

Utilization Management Request Tool Tutorial

For Behavioral Health Providers

January, 2022



Topics of Discussion

- What is the Utilization Management Tool?
- Accessing NaviNet®
- Prior Authorization Procedure Search Tool
- Submitting Authorization and Pre/Post Service Medical Necessity Review Requests
- NaviNet Support
- Appendix

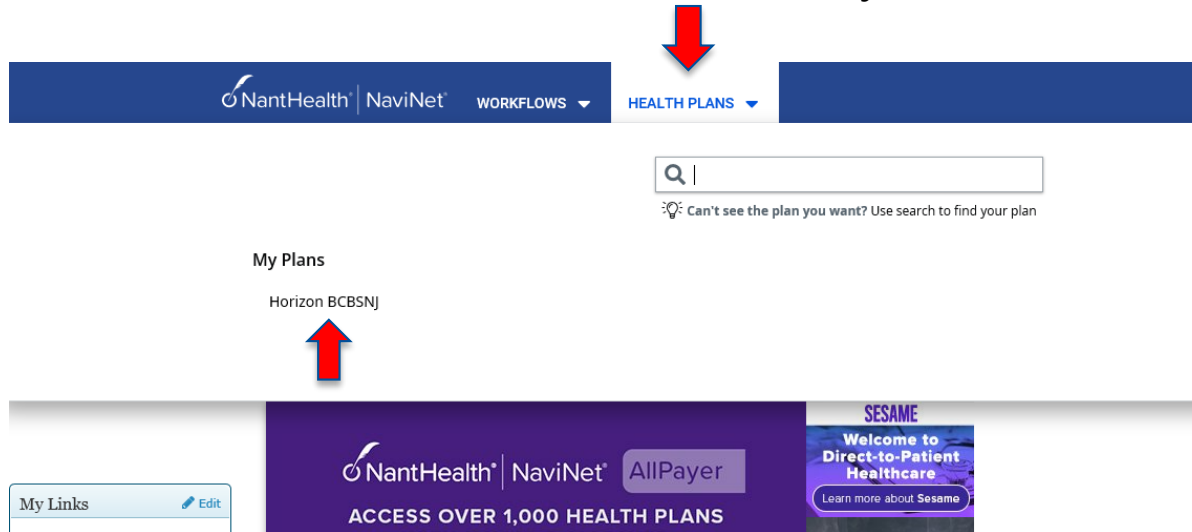
What is the Utilization Management Tool?

- The Utilization Management Request Tool is a self-service method to submit authorizations and pre/post service medical necessity reviews easily and securely online through NaviNet®
- The UM tool request module is called CareAffiliate

How to Access NaviNet

To access the Horizon BCBSNJ Plan Central Page

- Click the down arrow on the Health Plans tab on the top bar
- Click on Horizon BCBSNJ under the My Plans section



How to Access NaviNet

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Horizon BCBSNJ

Workflows for this Plan

- Analytics, Insights and Metrics
- Claim Management
- COB Questionnaire Submission
- Eligibility and Benefits
- Provider Data Maintenance
- References and Resources
- Referrals and Authorization**
- Horizon Behavioral Health
- Horizon Email Share

Horizon BCBSNJ News & Legal Notices

Review important [news, legal notices and updates](#) for doctors, other health professionals, hospitals and ancillary providers.

Electronic ID Cards

[Learn how](#) you can access member ID cards electronically.

FAQs

Have a question? Find answers to [Frequently Asked Questions \(FAQs\)](#) about:

- [Eligibility & Benefits](#): Look up covered benefits and more...
- [Claims & Payments](#): Search the status of a claim/payment and more...
- [Horizon BCBSNJ medical policies](#): Review new and updated policies...
- [Referrals & Authorizations](#): Access Medical Policies and more...

Braven HealthSM

This is the
Horizon Plan
Central Page

Prior Authorization Procedure Search Tool

Prior Authorization Procedure Search Tool

- Our Prior Authorization Procedure Search Tool helps you to determine if the particular service requires an authorization or pre/post service medical necessity review
- Under Referrals and Authorization, select the Prior Auth Procedure Search

The screenshot displays a web application interface. On the left is a light blue navigation menu titled "Workflows for this Plan" with the following items: Analytics, Insights and Metrics; Claim Management; COB Questionnaire Submission; Eligibility and Benefits; Provider Data Maintenance; References and Resources; Referrals and Authorization (highlighted with a red box); Horizon Behavioral Health; and Horizon Email Share. To the right of the menu is a blue header for "Horizon BCBSNJ News & Legal Notices". Below this header is a list of items: "Review important news, legal notices and updates for doctors, other health professionals, Pre-Service Review for Out of Area Members" (with "news, legal notices and updates" in blue); "Prior Auth Procedure Search" (highlighted with a red box); "Referrals"; "TurningPoint PA/MND Requests - Physician"; "TurningPoint PA/MND Requests - Practice Admin"; "TurningPoint PA/MND Requests - Practice Office"; and "Utilization Management Requests". At the bottom left of the interface is the "Braven Health SM" logo.

This search tool is only available for Horizon BCBSNJ Networks

Prior Authorization Procedure Search Tool

- Select the line of business from the dropdown – either Fully Insured or SHBP/SEHBP
- Enter up to 5 CPT or HCPCS codes
- Click Search



[FIND A DOCTOR](#)



PRIOR AUTHORIZATION PROCEDURE SEARCH

Select a line of business and enter up to five procedure and/or HCPCS codes.

Select a line of business

Enter up to five codes

WELCOME

The Prior Authorization Procedure Search tool helps you determine if services require prior authorization for your Horizon BCBSNJ patients.

If you have questions about this tool, please call your Network Specialist at **1-800-624-1110** (at the prompt, select *More Options* and then *Network Relations*) Monday through Friday, from 8 a.m. to 5 p.m. Eastern Time.

Prior Authorization Procedure Search Tool

- The results will either state Authorization Not Required or Contact Behavioral Health indicating that an authorization or pre/post service medical necessity review is needed
- If it states Contact Behavioral Health, you can submit the authorization or pre/post service medical necessity review request through the Utilization Management Request Tool

CODE 90792 CODE 97151

PRIOR AUTHORIZATION RESULTS (Please confirm member benefits.) PRINT

INPATIENT SETTING ✓ Authorization Not Required	OUTPATIENT SETTING ☎ Contact Behavioral Health (CFI) or call 1-800-626-2212	OFFICE SETTING ☎ Contact Behavioral Health (CFI) or call 1-800-626-2212	HOME SETTING ☎ Contact Behavioral Health (CFI) or call 1-800-626-2212	AMBULATORY SURGICAL CENTER ✓ Authorization Not Required
---	--	--	--	--

CODE DESCRIPTION: Behavior identification assessment, administered by a physician or other qualified health care professional.

If shows to call, then an authorization or pre/post service medical necessity review is needed

CODE 90792

PRIOR AUTHORIZATION RESULTS (Please confirm member benefits.) PRINT

INPATIENT SETTING ☎ Contact Behavioral Health (CFI) or call 1-800-626-2212	OUTPATIENT SETTING ✓ Authorization Not Required	OFFICE SETTING ✓ Authorization Not Required	HOME SETTING ✓ Authorization Not Required	AMBULATORY SURGICAL CENTER ✓ Authorization Not Required
---	--	--	--	--

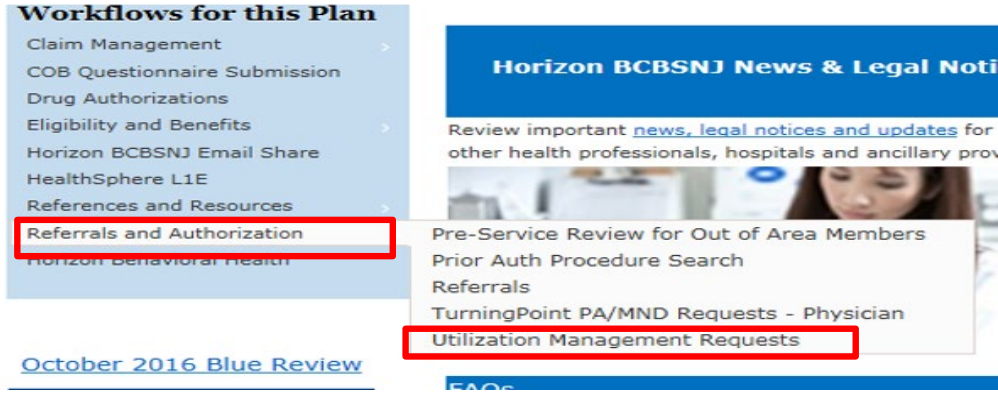
If shows a check mark, then an authorization or pre/post service medical necessity review is not needed

