ID
 - Authorization Number
 - Date of Service From Date (with a calendar icon and a date of 03/06/2026)
 - Date of Service To Date (with a calendar icon)
 - Inpatient Service Types (dropdown menu)
 - Service/Procedure Service Types (dropdown menu)
 - Include Closed (checkbox)
 - Requested By Me (checkbox)Below these fields are "FILTER" and "RESET" buttons.
- Summary Tables:** There are two summary tables:
 - Inpatient Authorizations Summary:** Includes buttons for "ADD LINE ITEM", "EXTEND", and "VIEW AUTH DETAILS". Below it is a table with columns: Member Name, Authorization #, Determination Status, From Date, To Date, Servicing Facility, Diagnosis Code, and State. The table currently shows "No records found".
 - Service / Procedure Authorizations Summary:** Includes buttons for "ADD/EXTEND SERVICE" and "VIEW AUTH DETAILS". Below it is a table with columns: Member Name, Authorization #, Determination Status, Start Date, End Date, and State. This table also shows "No records found".



Viewing submitted service/procedure authorizations

Dashboard CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ? Include Closed: No | From Date: 03/06/2026 | Diagnosis Type: Medical

- Inpatient Authorizations Summary

ADD LINE ITEM EXTEND VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

- Service / Procedure Authorizations Summary

ADD/EXTEND SERVICE VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
4	OPC	Pending	03/10/2026	03/31/2026	Open

Line Item	Start Date	End Date	Servicing Provider	Procedure Code an...	Service Type	Treatment Type	Status
1	03/10/2026	03/31/2026	T.&C. FLYNNS PHAR...	E0601 CONTINUO...	DME	See Procedure Code	Pend 3 units
2	03/10/2026	03/31/2026	T.&C. FLYNNS PHAR...	E0562 HUMDIFIR H...	DME	See Procedure Code	Pend 1 unit

1 / 10

4. After selecting the provider, all related requests will display, including member name, authorization number, determination, and date of service. Use the drop-down arrow to view individual lines and CPT codes.

5. Requests can be updated only while in PEND status. Changes to determined requests must be submitted by fax with a cover sheet. Select View Auth Details to see full request information.



Entering inpatient authorization



Entering inpatient authorization

- Inpatient requests fall into one of the following categories:
- **Retro:**
 - Used for past or current admissions, including emergencies
 - Includes members admitted within the last 24 hours
- **Elective:**
 - Used for future, planned inpatient admissions or surgeries

Important:

- **Same Day Surgery (SDS) and Observation do not require PA** and should **not** be entered as inpatient requests.
- SDS requests must be submitted as **Outpatient**.
- If a member is admitted beyond the observation period, submit an **inpatient admission** to indicate the admission date.



Entering inpatient authorization

The screenshot shows a web application interface for member search. On the left is a navigation menu with 'Member Search' highlighted and a red circle '1' next to it. The main area is titled 'Member Search' and has two radio buttons: 'Search by ID' (selected) and 'Search by Name and Date of Birth'. Under 'Search by ID', there are two input fields: 'Member ID' (containing '81') and 'Date of Birth'. A red circle '2' is next to the 'Search by Name and Date of Birth' option. Below this, there are three required fields: '* First Name', '* Last Name', and '* Date of Birth'. A red circle '3' is next to the 'SEARCH' button. Below the search fields is a 'Member Search Results' table with one row of results. A red circle '4' is next to the 'CREATE INPATIENT AUTHORIZATION' button.

Member Search

Search by ID

Search by Name and Date of Birth

* First Name Enter at least 2 characters

* Last Name Enter at least 2 characters

* Date of Birth MM/DD/YYYY

SEARCH **RESET**

Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
	81	Al, R			Yes	01/01/2025 - 12/31/2078

VIEW SUMMARY **CREATE INPATIENT AUTHORIZATION** **CREATE SERVICE/PROCEDURE AUTHORIZATION**

Creating an inpatient authorization

1. Select Member Search from the left menu.
2. Search by Fallon ID (starts with 8) or Name & DOB.
3. Confirm the member is active.
4. Select Create Inpatient Authorization to begin the Pre-screen step.



