



Utilization Management Request Tool

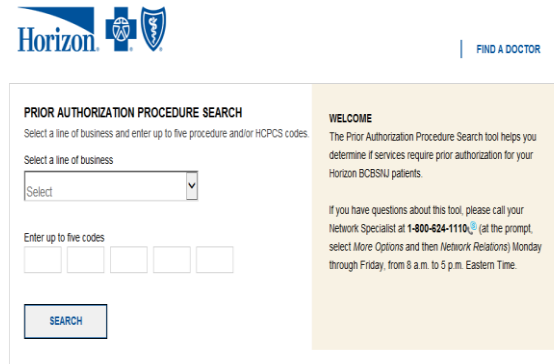
June 2020

What is the utilization management tool?


- The Utilization Management Request Tool, is a self-service method to perform the following functions easily and securely online through NaviNet®.
 - Submit treatment authorization requests
 - Verify the status of previously submitted authorization

Prior Authorization Procedure Search Tool

- Our Prior Authorization Procedure Search Tool allows you to enter a CPT or HCPCS code and select a place of service (e.g., inpatient, outpatient, office, home) to determine if the particular service provided in the selected service setting requires a prior authorization.



The screenshot shows the user interface for the Prior Authorization Procedure Search Tool. At the top left is the Horizon logo, and at the top right is a link that says "FIND A DOCTOR". The main content area is divided into two sections. The left section, titled "PRIOR AUTHORIZATION PROCEDURE SEARCH", contains a dropdown menu for "Select a line of business" with "Select" as the current option, and five input fields for "Enter up to five codes". Below these is a "SEARCH" button. The right section, titled "WELCOME", contains a paragraph of text explaining the tool's purpose and contact information for the Network Specialist.

Horizon  | [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
Select

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](tel: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.

- ❖ To determine if a patient is fully insured or part of an ASO group, please refer to the back of the member's ID card. Fully-insured members' cards will state: "Insured by Horizon Blue Cross Blue Shield of New Jersey." ASO members' cards will state: "Horizon Blue Cross Blue Shield of New Jersey provides administrative services only and does not assume financial risk for claims." For more information, or if you have questions, please contact your Network Specialist.

Utilization Management Exceptions

Radiology Services

- Radiology services should continue to be submitted to eviCore healthcare® (formerly known as CareCore National, LLC) for Horizon BCBSNJ members and National Imaging Associates (NIA) for Horizon NJ Health members.
- Advanced radiology and sleep medicine services for members in select National Accounts:
 - Please contact AIM Specialty Health if the back of the member ID card displays Advanced Radiology & Sleep at **1-866-766-0250**.

Magellan Rx Management

- Services for Horizon BCBSNJ members should continue to be managed by Magellan Rx Management (formerly known as ICORE) for the Medical Injectable Program.

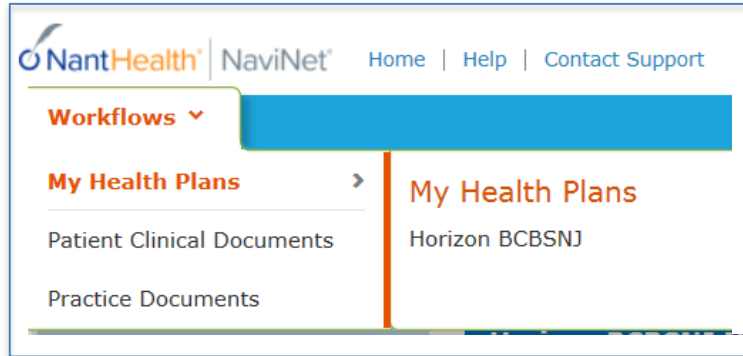
Utilization Management Exceptions

Horizon Care@Home

- The services listed below must be registered through **Horizon Care@Home**, which is administered by CareCentrix of New Jersey, Incorporated. For more information, call CareCentrix at **1-855-243-3324**.
 - Durable Medical Equipment
 - Orthotics and Prosthetics
 - Home Infusion Therapy Services
 - Medical Foods (Enteral)
 - Diabetic and Other Medical Supplies

How to access

- Sign on to NaviNet and select *Horizon BCBSNJ* from the *My Health Plans* menu.



When submitting a request for a Horizon BCBSNJ member please select the Horizon BCBSNJ option. Request for BCBSNJ members can not be submitted using the NJ Health option.

How to access

- If you are new to NaviNet for Horizon BCBSNJ, you must share your email using the Horizon BCBSNJ Email Share transaction. Please enter your email address in all lower case and click Submit.
- Once completed, please log out of NaviNet and log back in again. You will then be able to access the appropriate transactions.