Access the Utilization Management Request Tool

Access the Utilization Management Request Tool

To begin the authorization or pre/post service medical necessity review request process

- Under Referrals and Authorization select Utilization Management Requests



A session is limited to 30 minutes. A message will appear that the session is about to close. Incomplete requests cannot be saved

- This will open the CareAffiliate module



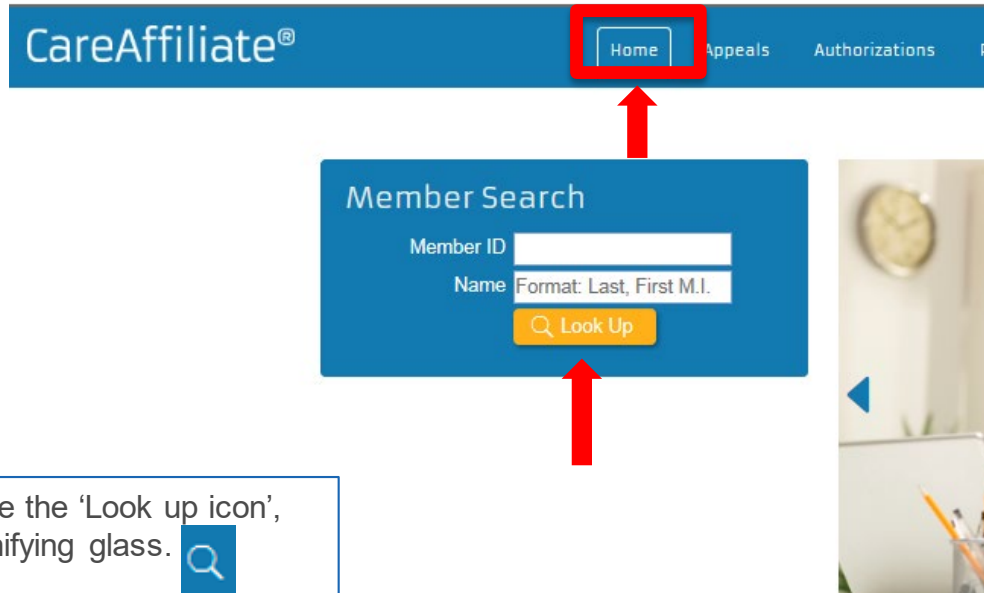
Authorization and Pre/Post Service Medical Necessity Review Request Process

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
- Initiate the Authorization and Pre/Post Service Medical Necessity Review Request
- Request the Type of Service
- Add the Service Dates
- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Select the Member

- To search for the member, from the Home tab click the Look Up button
- In this section, it is not recommended that you use the member ID search



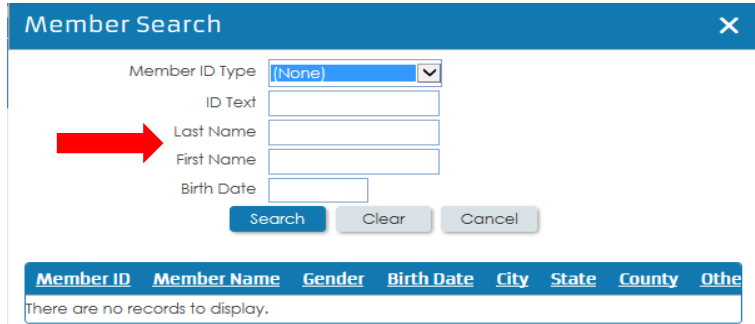
The screenshot displays the CareAffiliate® application interface. At the top, a blue navigation bar contains the logo and several menu items: Home, Appeals, Authorizations, and a partially visible 'Pr'. The 'Home' button is highlighted with a red rectangular box. Below the navigation bar, a 'Member Search' form is shown. It includes a 'Member ID' input field, a 'Name' input field with the instruction 'Format: Last, First M.I.', and a yellow 'Look Up' button featuring a magnifying glass icon. A red arrow points from the 'Look Up' button to the 'Home' button. To the right of the search form, a vertical image shows a wall clock and a laptop.

Note: When we reference the 'Look up icon', please click on the magnifying glass.



Select the Member

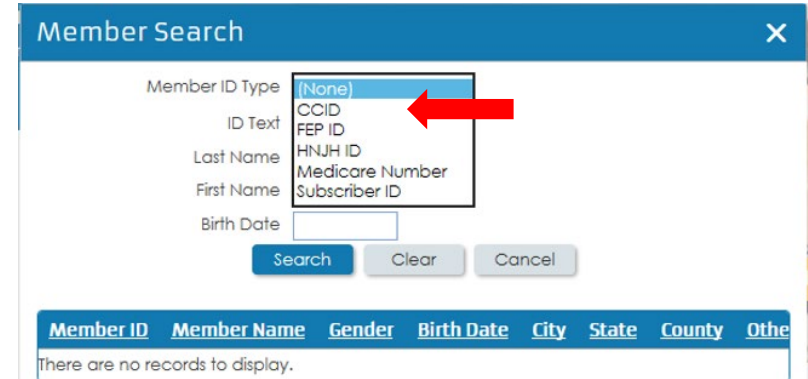
To search by member name:



The screenshot shows the 'Member Search' form with the following fields: Member ID Type (dropdown menu set to '(None)'), ID Text, Last Name, First Name, and Birth Date. A red arrow points to the Last Name field. Below the form are 'Search', 'Clear', and 'Cancel' buttons. At the bottom, a table header is visible with columns: Member ID, Member Name, Gender, Birth Date, City, State, County, and Other. The table content shows 'There are no records to display.'

- **Member ID Type** – must be (None)
- You can enter a partial name with the wildcard asterisk (*)
- **Last Name** - minimum number of characters before wildcard is four
- **First Name** - minimum number of characters before wildcard is three
- **Birth Date** - you can also enter the DOB with the member's name
- Click **Search** and click on the member

To search by Member ID:



The screenshot shows the 'Member Search' form with the Member ID Type dropdown menu open, displaying options: (None), CCID, FEP ID, HNJV ID, Medicare Number, and Subscriber ID. A red arrow points to the CCID option. Below the form are 'Search', 'Clear', and 'Cancel' buttons. At the bottom, a table header is visible with columns: Member ID, Member Name, Gender, Birth Date, City, State, County, and Other. The table content shows 'There are no records to display.'

- **Select Member ID Type:**
 - Select **CCID** (customer card ID) for Horizon BCBSNJ. 3HZN prefix not needed
 - Select **FEP** for FEP members
 - Select **HNJV ID** for Horizon NJ Health
- **Enter Member ID, click Search**
- **Click on the member from the list**

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
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- Request the Type of Service
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- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Initiate the Authorization and Pre/Post Service Medical Necessity Review Request

- To initiate the authorization or pre or post service medical necessity review request, click the New button next to Authorizations option
- If you click on Authorizations, it will bring up prior submitted requests for the selected member

The screenshot displays a 'Member Search' interface. At the top, the title 'Member Search' is shown. Below it, the 'Member ID' is 2469533 and the 'Name' is SCHMIDTXUAT, PAYNE. A yellow 'Look Up' button is present. Below the search fields, the 'Search Results' section is visible, with a 'Clear' link on the right. The results are listed as follows:

Appeals (0)	New
▶ Authorizations (4)	New
Referrals (0)	New
Care Plans (0)	
Member Messages (0)	
<i>Last Member Message(s) Received:</i>	
N/A	

A red box highlights the 'Authorizations (4)' link, and a red arrow points to it from the right side of the screen.