Entering inpatient authorization

Dashboard

Member Search

Member ID
81

Date of Birth (Age)

Gender

Active Eligibility
Yes

Policy #

Product

Group #

Eligibility Effective Dates
01/01/2025 - 12/31/2078

Create Inpatient Authorization

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

1 * Primary Diagnosis
ST elevation (STEMI) myocardial infarction of unspecified site
Search by Diagnosis name

2 * Admission Date
03/16/2026
MM/DD/YYYY

3 * Applied Eligibility
MEDICARE HMO

4 * Servicing Facility
SIGNATURE HEALTHCARE BROCKTON HOSPITAL
Search by Provider name

5 Primary Procedure

6 * Stay Level
Med Surg ICU CCU Telemetry

7 * Requested Days
5

8 * Service Type
Inpatient

ICD10: I21.3
(OR) Search by Code

Provider NPI: 1063431286
(OR) Search by Provider NPI

SEARCH

NEXT CANCEL

See next slide



Prescreen

1. Enter the primary diagnosis (ICD-10).
2. Select the admission date (past or future).
3. Eligibility runs automatically — if blank, the member is not active on that date.
4. Select the servicing facility NPI (facility only, not a specialist or group NPI).
5. For inpatient requests, start with Line 1 as the inpatient stay (no procedure code).
6. Select Stay Level: Med Surg ICU CCU Telemetry.
7. Enter the anticipated length of stay (LOS).
8. Select Service Type: Inpatient (unless otherwise directed by the facility list).

Note: You will get the following “Note” when submitting an Inpatient Request. Follow the steps on the next few pages if selecting InterQual criteria.

Note: If using InterQual for submission, please select the correct subset based on patient age. For members under the age of 18 choose Acute Pediatric, otherwise choose Acute Adult.

N/A



Entering inpatient authorization

Create Inpatient Authorization

Admission Date 04/07/2026	Member's Applied Eligibility MEDICARE HMO	Stay Level Med Surg ICU CCU Telemetry	Requested Days 5
Primary Diagnosis Pneumonia, unspecified organism (J18.9)	Servicing Facility JACKSON PURCHASE MEDICAL CENTER	Service Type Inpatient	

Authorization Details

After completing the **Prescreen**, you will be directed to the **Authorization Details** page.

1. Add Note: Enter any relevant notes for the request.
2. Add Attachments: Upload all required clinical documentation and admission forms.
3. Clinical Criteria: Select the InterQual criteria used for the request. Option if you have the InterQual criteria information.
4. Prescreen Summary: Review the information entered during Prescreen. Select the “–” icon to collapse the summary.



Entering inpatient authorization

Add Note

* Note 1

TEST

2

SAVE CANCEL

Add Note:

1. Type out the note in the blank box
2. Save the note

Add Attachment

* File 1

BROWSE

* Document Type 2

Medical Records x

Comment 3

ADD 4

CLOSE 5

Add Attachments

1. Select **Browse** to attach files from your computer.
2. Choose the **Document Type**
 - o Most documents should be **Medical Records**
 - o Select **Other** if unsure
3. **Do not enter comments** — add any notes in the **Notes** section instead.
4. Confirm attachments appear below (multiple files allowed).
5. Select **Close** when finished.

Important: Once a request is submitted, additional attachments **cannot** be added. Any updates must be faxed to **508-368-9957**.



Entering inpatient authorization

Select Guideline for Clinical Criteria

InterQual 2025, LOC:Acute Adult, Hospital in the Home

InterQual 2026, LOC:Acute Adult, Infection: Pneumonia

InterQual 2025, LOC:Acute Adult, Infection: Pneumonia

- When selecting the Option for “**Clinical Criteria**”, this will prompt you to the InterQual Connect application.
- Based on the ICD-10 (Diagnosis code) entered, InterQual will provide you with options on which criteria to select.
 - For members under 18 years of age, select the Acute Pediatric option.
 - For members 18 and older, select the Acute Adult option.

Note: *There will be criteria for the current year as well as the previous year. Please use the criteria for the current year, unless you are submitting a retroactive request for service.*



Entering inpatient authorization

The screenshot displays the InterQual Connect interface. At the top, there is a blue header with the InterQual logo and navigation links like 'Help' and 'Sign out'. The main content area is titled 'Subset Overview' and contains 'Subset Notes' for 'InterQual® 2026, Mar. 2026 Release, LOC:Acute Adult Infection: Pneumonia'. It includes buttons for 'Clinical Reference', 'InterQual® Community', 'Review Process (PDF)', and 'Show Codes'. The 'Instruction:' section explains the subset's purpose for bacterial, fungal, or parasitic pneumonia. The 'Introduction:' section defines pneumonia and lists common CAP pathogens. The 'Evaluation and Treatment:' section mentions radiology imaging. At the bottom, there are buttons for 'Medical Review', 'Book View', and 'Print Full Subset', with a 'Privacy Notice' link on the right.

- Once you select the criteria, InterQual Connect will launch.
- New users will be prompted to review the privacy policy and acknowledge before they can proceed.
- The launch page will include a Subset overview of the selected criteria. From here you can view all applicable documents.
- To proceed, select “Medical Review” at the bottom left.