Select
*Utilization
Management
Requests.*

Workflows for this Plan

Eligibility and Benefits Inquiry

Claim Status Inquiry

Claim Submission

Provider Directory

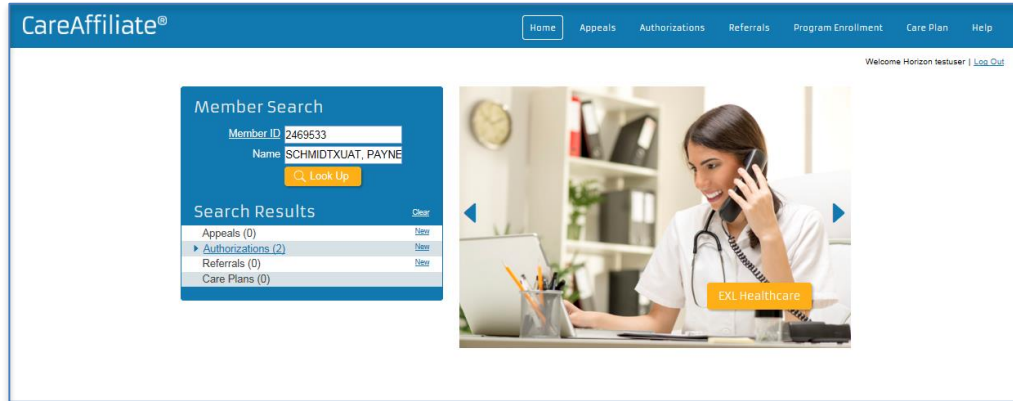
Report Inquiry >

Referrals

Utilization Management Requests


Main Menu

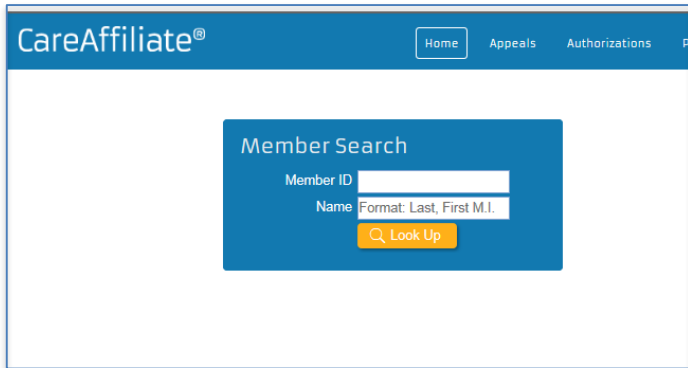
- A variety of actions can be performed from the Main Menu:
 - Request an authorization
 - Check the status of an authorization



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

Identifying the Member

- It is recommended that you search for a member by using the member's Horizon BCBSNJ ID number.
 - **By member ID type:** Click on the *Lookup* icon  to open the Member ID search dialog box and select Member ID type.
 - **By member's name:** Member ID type must be set to None. Enter member's Name and DOB.



The screenshot shows the CareAffiliate@ website interface. At the top, there are navigation links for Home, Appeals, and Authorizations. A central blue dialog box titled "Member Search" is displayed. It contains a "Member ID" input field, a "Name" input field with the instruction "Format: Last, First M.I.", and a yellow "Look Up" button with a magnifying glass icon.

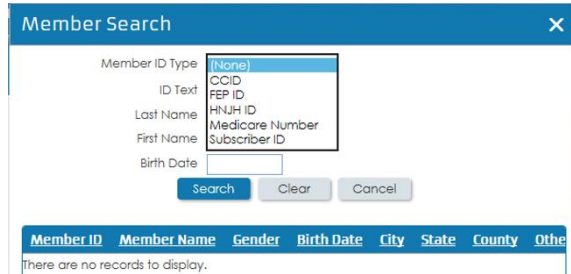


The screenshot shows the "Member Search" dialog box in detail. It features a "Member ID Type" dropdown menu set to "(None)", an "ID Text" input field, "Last Name" and "First Name" input fields, and a "Birth Date" input field. Below the input fields are "Search", "Clear", and "Cancel" buttons. At the bottom, there is a table header with columns: Member ID, Member Name, Gender, Birth Date, City, State, County, and Other. Below the header, the text "There are no records to display." is shown.

Member ID	Member Name	Gender	Birth Date	City	State	County	Other
There are no records to display.							

Member ID *(continued)*

Member search option - only one is required.



The screenshot shows the 'Member Search' form with a dropdown menu for 'Member ID Type' open. The dropdown options are: (None), CCID, FEP ID, HNJH ID, Medicare Number, and Subscriber ID. Below the dropdown are input fields for 'ID Text', 'Last Name', 'First Name', and 'Birth Date'. At the bottom are 'Search', 'Clear', and 'Cancel' buttons. Below the form is a table header with columns: Member ID, Member Name, Gender, Birth Date, City, State, County, and Other. Below the table header is the text: 'There are no records to display.'