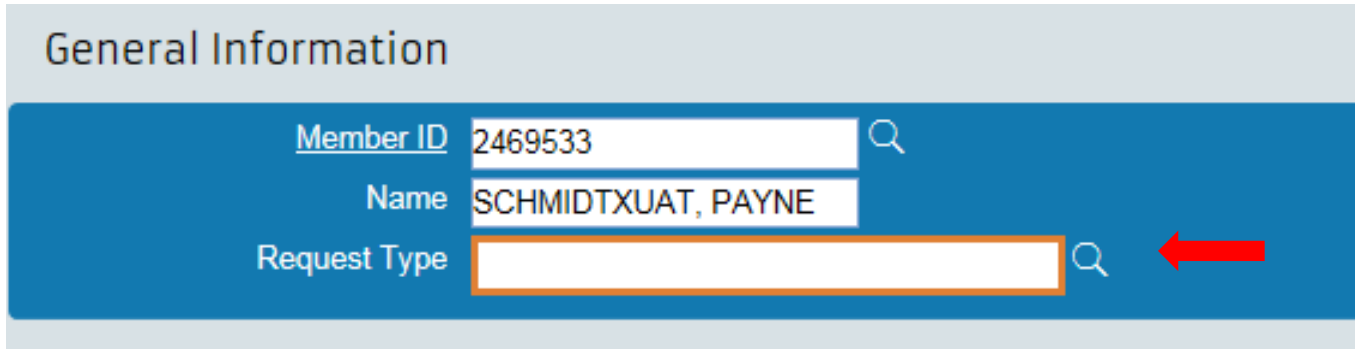
Authorization and Pre/Post Service Medical Necessity Review Request Process

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Request the Type of Service

To select the type of service:

- Under the *General Information* section click on the *Request Type* look up icon



The screenshot shows a 'General Information' section with a blue background. It contains three input fields, each with a search icon to its right. The first field is labeled 'Member ID' and contains the value '2469533'. The second field is labeled 'Name' and contains the value 'SCHMIDTXUAT, PAYNE'. The third field is labeled 'Request Type' and is currently empty. A red arrow points to the search icon next to the 'Request Type' field.


- **HINT:** Do not type information directly into the *Request Type* box


Request the Type of Service

- Click the Search button to get the list of available request types
- To narrow your search, click on the *Show Behavioral Health/Substance Abuse Only* field


Request Type Selection

Request Type Description

Procedure 

Specialty 

Show Inpatient Only

Show Behavioral Health / Substance Abuse only 

Code	Description	Details
There are no records to display.		

Or click on the Procedure field's *Look Up* icon, and enter the procedure code directly

Request the Type of Service

- Click on the appropriate service type from the list displayed
 - *This example shows 27 records to choose from within 3 pages*

27 records matched your criteria. Please choose a record from the grid below.

Code	Description	Details
OPSAUT	Autism - ABA	
NOABH	BH - NOA	
INPSUD	BH – Substance Use Disorder Inpatient	
DIRFH	DIR Floor Home	
DIRFO	DIR Floor Office	
HBHS	Home - BH Services	
IOPBH	IOP - BH	
IOPSUD	IOP - SUD	
INPATPSYCH	Inpatient Psychiatric	
OPECT	OP - ECT	
1 2 3		

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
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- Submit the Request
- Check the Status

Add the Service Dates

General Information

Member ID	2469720
Name	CLELANDXUAT, BARFIELD
Request Type	IOP - BH
Event Classification	Non Urgent Pre-Service
Case Type	Outpatient
Plan Valid for Services From	<input type="text"/> To <input type="text"/>
Plan	(None)

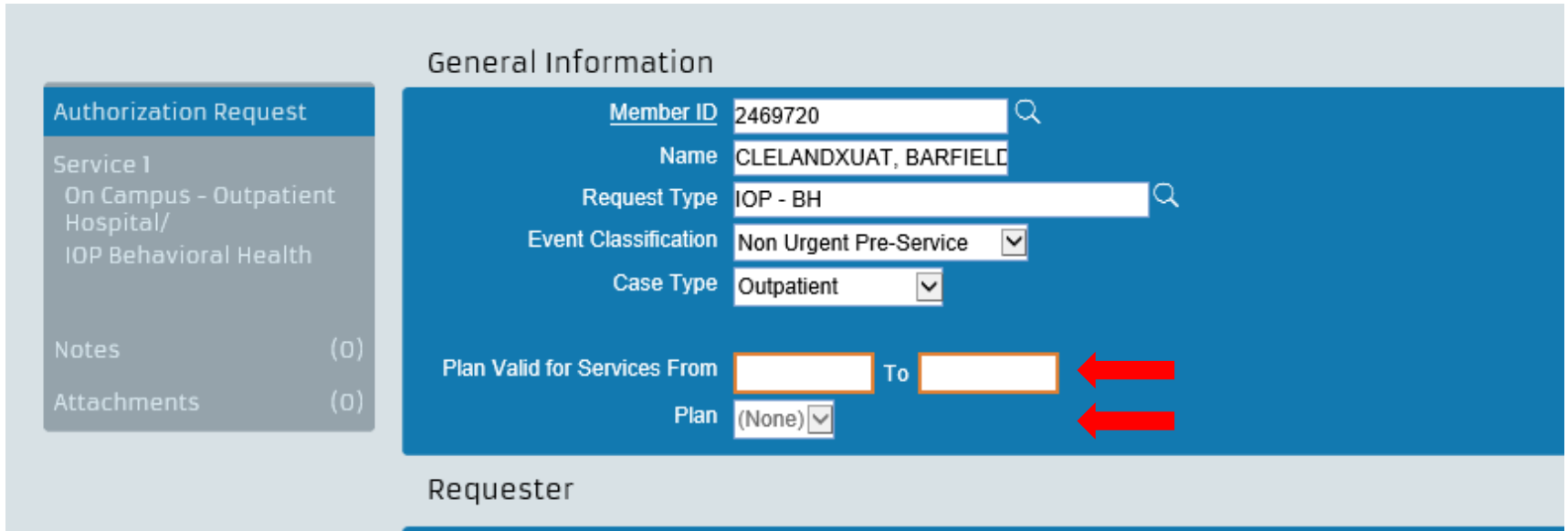
Requester

Authorization Request

Service 1
On Campus - Outpatient Hospital/
IOP Behavioral Health

Notes (0)

Attachments (0)



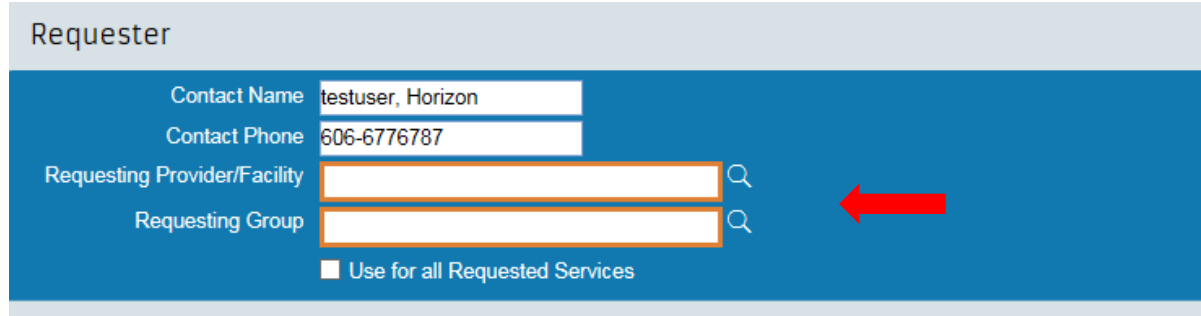
- Enter the service dates using a 90 day date range
- Select the correct Plan name from dropdown

Authorization and Pre/Post Service Medical Necessity Review Request Process

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- Check the Status

Add the Requester Information

- Click on the look up icon next to the *Requesting Provider/Facility* or *Requesting Group* field, as appropriate
 - *Requesting Provider/Facility* should be used when the requester is a solo practitioner or a facility
 - *Requesting Group* should be used when the requester is a group practice



The screenshot shows a form titled "Requester" with a blue background. It contains the following fields and controls:

- Contact Name: testuser, Horizon
- Contact Phone: 606-6776787
- Requesting Provider/Facility: [Text input field] with a magnifying glass icon to its right.
- Requesting Group: [Text input field] with a magnifying glass icon to its right.
- Use for all Requested Services:

A red arrow points to the magnifying glass icons next to the "Requesting Provider/Facility" and "Requesting Group" fields.