Entering inpatient authorization

The screenshot shows the InterQual Connect™ application interface. At the top, there is a blue header with the logo and a close button (X). Below the header, the user is logged in as 'Optum InterQual® FCHP-PortalNP' with a date and time of '04/06/2026, 03:09:27 PM EDT'. The main content area is titled 'Medical Review' for 'Infection: Pneumonia' and includes a 'Clinical Reference' button and a 'Criteria Not Met' warning. The 'Day' section shows 'Episode Day 1' with buttons for 'Clear All', 'Expand All', 'Collapse All', 'Comments', and 'Benchmarks'. A vertical 'Care Management' sidebar is on the right. The main list includes 'Episode Day 1, One:' with '2MN' and 'Trans' buttons, and a section for '(Symptom or finding within 24h)' with expandable items: 'OBSERVATION, Both:', 'ACUTE, Both:', 'INTERMEDIATE, ≥ One:', and 'CRITICAL, ≥ One:'. At the bottom, there are navigation buttons: 'Previous', 'Save For Later', 'Complete', and 'Review Summary', along with a 'Privacy Notice' link.

- Utilize the application and follow the steps based off the criteria selected.
- Use the + buttons to expand sections and see the symptom or finding options.
- This should include the Episode day and all other symptoms and findings.



Entering inpatient authorization

InterQual Connect™

Optum InterQual® | FCHP-PortalNP

Help Sign out 04/06/2026, 03:14:00 PM EDT TB

Medical Review Infection: Pneumonia Clinical Reference

Day Episode Day 1 Clear All Expand All Collapse All Comments Benchmarks

(Excludes PO medications unless noted)

Episode Day 1, One: 2MN Trans

(Symptom or finding within 24h)

OBSERVATION, Both:

ACUTE, Both:

Finding, ≥ One:

Intervention, ≥ One:

Anti-infective

PO anti-infective and, ≥ One:

INTERMEDIATE, ≥ One:

CRITICAL, ≥ One:

Previous Save For Later Complete Review Summary

Privacy Notice

- Once you have selected all the needed criteria, the system will show if criteria has been met.
- Please be advised that failure to fill this out accurately can result in errors or delays when processing. Please select only accurate criteria that can be confirmed within the medical records. Selecting criteria not from the medical records can result in issues if the request does not support or match what is submitted.
- Once you have selected the correct medical criteria, you will select “Review Summary”.



Entering inpatient authorization

InterQual Connect™

Optum InterQual® FCHP-PortalINP Help Sign out 04/06/2026, 03:14:34 PM EDT TB

Review Summary Configurations Print

InterQual® Review Summary

Created By: Belveau, Trevor Criteria Status: Acute Met
Created Date: 04/06/2026, 03:09 PM EDT Criteria Product: LOC:Acute Adult
Review Status: In Primary Criteria Subset: Infection: Pneumonia
Completed Date: Criteria Version: InterQual® 2026, Mar. 2026 Release
Facility: FCHP-PortalINP

Utilization Benchmarks

Length of Stay: None selected

✓ Select Day, One:
Initial review, One:
✓ Episode Day 1, One:
OBSERVATION, Both:
✓ ACUTE, Both:
✓ Finding, ≥ One:
O₂ sat < 89%(0.89) and < baseline
Arterial Po₂ < 56 mmHg(7.4 kPa) and < baseline
Arterial or venous Pco₂ 45-54 mmHg(6.0-7.2 kPa) and pH 7.31-7.35
✓ Complicated pneumonia
Frailty, All:
High risk for adverse event, Both:
Immunocompromised

Previous Save For Later Complete

Privacy Notice

- Under “Review Summary” verify all info is correct and select the “Complete” option. Once completed, the review will lock and cannot be edited or removed.
- At this time, the use of clinical criteria is not required for all requests, but if used can help Fallon process the request in a timely manner.
- If you have questions on what criteria to use, please partner with your utilization management team for direction.
- Once Criteria has been entered, it will bring you back to entering the request.



Entering inpatient authorization

Admission Details

* Admission Type **4** Retro x
* Admission Source **5** Facility Notification x
* Place of Service **6** Emergency Room - Hospital x

Target Discharge Date **7** 03/25/2026 x  MM/DD/YYYY
* Level of Urgency **8** Standard x **URGENCY DEFINITION**

Requesting Provider

* Name **9** ACHILDIEV, TATIANA Search by Provider name
Provider NPI 1740532761 (OR) Search by Provider NPI **CLEAR**

* Contact Name **10** TEST
* Phone Number + 1 (508) 888-8888 x9999
* Fax Number + 1 (508) 999-9999

Servicing Facility: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

Contact Name **11**
Contact Number + 1 (999) 999-9999 x9999
Fax Number + 1 (999) 999-9999