- **Member ID type:**

- Select *CCID* (customer card ID) for Horizon BCBSNJ.
- Select *FEP* for FEP members.
- Select *HNJH ID* for Horizon NJ Health.

- **Member name:**

Member ID Type must be (None)

- You can enter a partial name with the wildcard asterisk (*).
- Minimum number of characters in *Last Name* field before wildcard is four.
- Minimum number of characters in *First Name* field before wildcard is three.



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

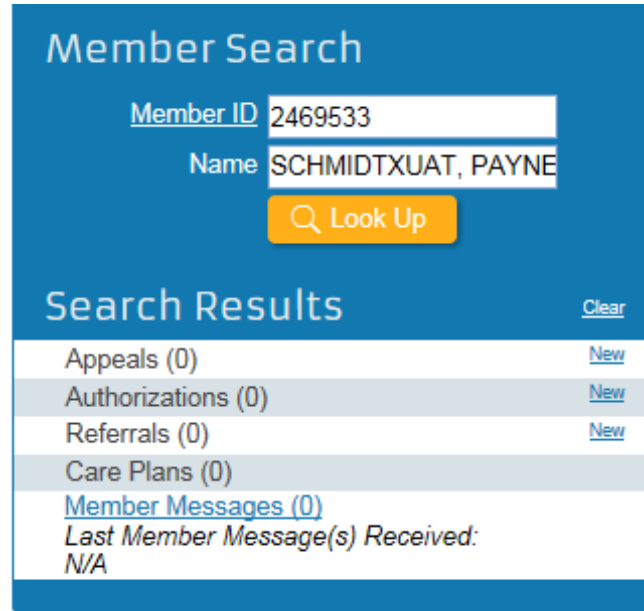
- **Birth Date:**

- You can also enter the DOB with the members name.

Authorization Request

Authorization Request

- *Authorizations* request is used for any procedure that requires pre-certification which includes surgical procedures, PT/OT and inpatient admissions.
- From the *Utilization Management Request Tool's* main menu, select *New* button next to *Authorization Request*.




The screenshot displays a web interface for searching member information. At the top, the title "Member Search" is shown. Below it, there are two input fields: "Member ID" with the value "2469533" and "Name" with the value "SCHMIDTXUAT, PAYNE". A yellow "Look Up" button is positioned to the right of the name field. Below the search fields, the "Search Results" section is visible, featuring a "Clear" link on the right. The results are listed in a table-like format with alternating light and dark blue rows:

Appeals (0)	New
Authorizations (0)	New
Referrals (0)	New
Care Plans (0)	
Member Messages (0)	
Last Member Message(s) Received: N/A	




Requesting Type of Service

General Information


Member ID 


Name

Request Type 

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.		

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

Code	Description	Details
ACUTEREHAB	Acute Rehab	
AMDC	Adult Medical Day Care	
AMBAIR	Ambulance Air or Water - Medical Related Transport	
AMBLAND	Ambulance Land	
ASC	Ambulatory Surgical Center	
CIR	Comprehensive Inpatient Rehabilitation	
CORPT	Comprehensive Outpatient - Physical Therapy	
COROT	Comprehensive Outpatient Rehabilitation OT	
CORST	Comprehensive Outpatient Rehabilitation ST	
DIALYSIS	Dialysis	

1 2 3 4 5 6 7

- Under the *General Information* section click on the *Request Type Lookup* icon to open the Request Type Selection search dialog box.
 - **HINT:** Do not enter information in this box.
- Click the *search button* to get the list of available request types.
- Select the appropriate service type.
 - Example shows 63 records to choose from within the 7 pages of results.

Plan Valid or Service From and To

Member ID	<input type="text" value="2469533"/>	<input type="button" value="Q"/>
Name	<input type="text" value="SCHMIDTXUAT, PAYNE"/>	
Request Type	<input type="text" value="Office Surgical Procedure"/>	<input type="button" value="Q"/>
Event Classification	<input type="text" value="Non Urgent Pre-Service"/> <input type="button" value="v"/>	
Case Type	<input type="text" value="Outpatient"/> <input type="button" value="v"/>	
Plan Valid for Services From	<input type="text"/>	To <input type="text"/>
Plan	<input type="text" value="(None)"/> <input type="button" value="v"/>	

Requester

- Use a 90-day date range of when services will be provided.
- Click on the appropriate *Plan* selection.

Adding Requester Information

- Verify contact information shown is accurate.
- Click on the Lookup icon next to the appropriate box.
 - *Requesting Provider/Facility* should be used when the requester is a provider or a facility.
 - *Requesting Group* should be used when the requester is a group practice.

Requester

Contact Name	testuser, Horizon
Contact Phone	606-6776787
Requesting Provider/Facility	<input type="text"/> 🔍
Requesting Group	<input type="text"/> 🔍

Use for all Requested Services

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.