HINT: Once the user does the initial search for either the group/facility/provider that option will save as a favorite and the full search will not need to be completed. The user is able to type the name directly in the green box

Add the Requester Information

To add the requesting provider:

- Click on the ID Type field under the Individual Provider Search section for a solo practitioner or under the Institutional Provider Search for a group or facility

ID Type:

- Individual providers should select the ID Type *NPI* and then enter the number in the ID field; if you do not have the NPI, leave the ID Type as *None* and enter the name
 - Groups and facilities should select the ID Type of either *NPI* or *TIN* and then enter the number in the ID field
- Click Search at bottom of page
 - Scroll down to view all provider locations associated with the entered NPI
 - Select the appropriate location that has an active network and the correct specialty

Provider Location Search

Individual Provider Search

ID Type (None) ▼

ID

First Name

Last Name

Institutional Provider Search

ID Type (None) ▼

ID

Name

Additional search criteria

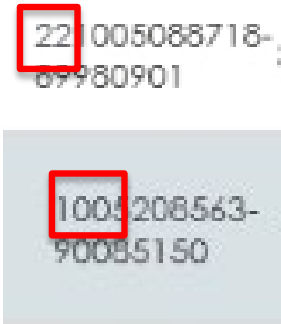
Address

HINT: this should be completed with the requesting provider's information, which may be the same as the rendering provider

Add the Requester Information

Match the member's plan type to the address:

- For Horizon BCBSNJ, Medicare Advantage and Braven members, the provider ID should begin with 100
- For Horizon NJ Health, MLTSS, and D-SNP members, the provider ID should begin with 22



Note: If the plan type/address don't match, you will receive the following error message:

JCS_401 : 1 of 1 JCSC_108: The Provider ID you entered does not match the members plan

Provider Location Search

Search with: [None] Tier Level: ALL
Specialty: [] Date Valid: []
Provider Type: [None] Medicaid only:

Search Clear Cancel



9 records matched your criteria. Please choose a record from the grid below.

Group Name	Provider ID	Provider Name	Provider Type	Address	City	State	Postal code
	221005088718-89980901	SE OK	HEALTH_FACILITY	133 LN	BRIDGETON	NJ	08302
	1005208563-90085150	Se ok	HEALTH_FACILITY	133 LN	BRIDGETON	NJ	08302
	1005208563-90085152	Se ok	HEALTH_FACILITY	1930	CHERRY HILL	NJ	08003
	1005208563-90085151	Se ok	HEALTH_FACILITY	0-77	MORRISTOWN	NJ	07960
	1005208563-90085149	Se brook	HEALTH_FACILITY	101 205	SHREWSBURY	NJ	07702


Add the Requester Information

Once the location is selected, it will populate in the *Requesting Provider/Facility* field

Requester

Contact Name	testuser, Horizon
Contact Phone	808-6776787
Requesting Provider/Facility	292764-80371679 - GARCIARAMIREZ HE 
Requesting Group	<input type="text"/> 

Use for all Requested Services



Authorization and Pre/Post Service Medical Necessity Review Request Process

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- Submit the Request
- Check the Status

Enter the Diagnosis

- Enter the requested diagnosis (DX) code either by typing it directly in the Code field or by clicking on the look up icon
- The DX codes should be entered in severity order with the highest listed first
- Up to four DX codes can be entered on this page
- If additional DX are needed, they can be added to the *Notes* page

The screenshot displays a web application interface for entering a diagnosis. On the left, a sidebar contains a menu with 'Authorization Request' selected, and options for 'Service 1 Office/Surgical', '+ Add Service', 'Notes (0)', and 'Attachments (0)'. The main content area is divided into sections: 'Authorizations' (Plan Valid for Services From: 10/22/2017 To 11/16/2017; Plan: Exclusive Provider Organization [01/01/2017 - 01/01/2018]), 'Requester' (Contact Name: testuser, Horizon; Contact Phone: 606-6776787; Requesting Provider/Facility: 292764-80371679 - GARCIARAMIREZ HE; Requesting Group: [blank]; Use for all Requested Services: [checkbox]), and 'Diagnoses'. The 'Diagnoses' section features a table with columns for 'Diagnosis', 'Code', 'Description', and a search icon. A red arrow points to the 'Code' field of the first row, and two red boxes highlight the 'Code' and 'Description' fields of the same row.

Diagnosis	Code	Description	Search
Diagnosis			🔍
Diagnosis			🔍
Diagnosis			🔍
Diagnosis			🔍

Enter the Diagnosis

- If you click on the look up icon, you will see this window pop up
- In the Description field, enter a specific description followed by an asterisk (*) and then select Search
- Select correct DX from the options displayed
- Selection will populate in the DX field

Diagnosis Search

Code Type: ICD10

Code:

Description: substance use*

Gender: Both

Age: 49

Search

Clear

Cancel

Type	Code	Description	Gender	Min Age	Max Age
There are no records to display.					

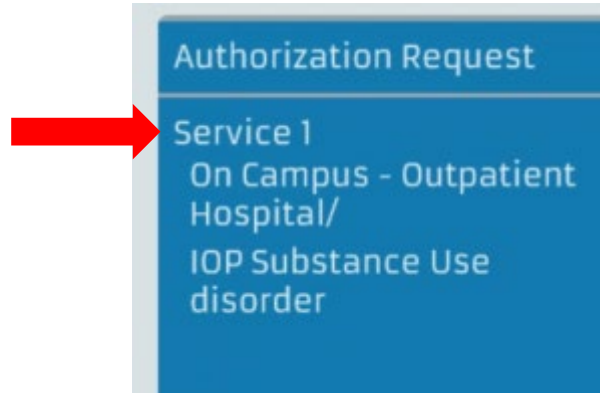
Diagnoses

Diagnosis	ICD10	F19.9	Other psych	🔍
Diagnosis		Code	Description	🔍
Diagnosis		Code	Description	🔍
Diagnosis		Code	Description	🔍

Authorization and Pre/Post Service Medical Necessity Review Request Process

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- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Add the Service









- To initiate adding a service, click Service 1 in the *Authorization Request* box in the upper left side of the page

Add the Service

- You will need to re-enter the dates of service
- Click on Service From and To fields and enter the same 90 day date range as previously selected
 - If a different date range is entered, you will receive the following error message:

Service #1 - IOP Substance Use disorder

Status Reason: Electronic Submission
Place of Service: On Campus - Outpatient Hospital
Service: IOP Substance Use disorder

Service From: 
To:
Provider: 
Group: 
Facility:  
Provider Role: (None) 

Procedure Information + Add Procedure

Type	Procedure Low	Procedure High	Total Qty	Primary
There are no records to display.				

▲ Service(1) To Date must be between the plan selection dates : 10/22/2017 and 11/16/2017

Authorizations

- Then click on the look up icon for Provider, Group or Facility

Add the Service

The screenshot shows a 'Provider Location Search' window. It has two main search sections: 'Individual Provider Search' and 'Institutional Provider Search', both highlighted with red boxes. A dropdown menu is open, showing options: (None), NPI, Facets Id, SSN, and J Code. Below these are 'Additional search criteria' including Address, City, State, Postal Code, County, Search within, Specialty, Provider Type, Networks, Tier Level, and Date Valid.

Repeat the provider search step by either searching the Individual Provider or Institutional Provider but enter the rendering provider's information. The rendering provider information is required to submit these requests.

Remember to match the member's plan type and provider's address to the provider ID

- 100 for Horizon BCBSNJ, Medicare Advantage, Braven Health members; 22 for Horizon NJ Health members

HINT: For facilities, the rendering provider will be the same as the requesting provider

Add the Service

Click on Add Procedure

Authorizations Submit

Authorization Request

Service 1 ✕

On Campus - Outpatient Hospital/
IOP Substance Use disorder

[Copy Service](#)

Notes (0)

Assessment (0)

Attachments (0)

Status Reason: Electronic Submission

Place of Service: On Campus - Outpatient Hospital

Service: IOP Substance Use disorder

Service From:

To:

Provider:

Group:

Facility:

Provider Role:

Procedure Information

Type	Procedure Low	Procedure High	Total Qty	Primary
There are no records to display.				