Primary Procedure **12** Search by Procedure name (OR) Search by Code **SEARCH**

Additional Procedure **13** Search by Procedure name (OR) Search by Code **SEARCH**

Secondary diagnosis **14** Search by Diagnosis name (OR) Search by Code **SEARCH** **+**

See next slide



Entering inpatient authorization

4. **Admission Type:** Select **Elective** (future admission) or **Retro** (past or current admission).
5. **Admission Source:** Indicate where the request is coming from.
6. **Place of Service:** Select where the service will occur.
7. **Target Discharge Date:** Optional; enter if known.
8. **Urgency:** Select **Standard** or **Urgent**.
9. **Requesting Provider:** Must be a provider or facility listed in your **provider filter**.
10. **Contact Information:** Enter a contact name, phone number, and fax number (required to avoid processing delays).
11. **Servicing Facility Contact:** Enter if available (optional).
- 12–14. **Procedures & Diagnoses:** Enter the primary procedure and any additional procedure or ICD-10 codes.

Before submitting, confirm whether **clinical documentation** was attached. Clinical documentation is required for all inpatient requests. If no clinicals are attached, select **No** and provide a reason.

Select **Submit** once all admission details are complete.

* **Urgent requests** should be selected only when a delay could seriously impact the member's health, safety, or recovery.

** Use the **Provider Filter** at the top right of the ProAuth page. The requesting provider must be within your assigned scope—ProAuth will not allow submissions for unassigned providers (see slides 6–7).

*** **Incomplete or missing documentation** may result in processing delays.



Entering inpatient authorization

Dashboard

Member Search

Member ID
8*

Date of Birth (Age)

Gender

Active Eligibility
Yes

Policy #
8*

Product

Group #

Eligibility Effective Dates

Create Inpatient Authorization

Prescreen Authorization Details Authorization Confirmation

Authorization Number IPC	Authorization Status Pending	Admission Date 03/23/2026	Requested Days 5
Servicing Facility SIGNATURE HEALTHCARE BROCKTON HOSPITAL	Primary Diagnosis ST elevation (STEMI) myocardial infarction of unspecified site (I21.3)	Primary Procedure Code	

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

Once the request is submitted, an **Inpatient (IP) Authorization number** is generated. You may then return to **Member Search** or the **Dashboard** to view the request and its status.



Viewing submitted requests



Viewing submitted requests

Dashboard 1

Member Search

Member ID: 81

Date of Birth (Age):

Gender:

Active Eligibility: Yes

Policy #:

Product:

Group #:

Eligibility Effective Dates:

Dashboard

CREATE INPATIENT AUTHORIZATION **CREATE SERVICE/PROCEDURE AUTHORIZATION**

Filter By 2

Member ID: 81

Authorization Number:

Date of Service From Date: 03/16/2026

Date of Service To Date:

Inpatient Service Types:

Service/Procedure Service Types:

Include Closed Requested By Me

FILTER **RESET**

Inpatient Authorizations Summary 3

ADD LINE ITEM **EXTEND** **VIEW AUTH DETAILS**

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
	IPO:	Pending	03/23/2026	03/28/2026	SIGNATURE HEALTHCARE BRO...		Open

10

Service / Procedure Authorizations Summary

ADD/EXTEND SERVICE **VIEW AUTH DETAILS**

Member Name	Authorization #	Determination Status	Start Date	End Date	State
No records found					

1. Select **Dashboard**.

2. Search by **Member ID** or **Authorization Number**.

- Member ID shows all requests for that member.
- Authorization Number provides a more specific result.
- Review the **Date of Service** filters and adjust or remove if needed.

3. Select the request to view details.

- Requests appear under **Inpatient (IP)** or **Service/Procedure (OP)**.
- From here, you can **add line items**, **request an extension**, or **view authorization details**.



Questions and support



Contact information for ProAuth support

ProAuth support and contact information

Fallon Health Provider Services: 866-275-3247

- **Press 1** for eligibility-related questions or issues
- **Press 2** for **Claims**
- **Press 3** for **Prior Authorization**
- **Press 4** for **Provider Services**
- **Press 5** for **Pharmacy Prior Authorization**
- **Press 6** for the **Provider Portal**
 - **Press 1** for **password resets** for the Fallon Health Provider Portal
 - **Press 2** for **all other Provider Portal inquiries**
- **Press 7** for **Prior Authorization and EDI Support**
 - **Press 1** for **ProAuth login technical issues and EDI**
 - **Press 2** for **assistance with submitting authorizations and ProAuth usage questions**

Fax: If instructed to fax a request, send to **508-368-9700**

Training and general questions: Trevor.Beliveau@fallonhealth.org

IT / EDI Support: AskFCHP@fallonhealth.org