Identifying Individual Provider Location

- From the *Provider Location Search* screen, choose *Individual Provider Search*.
- From the ID Type drop down menu, select *NPI*.
- Enter your *selected* ID number in the ID box.
- Results will show all provider locations associated with the entered TIN.
- Select the appropriate location that has an active network and the correct specialty.

HINT: Refine your search by clicking on any of the column headers. You can sort by ascending or descending order.

The screenshot displays the 'Provider Location Search' application window. It is divided into three main sections: 'Individual Provider Search', 'Institutional Provider Search', and 'Additional search criteria'. The 'Individual Provider Search' section is highlighted with an orange border and contains the following fields: 'ID Type' (a dropdown menu currently set to '(None)' with a list of options including '(None)', 'NPI', 'Facets Id', 'SSN', and 'J Code' visible), 'ID' (a text input field), 'First Name' (a text input field), and 'Last Name' (a text input field). The 'Institutional Provider Search' section includes 'ID Type' (dropdown), 'ID' (text input), and 'Name' (text input). The 'Additional search criteria' section contains 'Address', 'City', 'State', 'Postal Code', 'County', 'Search within' (set to '0 Miles'), 'Specialty', 'Provider Type' (dropdown), 'Networks' (dropdown), and 'Tier Level' (dropdown). At the bottom of the window are 'Search', 'Clear', and 'Cancel' buttons.

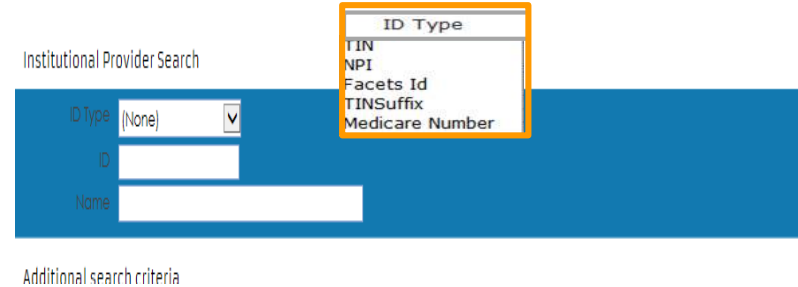
Identifying Provider Location for group or facility

- From the *Institutional Provider Location Search* screen, choose *Institutional Provider Search*.
- From the ID Type drop down menu, select *TIN, NPI, TINSuffix* or *Medicare ID*.
- Enter your *selected ID number in the ID box*.
- If you do not have a suffix, add a 0 to the end of your TIN if selecting TIN suffix.

Do not type anything in the name fields.

- Results will show all provider locations associated with the entered TIN. Select the appropriate location that has an active network and the correct specialty.

HINT: Refine your search by clicking on any of the column headers.
You can sort by ascending or descending order.



The screenshot shows the 'Institutional Provider Search' form. The 'ID Type' dropdown menu is open, showing options: TIN, NPI, Facets Id, TINSuffix, and Medicare Number. The 'ID' field is empty, and the 'Name' field is also empty. Below the form, the text 'Additional search criteria' is visible.

Institutional Provider Search	
ID Type	(None) ▼
ID	
Name	

Additional search criteria

Entering a Diagnosis

- Enter the requested diagnosis (*DX*) code in the *Code* box and then tab out of the field. If more than four DX codes are being requested they can be added to the *Notes* page.

HINT: If you do not have a DX code, click on the *Lookup* icon and under the *Diagnosis Search* dialogue box. Enter a specific description followed by an asterisk (*) and then select *Search*.

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 - GARCIAMIREZ HE
Requesting Group
 Use for all Requested Services

Diagnoses

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

Adding a Service

- Click *Service 1* in the *Authorization Request* box in the upper left side of the page.
- Select the dates of service by clicking in box and accessing the calendar.
 - Duration for an outpatient procedure can be entered as a 90-day date span.
 - Elective inpatient procedures should be entered using one day.
 - Service dates must be between the plan selection dates that were placed on the main tab or you will get the below error.

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

Authorizations

- Choose a provider type.
 - *Individual Provider Search* for individual provider.
 - *Institutional Provider Search* for group practices or facility.
- From the ID Type drop down menu, select *NPI or None* when searching by name for individual provider.
- From the ID Type drop down menu, select NPI, TIN, Medicare ID or None when searching by name for group practice or facility.

Adding a Service *(continued)*

- Once a procedure value is selected, that field label becomes a link.
 - Click the hyperlinked procedure to open the *Procedure Details* dialog box, which displays detailed information for that particular procedure.
 - Enter only one procedure code for each service box
- HINT** if there is a procedure low and procedure high box the CPT code should be the same in both boxes.

1.

Procedure Information

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

	Type	Procedure	Total Qty	Primary
<input type="checkbox"/>		Edit		<input checked="" type="checkbox"/>

Procedure modifiers are only to be used in authorization requests for Horizon NJ Health members.

2.