Add the Service


Click on the look up icon on Procedure Low to open the window to select the procedure

Add Procedure

Primary

Procedure Low  

Procedure High 

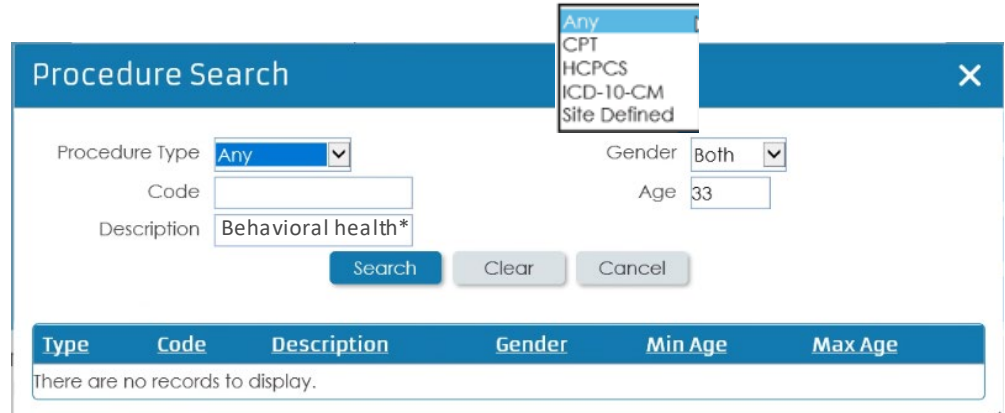
Quantity (None) 

Total

Add the Service

This window will open once the Procedure Low look up icon is clicked

- Click the down arrow on Procedure Type
- Select from the dropdown options
- Enter the Code or enter a Description and click Search
- Click on the code in the results returned



Procedure Search

Procedure Type: **Any** (dropdown menu open showing: Any, CPT, HCPCS, ICD-10-CM, Site Defined)

Code:

Description: Behavioral health*

Gender: Both (dropdown)

Age: 33

Buttons: Search, Clear, Cancel

Type	Code	Description	Gender	Min Age	Max Age
There are no records to display.					

Enter only one CPT code for each service being requested

Add the Service

You will now be back at the Add Procedure page

- The Procedure Low and Procedure High have now been populated
- Enter Quantity
- Click down arrow and select type of quantity
- Total will then populate
- Click Add

The screenshot shows the 'Add Procedure' form with the following fields:

- Primary:**
- Procedure Low:** Alcohol and/or drug services; intensive
- Procedure High:** Alcohol and/or drug services; intensive
- Modifiers:** Four empty search boxes.
- Quantity:** A text input field and a dropdown menu currently showing '(None)'. A red arrow points to this dropdown.
- Total:** An empty text input field.
- Buttons:** 'Add' (yellow) and 'Cancel' (grey).

The dropdown menu for the quantity field is open, showing the following options:

- (None)
- Days
- Hours
- Minutes
- Months
- Units
- Visits

- *Hint: Procedure Low and Procedure High are always the same*
- *Procedure High will auto-populate once the Procedure Low is selected*

Add the Service

The selected procedure will now appear

Authorizations

Provider

Group

Facility 1001291112-81386553 - TRNCAPE REGI

Provider Role (None)

Procedure Information

[+ Add Procedure](#) [X Delete Selected](#)

Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/> Edit HCPCS	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	16	<input checked="" type="checkbox"/>



Add Another Service

If you need to add additional services:

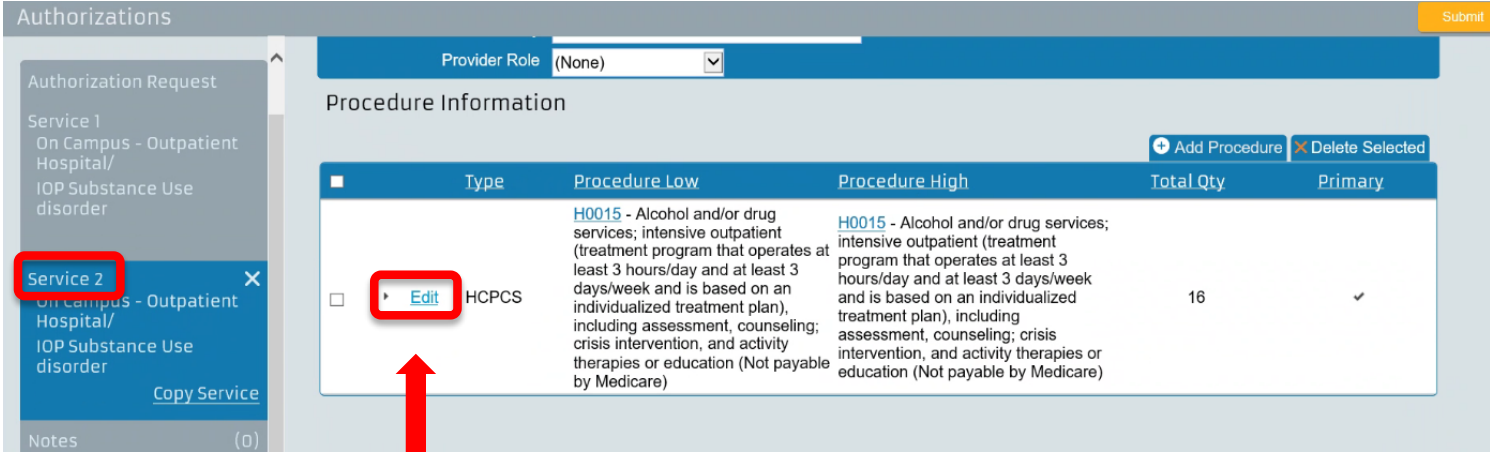
- Click on the word *Copy Service* in the *Service 1* panel to open a copy of the last service selected
- The new service will display under *Service 1* as *Service 2*

The screenshot displays the 'Authorizations' interface. On the left, a list of services is shown under 'Authorization Request'. The first service, 'Service 1', is highlighted with a red box, and a red arrow points to it from the left. Below the service name, the text 'Copy Service' is also highlighted with a red box. The main area of the interface shows a search bar for Provider, Group, and Facility, and a 'Procedure Information' table. The table has columns for Type, Procedure Low, Procedure High, Total Qty, and Primary. The table contains one row with the following data:

Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/> Edit HCPCS	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	16	<input checked="" type="checkbox"/>

Add Another Service

- Click Edit and a new window will open
- Delete the previously selected Procedure Low and Procedure High information
- Click on Procedure Low and select the new code



The screenshot displays the 'Authorizations' interface. On the left, a sidebar lists 'Service 1' and 'Service 2'. 'Service 2' is highlighted with a red box, and a red arrow points to it from the left. The main area shows 'Procedure Information' with a table. The table has columns for 'Type', 'Procedure Low', 'Procedure High', 'Total Qty', and 'Primary'. A row is selected with a checkbox, and the 'Edit' button is highlighted with a red box and a red arrow pointing to it from below. The table content is as follows:

Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/> HCPCS	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	H0015 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Not payable by Medicare)	16	<input checked="" type="checkbox"/>

Add Another Service

This shows how Service 2 will display after the additional service has been selected


The screenshot displays a software interface for managing authorizations. On the left, a sidebar lists 'Service 1' and 'Service 2'. 'Service 2' is highlighted with a red box and has a red 'X' icon. The main area shows details for 'Service #2 - IOP Substance Use disorder', also highlighted with a red box. Below this, there is a 'Procedure Information' section with a table.

