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VNS Health
HEALTH PLANS

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Home > Authorizations

Authorizations

Services Requiring Prior Authorization

 - All elective and urgent inpatient admissions
 - All Skilled Nursing Facility (SNF) admissions
 - All Rehabilitation facility admissions
 - All subacute admissions
 - All out-of-network services
 - All potentially cosmetic procedures
 - All procedures considered experimental/investigational that are not FDA approved
 - All transplants and all transplant evaluations
 - Certain durable medical equipment, prosthetics, orthotics, and supplies
 - Home Infusion Procedures/services

Services Requiring Prior Authorization (By Plan)

Submit a New Authorization Request

Authorization Requirements

Authorization Requirements

Patients

Gaps in Care

ADT Alerts

Admin Claims & Payments

Authorizations

Provider Directory

Formulary Search

Provider Toolkit

Provider Disputes

Communication Center

Resources

My Admin Account

HCC

New Features

Terms of Use

Privacy Policy

- [Submit a New Authorization Request](#)

Select Entity

Enter Practice Name or NPI to refine results
 | practice found:

Provider Practice

Provider Name: All Core Home Health Services NPI: <input type="text"/> Network Status: In Network Status: Pa - Participating provider Auth Practice Type <input type="text" value="Select an Auth Practice Type"/>	Practice Name: All Core Home Health Services Tax ID: <input type="text"/> Primary Specialty: Licensed Home Health (HAC) Key: <input type="text" value="*****-****-"/>
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- Auth Practice Type

All

Date Filters

Select a date range

All Time

Field Filters - Search by Member or Auth #

VNS Health Member ID

Enter Filter Value

First Name

Enter Filter Value

Last Name

Enter Filter Value

Auth Type

Select a filter value

Decision Status

Select a filter value

Auth Number

Enter Filter Value

Search

Authorizations

Export

Member ID	Member First Name	Member Last Name	Auth Number	Auth Type	Start Date	Referred By Provider NPI	Decision Status
				Personal Care Services (PCS)			Pending

- ## Authorizations ¹

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Authorization # [REDACTED]

[Submit a Document](#)

MEMBER ID	MEMBER FIRST NAME	MEMBER LAST NAME
AUTH TYPE	CREATED DATE	REQUESTED DATE
PERSONAL CARE SERVICES (PCS)		START DATE
END DATE	REFERRED BY PROVIDER NPI	DECISION STATUS
		Pending

Admin

Auth Code Type	Alt Service ID	Auth Code	Modifier Code	Code Description	Created Date	From Date	To Date	Requested Units	Approved Units	Decision Status
Procedure Code	283A24954	T0101	LT	PERSONAL CARE SERVICES PER 15 MINS	11-21-2025	11-24-2025	08-18-2025	4495		Pending
Admitting or Principle Diagnosis Code		E01.8		Other specified hypothyroidism	11-21-2025					
Admitting or Principle Diagnosis Code		F32.9		Major depressive disorder, single episode, unspecified	11-21-2025					
Admitting or Principle Diagnosis Code		G47.09		Other insomnia	11-21-2025					