Edit Procedure

Primary

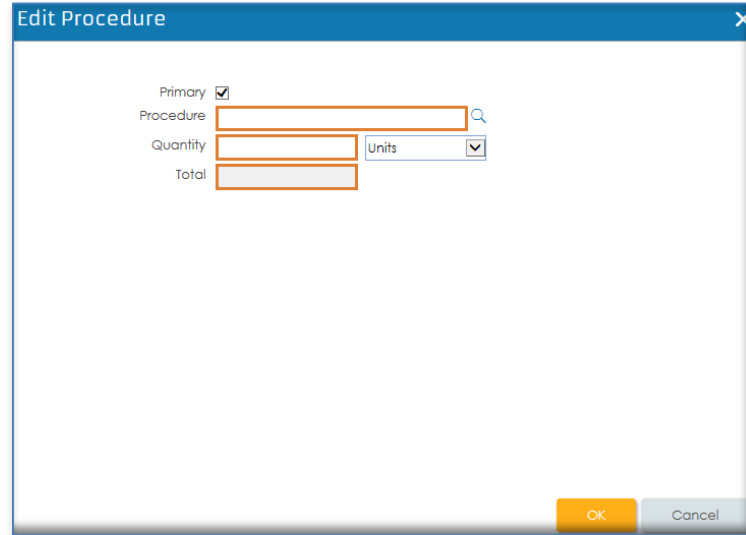
Procedure

Quantity Units

Total

Adding an Additional Type of Service *(continued)*

- CPT® procedure codes must be entered. Select a favorite value from the dropdown list, or select the *Lookup* icon.
- Enter the *Quantity*.
- Select
 - *Days*
 - *Hours*
 - *Minutes*
 - *Units*
 - *Visits*



The screenshot shows a dialog box titled "Edit Procedure". It has a blue header bar with a close button (X) on the right. The main area contains the following elements:

- A "Primary" checkbox with a checkmark.
- A "Procedure" text input field with a search icon (magnifying glass) on the right.
- A "Quantity" text input field.
- A "Units" dropdown menu.
- A "Total" text input field.

At the bottom right, there are two buttons: "OK" (orange) and "Cancel" (grey).

Enter only one CPT code for each service being requested.

Adding Another Service

- Click on the word *Copy* in the Service 1 panel.
 - This will open up a copy of the last service.
 - Delete the populated information for *Procedure (Low and/or High)* and then add the new service information.
- Click the *Add Service* link to open up a new blank *Service* screen.

Hint: only 4 CPT codes for inpatient request and 12 CPT codes for outpatient services can be added to the service area, all additional codes can be added to the notes section.

The screenshot displays the 'Authorizations' interface. On the left, there is a sidebar with an 'Authorization Request' section containing a 'Service 1' panel (Office/Surgical) and a 'Copy Service' button highlighted with an orange border. Below this are '+ Add Service', 'Notes (0)', and 'Attachments (0)'. The main area shows a form for 'Service 1' with fields for Status Reason (Electronic Submission), Place of Service (Office), Service (Surgical), Service From (10/22/2017), To (11/15/2017), Provider (1000634360-78498271 - SHELTONXUAT), Group, Facility (292764-80371679 - GARCIRAMIREZ HE), and Provider Role. Below the form is a 'Procedure Information' table with columns for Type, Procedure, Total Qty, and Primary. A single row is visible with CPT code 36475 and a quantity of 1. Buttons for '+ Add Procedure' and 'X Delete Selected' are at the top right of the table.

Type	Procedure	Total Qty	Primary
CPT	36475 - Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency, first vein treated	1	✓

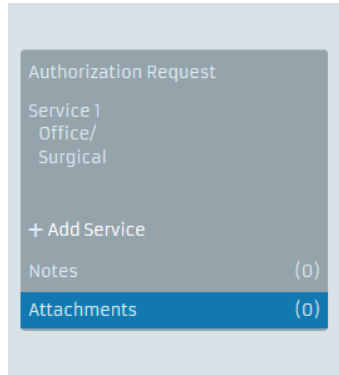
Notes

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



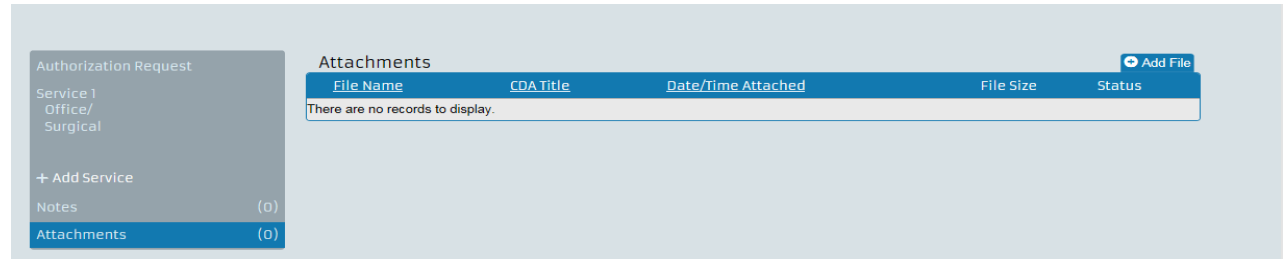
- The *Notes* page also displays when the authorization request record has a status of:
 - Certified in total
 - Contact payer
 - Modified
 - Pended

Attachments



- If needed, attach external files, such as current clinical documentation, which will help with processing of the authorization request in a timely manner.
- Select *Attachments* from the *Authorization Request* panel to open the attachments page.