Type	Procedure Low	Procedure High
	H0002 - Behavioral health screening	H0002 - Behavioral health screening

Add Another Service

Another option for adding another service is to click the Add Procedure button and enter all of the information as was submitted for *Service 1*

Procedure Information



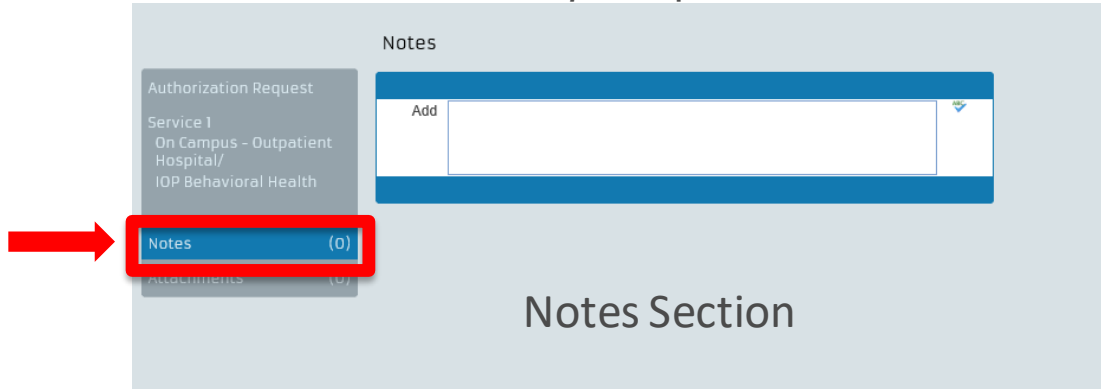
		Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/>	Edit	HCPCS	H0002 - Behavioral health screening to determine eligibility for admission to treatment program (Not payable	H0002 - Behavioral health screening to determine eligibility for admission to treatment program (Not payable by	16	<input checked="" type="checkbox"/>

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
- Initiate the Authorization and Pre/Post Service Medical Necessity Review Request
- Request the Type of Service
- Add the Service Dates
- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Notes Section

Click on *Notes* from the *Authorization Request* panel

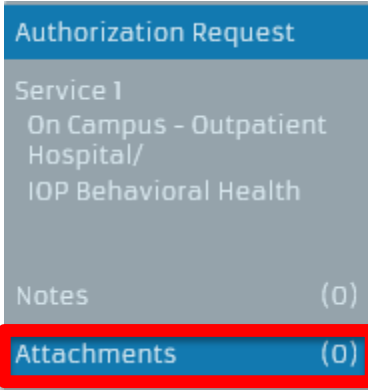


- The **Notes** section will be updated when the request record has a status of:
 - Certified in total
 - Contact payer
 - Modified
 - Pended

Authorization and Pre/Post Service Medical Necessity Review Request Process

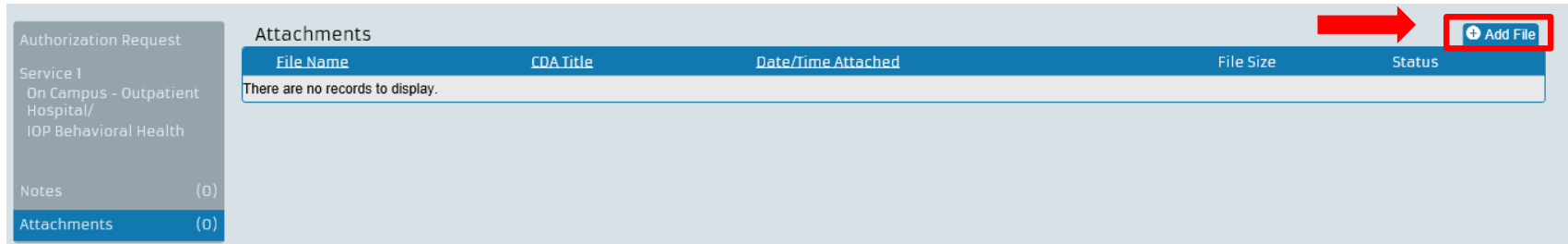
- Select the Member
- Initiate the Authorization and Pre/Post Service Medical Necessity Review Request
- Request the Type of Service
- Add the Service Dates
- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Attachments



If needed, attach external files, such as current clinical documentation, which will help with processing of the request in a timely manner

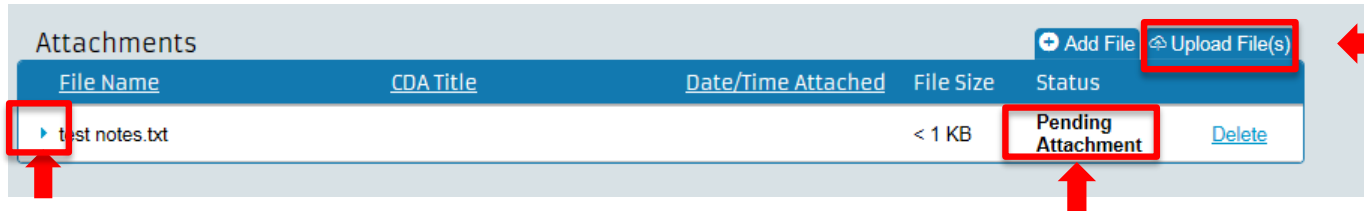
- Select *Attachments* from the *Authorization Request* panel to open the attachments page
- Click *Add File* to open a browser dialog box and select the file(s)



Attachments can be either a Word, Excel or PDF document

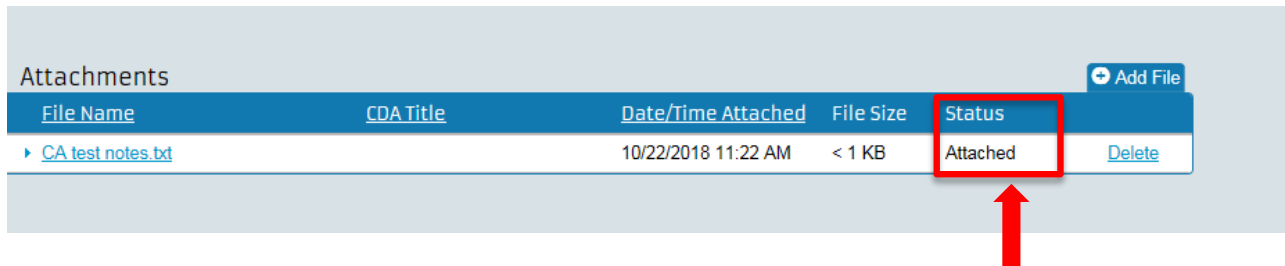
Attachments

- Status will appear as Pending Attachment before the file is uploaded
- Select *Upload Files* to upload the file



File Name	CDA Title	Date/Time Attached	File Size	Status	
▶ test notes.txt			< 1 KB	Pending Attachment	Delete

- A status of *Attached* appears when files have been uploaded successfully



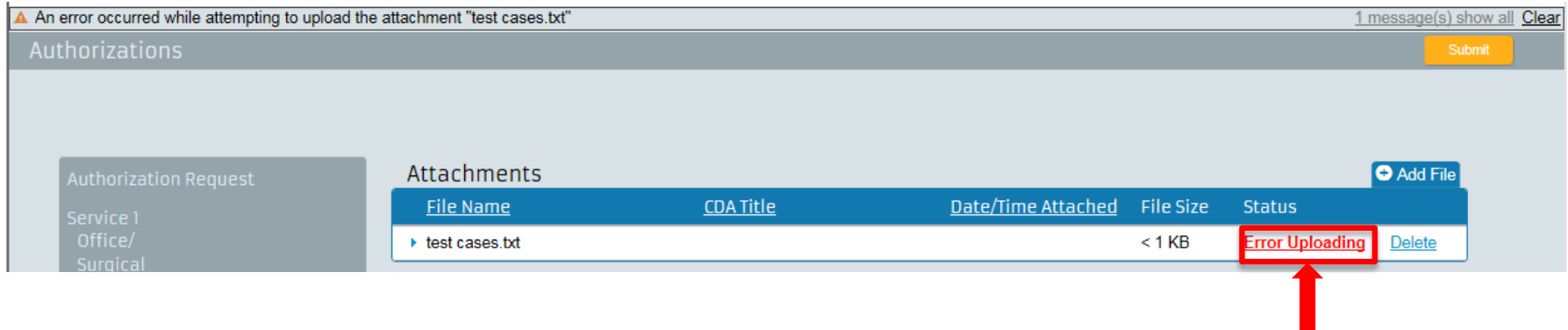
File Name	CDA Title	Date/Time Attached	File Size	Status	
▶ CA test notes.txt		10/22/2018 11:22 AM	< 1 KB	Attached	Delete

You can rename the attachment by clicking the expand/collapse arrow to the left of the default file name

Attachments

A red text message will be displayed in the *Status* column if there are problems uploading the file

- Click on the *Error Uploading* link to open a message dialog box with information about the error



The screenshot shows a web application interface. At the top, a message bar displays: "An error occurred while attempting to upload the attachment 'test cases.txt'" with a "1 message(s) show all" link and a "Clear" button. Below this is a "Submit" button. The main content area is titled "Authorizations" and contains a sidebar with "Authorization Request" and "Service 1 Office/Surgical". The main area has an "Attachments" section with an "Add File" button. A table lists the attachment:

File Name	CDA Title	Date/Time Attached	File Size	Status
▶ test cases.txt			< 1 KB	Error Uploading

The "Error Uploading" text in the status column is highlighted with a red box, and a red arrow points to it from below.