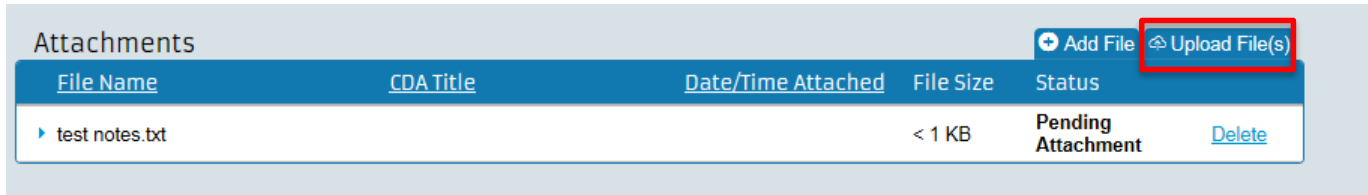
- Click *Add File* to open a browser dialog box and select file(s).



Attachments can be either a Word, Excel or PDF document.

Attachments *(continued)*

- Click the expand/collapse arrow to the left of the file name to expand the row. A *Description* field is available for entering a description.
- Select *Upload Files* to upload the file.

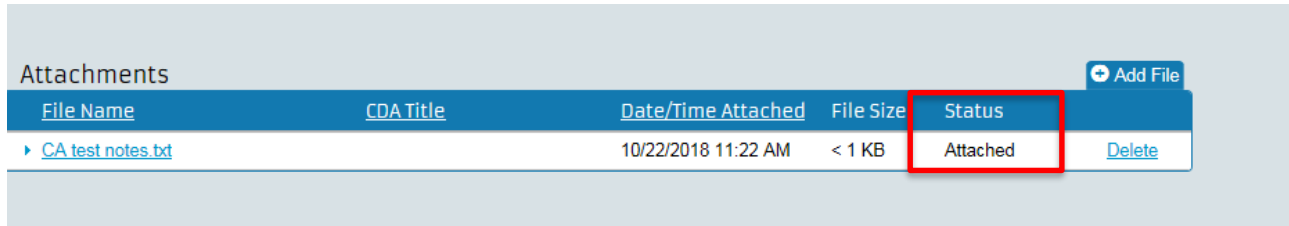


Attachments

[Add File](#) [Upload File\(s\)](#)

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.



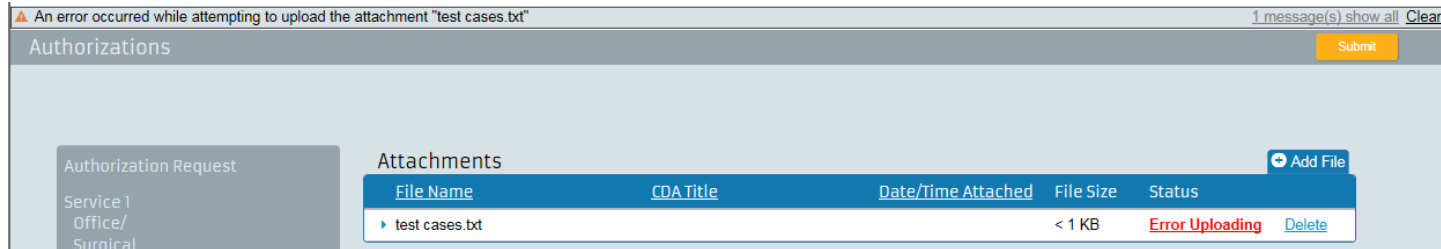
Attachments

[Add File](#)

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

Attachments *(continued)*

- 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.



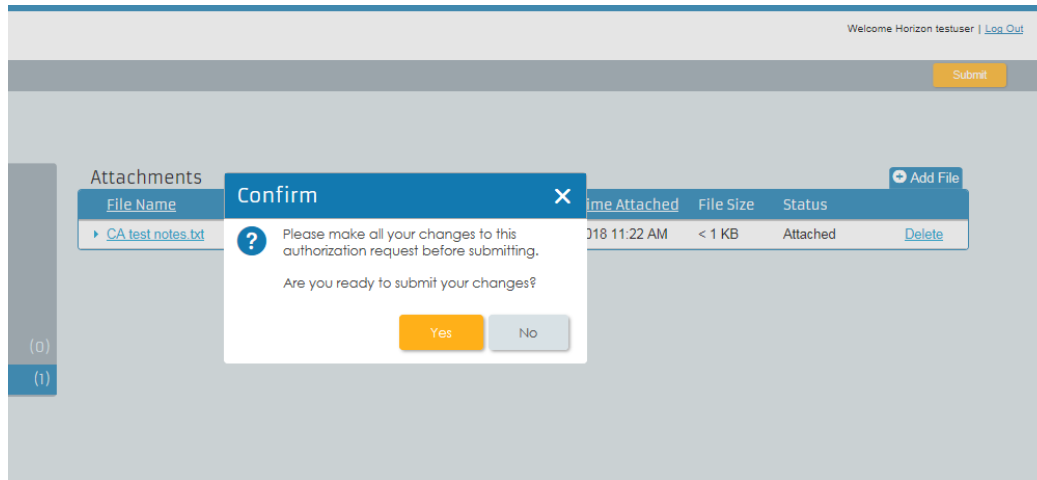
The screenshot shows a web application interface. At the top, a message bar displays: "An error occurred while attempting to upload the attachment 'test cases.txt'" with a "1 message(s) show all" link and a "Clear" button. Below this is a "Submit" button. The main content area is titled "Authorizations"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

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

- 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.

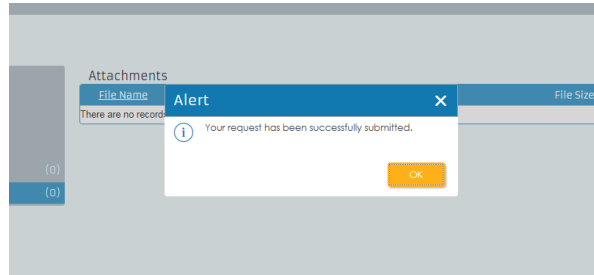
Submitting

- When all sections of the authorization request are complete, click *Submit*.
- A confirmation dialog box appears after clicking the *Submit* button.
- Click *Yes* to submit the request.



Sent

- You will receive a reference number for the pended authorization.
- Use the reference number when checking for status.



SCHMIDTXUAT, PAYNE - MALE - 52 years - Reference # 0000955891 - (Pended) Edit Print

General Information

Authorization Request	Member ID 2469533
Service 1 - (Pended) Office/ Surgical	Name SCHMIDTXUAT, PAYNE
Notes (0)	Request Type Office Surgical Procedure
Attachments (1)	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 - GARCIRAMIREZ HEALTH PROVIDERXUAT

Diagnoses

Status

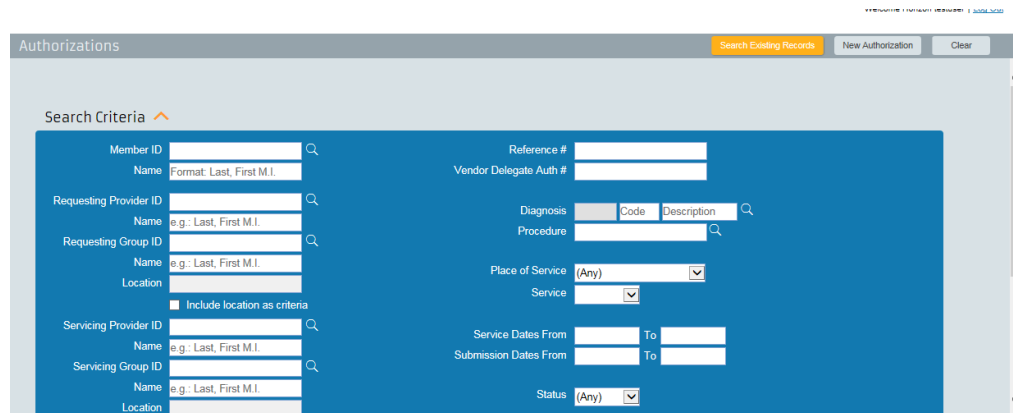
- The *Status* module allows quickly and easily locate an existing authorization or pre-determination request to check the status.
- You can check the status of an authorization if affiliated with:
 - The requesting provider on the authorization case.
 - The servicing provider on the authorization case.
 - PCP of the member on the authorization case.