- Up to five files can be attached at once. Up to a maximum of 100MB total. If an attempt is made to attach a file larger than 100MB, an error will be presented indicating that the webpage cannot be displayed

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
- Initiate the Authorization and Pre/Post Service Medical Necessity Review Request
- Request the Type of Service
- Add the Service Dates
- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

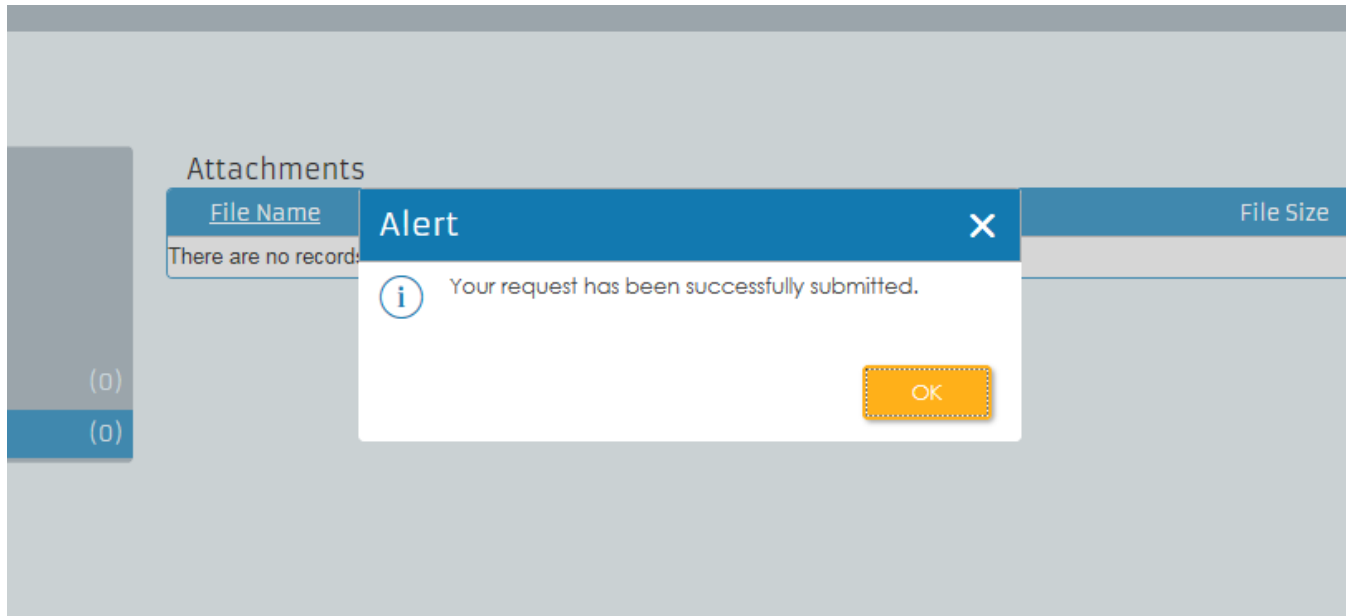
Submit the Request

- When all sections of the request are complete, click *Submit*
- A confirmation dialog box will appear, click *Yes* to submit the request

The screenshot displays a web application interface. At the top right, it says "Welcome Horizon testuser | [Log Out](#)". Below this, a yellow "Submit" button is highlighted with a red box and a red arrow pointing down to it. In the center, a "Confirm" dialog box is open, asking "Please make all your changes to this authorization request before submitting. Are you ready to submit your changes?". The "Yes" button in the dialog is highlighted with a red box and a red arrow pointing up to it. The background shows an "Attachments" section with a table containing one row: "CA test notes.txt", "018 11:22 AM", "< 1 KB", "Attached", and a "Delete" link. There is also an "Add File" button and a sidebar with "(0)" and "(1)" items.

Submit the Request

- Once submitted, you will receive a message that states Your Request Has Been Successfully Submitted



Submit the Request

You will receive a reference number for the request. You can use this number to check the status of the request

CareAffiliate® UAT

Home Appeals Authorizations R

SIMPSONXUAT, LEFKOWITZ M • FEMALE • 33 years • Reference # 0001091482 • (Pended)

[Return To Search](#)

Authorization Request

Service 1 - (Pended)
On Campus - Outpatient
Hospital/
IOP Substance Use
disorder

Notes (1)
Assessment (0)

General Information

Member ID NEW44939606865
Name SIMPSONXUAT, LEFKOWITZ M
Request Type IOP - SUD
Event Classification Non Urgent Pre-Service
Case Type Outpatient

Plan Valid for Services From 01/01/2017 To
Plan Health Maintenance Organization

Requester

When first submitted, the request will show as Pended

Authorization and Pre/Post Service Medical Necessity Review Request Process

- Select the Member
- Initiate the Authorization and Pre/Post Service Medical Necessity Review Request
- Request the Type of Service
- Add the Service Dates
- Add the Requester Information
- Enter the Diagnosis
- Add the Service
- Notes Section
- Attachments
- Submit the Request
- Check the Status

Check the Status



To view the status of your request, click on the Authorizations tab on the main menu

The *Status* module allows you to quickly and easily locate existing authorization or pre/post medical necessity review requests to check their status

Check the Status

- Enter the *Reference #* of the request and click Search Existing Records
- Searches can also be completed by: Requesting provider ID, Place of service, Service begin date from/to, Submission date from/to, Requested provider name or ID, Requested facility name or ID

The screenshot shows the 'Authorizations' search interface. At the top right, there are buttons for 'Search Existing Records' (highlighted with a red box), 'New Authorization', and 'Clear'. Below this is the 'Search Criteria' section. A red arrow points from the 'Search Existing Records' button to the 'Reference #' input field, which is also highlighted with a red box. Another red arrow points from the 'Reference #' field back to the 'Search Existing Records' button. The search criteria include fields for Member ID, Name, Requesting Provider ID, Requesting Group ID, Servicing Provider ID, and Servicing Group ID, each with a search icon. There are also fields for Vendor Delegate Auth #, Diagnosis (with Code and Description sub-fields), Procedure, Place of Service (dropdown), Service (dropdown), Service Dates From/To, Submission Dates From/To, and Status (dropdown). A checkbox labeled 'Include location as criteria' is also present.

Check the Status

Scroll to the bottom of the page where you will see a link for the reference number and the status of your request

Reference #	Vendor Delegate Auth #	Member ID	Member Name	Member DOB	Status	Diagnosis
0001091489		NEW79614249693	LANTAUAT, BAYLAK	01/01/2017	Pended	19.1 : Other psychoactive substance abuse



Please remember to check the status of your requests on a regular basis

Check the Status

Remember to check the *Notes* section as we will be using it to communicate electronically with your office about your requests

- You can only edit your request while it is in Pended status
- To edit the request, click the *Edit* button
- Click the *Print* icon to print a summary of the request

SCHMIDTXUAT, PAYNE · MALE · 52 years · Reference # 000095589 · (Pended)

[Return To Search](#)

Service 1
A On Campus - Outpatient
Hospital/
S IOP Behavioral Health

Surgical

Notes (0)

Attachments (1)

General Information

Member ID: 2466623
IOP - BH
Name: SCHMIDTXUAT, PAYNE
Request Type: Office Surgical Procedure
Event Classification: Non Urgent Pre-Service
Case Type: Outpatient
Plan Valid for Services From: 01/01/2017 To 01/01/2018
Plan: Exclusive Provider Organization

Requester

Contact Name: testuser, Horizon
Contact Phone: 606-6776787
Requesting Provider/Facility: 292764-80371679 - GARCIARAMIREZ HEALTH PROVIDERXUAT

Diagnoses

Edit Print

If the request has been Denied you must start a new request

Check the Status

The summary of the request will be displayed and printed

BAYLAK LANTAU XUAT, FEMALE, 4 years 2 months old, Reference Number 0001091489

Requester

Contact Name horizon, test
Contact Phone 714-5399999
Requesting Provider 1001291112-81386553 -
TRNCAPE REGIONAL MEDICAL
CENTER XUAT

Member

Member NEW79614249693 - LANTAU XUAT, BAYLAK
Date of Birth 01/01/2017 **Gender** FEMALE

Service #1 - IOP Substance Use disorder Pended

Status Reason Electronic Submission **Begin Date** 03/02/2021
Place of Service On Campus - Outpatient Hospital **End Date** 05/02/2021
Facility TRNCAPE REGIONAL MEDICAL CENTER XUAT

Procedure #1

Quantity 1 Units Total 1
Procedure (Low/High) (HCPCS - H0002) - Behavioral health screening to determine eligibility for admission to treatment program (Not payable by Medicare)

Check the Status

Also check the *Attachments* section for additional information from us

- If you see a link under the File Name, you are able to click the attachment instead of waiting for a copy to be mailed to you

The screenshot displays the CareAffiliate web interface. At the top, there is a navigation bar with the CareAffiliate logo and menu items: Home, Appeals, Authorizations (selected), Referrals, Program Enrollment, Care Plan, Messages (0), and Help. Below the navigation bar, a user greeting reads "Welcome Horizon testuser | [Log Out](#)".