The screenshot displays the CareAffiliate® web application interface. At the top, a blue navigation bar contains the logo and links for Home, Appeals, Authorizations, and Referrals. Below this, a grey header for the 'Authorizations' section includes buttons for 'Search Existing Records', 'New Authorization', and 'Clear'. The main content area features a 'Search Criteria' section with a dropdown arrow. This section is divided into two columns of search fields. The left column includes fields for Member ID, Name (Format: Last, First M.I.), Requesting Provider ID, Name (e.g.: Last, First M.I.), Requesting Group ID, Name (e.g.: Last, First M.I.), Location, a checkbox for 'Include location as criteria', Servicing Provider ID, Name (e.g.: Last, First M.I.), Servicing Group ID, Name (e.g.: Last, First M.I.), and Location. The right column includes fields for Reference #, Vendor Delegate Auth #, Diagnosis (with sub-fields for Code and Description), Procedure, Place of Service (a dropdown menu), Service (a dropdown menu), Service Dates From and To, Submission Dates From and To, and Status (a dropdown menu). Each field has a magnifying glass icon for search.

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

Status *(continued)*

- Enter the *Reference #* of the authorization request.
- 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 displays the 'Authorizations' search interface. At the top, there are buttons for 'Search Existing Records', 'New Authorization', and 'Clear'. Below this is a 'Search Criteria' section with a dropdown arrow. The search criteria are organized into two columns:

- Left Column:**
 - Member ID: [Text Input] [Search Icon]
 - Name: [Text Input] (Format: Last, First M.I.)
 - Requesting Provider ID: [Text Input] [Search Icon]
 - Name: [Text Input] (e.g.: Last, First M.I.)
 - Requesting Group ID: [Text Input] [Search Icon]
 - Name: [Text Input] (e.g.: Last, First M.I.)
 - Location: [Text Input]
 - Include location as criteria
 - Servicing Provider ID: [Text Input] [Search Icon]
 - Name: [Text Input] (e.g.: Last, First M.I.)
 - Servicing Group ID: [Text Input] [Search Icon]
 - Name: [Text Input] (e.g.: Last, First M.I.)
 - Location: [Text Input]
- Right Column:**
 - Reference #: [Text Input]
 - Vendor Delegate Auth #: [Text Input]
 - Diagnosis: [Text Input] [Search Icon]
 - Code: [Text Input]
 - Description: [Text Input] [Search Icon]
 - Procedure: [Text Input] [Search Icon]
 - Place of Service: [Dropdown Menu] (Any)
 - Service: [Dropdown Menu]
 - Service Dates From: [Text Input] To: [Text Input]
 - Submission Dates From: [Text Input] To: [Text Input]
 - Status: [Dropdown Menu] (Any)

Status *(continued)*

- Remember to check the *Notes* section when looking for the status of an authorization request.
- To edit the authorization request, click the *Edit* button.
- Click the *Print* icon to print a summary of the authorization request.

SCHMIDTXUAT, PAYNE · MALE · 52 years · Reference # 0000955891 · (Pended) Edit Print

[Return To Search](#)

Authorization Request

Service 1 - (Pended)
Office/
Surgical

Notes (0)

Attachments (1)

General Information

Member ID	2469533
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

- Authorizations cannot be modified via CareAffiliate unless they are pending electronic submission or pend additional information requested.
- If a change needs to be made to an existing request please contact Horizon via the phone.

Status *continued*

- The summary of the authorization request will be displayed and printed.

Landacorp General Health

PAYNE SCHMIDTXUAT, MALE, 52 years old, Reference Number 0000955891 

Requester

Contact Name testuser, Horizon
Contact Phone 606-6776787
Requesting Provider 292764-80371679 - GARCIRAMIREZ HEALTH PROVIDERXUAT

Member

Member 2469533 - SCHMIDTXUAT, PAYNE
Date of Birth 07/18/1966 **Gender** MALE

Service #1 - Surgical Approved

Status Reason Meets Criteria / Guidelines **Begin Date** 09/17/2017
Place of Service Office **End Date** 11/16/2017
Servicing Provider 1000634360-78498271 - SHELTONXUAT, FALTYSKI R
Address 8 BALDWIN AVE, JERSEY CITY, NJ, 07304 - 3154

Procedure #1

Quantity 1 Units Total 1
Procedure (Low/High) (CPT - 36478) - Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

Cancelled

- If the status indicates *Cancelled*, this means one of the following:
 - No authorization was required for this service.
 - This was a duplicate authorization request.
 - Authorization request was withdrawn because the procedure was cancelled.
- Check the *Notes* page for additional information.

SCHMIDTXUAT, PAYNE · MALE · 52 years · Reference # 0000955891 · (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 Office
Service Surgical
Service From 09/17/2017
To 11/16/2017
Provider 1000634360-78498271 - SHELTONXUAT, FALTYNSKI R
Provider Role Servicing Provider

Procedure Information

Type	Procedure	Total Qty	Primary
▶			✓

Additional Information

What should I do if I have trouble accessing NaviNet?

- If there is an issue specific to NaviNet, please contact NaviNet directly at **1-888-482-8057**.
- If you can get into NaviNet but are having issues with the tool:
 - Email: Provider_portal@horizonblue.com.
 - Call: **1-888-777-5075**.

*Thank
you!*

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