The main content area shows a patient record for "JILLXUAT, MIKE - FEMALE - 43 years - Reference # 0000956748 - (Pended)". There are "Edit" and "Print" buttons. A "Return To Search" link is also present.

On the left, a sidebar menu includes "Authorization Request" (selected), "Service 1", "On Campus - Outpatient Hospital/IOP Behavioral Health", "Notes (0)", and "Attachments (1)". A red arrow points to the "Attachments" menu item.

The main content area features a table with the following data:

File Name	CDA Title	Date/Time Attached	File Size	Status
Additional Info Letter - REQ		11/01/2018 16:00	N/A	Attached

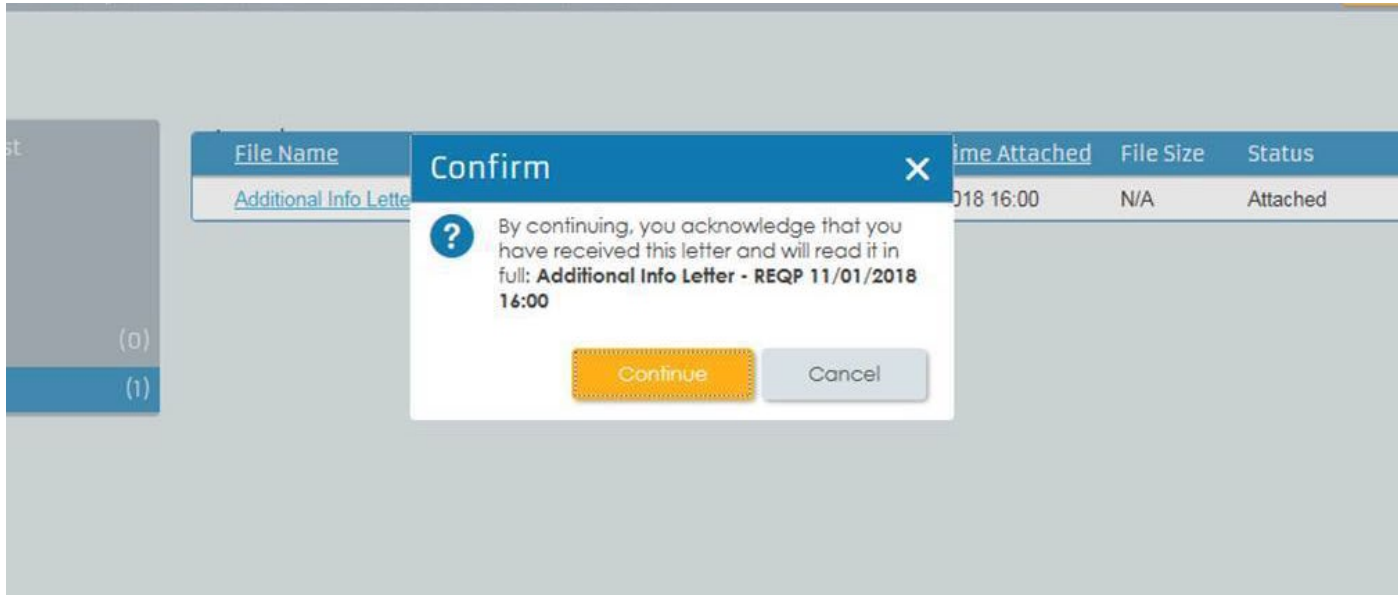
A red box highlights the "File Name" column header and the "Additional Info Letter - REQ" link. A red arrow points to the link.

At the bottom right, the footer text reads: "Copyright © 2018 ExService Technology Solutions, LLC All rights reserved. [About](#)".

Check the Status

The first time the letter is accessed, you will get a pop-up confirming that you are viewing the letter

- Click Continue



Check the Status

If the status indicates *Canceled*, this means one of the following:

- No authorization or pre/post medical necessity review was required for this service
- This was a duplicate request
- Request was withdrawn because the procedure was cancelled

Check the *Notes* page for additional information

SCHMIDTXUAT, PAYNE · MALE · 52 years · Reference # 000095589 · **(Canceled)** Edit Print

[Return To Search](#)

Authorization Request

Service 1 - (Void)
Office/
Surgical

Notes (1)

Attachments (1)

Service #1 - Surgical (Void)

Status Reason No Authorization Required

Place of Service On Campus - Outpatient Hospital

Service IOP Behavioral Health

Service From 09/17/2017

To 11/16/2017

Provider 1000634360-78498271 - SHELTONXUAT, FALTYSKI R

Provider Role Servicing Provider

Procedure Information

Type	Procedure	Total Qty	Primary
			✓

Assessment

The Assessment tool allows you to submit a discharge summary online so you do not have to call us with the discharge plan for the member

- Select *Attachments* from the *Authorization Request* and click *Edit* and then click *Launch Assessment*

The screenshot displays two instances of the Assessment tool interface for a member named LANTAUXUAT, BAYLAK, FEMALE, 4 years old, with Reference # 0001091489 (Pended).

Top Instance:

- Header: LANTAUXUAT, BAYLAK • FEMALE • 4 years • Reference # 0001091489 • (Pended)
- Buttons: **Edit** (highlighted with a red box and arrow), Print
- Section: Assessment
- Message: An assessment has not been completed for this request. To perform one, click the 'Edit' button.

Bottom Instance:

- Header: LANTAUXUAT, BAYLAK • FEMALE • 4 years • Reference # 0001091489 • (Pended)
- Buttons: **Assessment** (highlighted with a red box and arrow), Launch Assessment (highlighted with a red box and arrow)
- Section: Assessment
- Message: An assessment has not been completed for this request. To perform one, click the "Launch Assessment" button below.

Left Sidebar (Bottom Instance):

- Authorization Request
- Service 1 - (Pended)
On Campus - Outpatient Hospital/
IOP Substance Use disorder
- Notes (0)
- Assessment (0)** (highlighted with a red box)
- Attachments (0)

Assessment

Enter the information requested for each field and then click *Complete* to submit it.


The screenshot shows a web application window titled "Assessment". The window has a blue header bar with the title and a close button. Below the header, there are several sections, each with a label and a status indicator:

- BH Notice of Discharge** (MET)
- Notice of Discharge Assessment** (MET)
- Discharge Date**: A text input field with an orange border.
- Mental Status at Discharge**: A dropdown menu.
- Discharge Diagnosis**: A dropdown menu.
- Medications at Discharge**: A dropdown menu.

Each dropdown menu has a small arrow icon on the right side. A vertical scrollbar is visible on the right side of the form area.

NaviNet Support

NaviNet Support

- NaviNet access related issues – Contact NaviNet:
 - Go to NaviNet.com and click Contact Support at the top of the home page or click the  icon to
 - Call NaviNet support at **888-482-8057** - Monday-Friday from 8 a.m. to 11 p.m., ET, Saturday 8 a.m. to 3 p.m., ET
 - Open a Case Online
 - Start a Live Chat - 8 a.m. to 5:30 p.m., ET
- NaviNet error messages related issues – Contact Horizon:
 - Call eServiceDesk at **888-777-5075**, select option 3 - Monday-Friday from 7 a.m. to 6 p.m., ET
 - Email Provider_Portal@HorizonBlue.com



BHNetworkRelations@HorizonBlue.com

Thank you!

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