

Submitting Prior Authorization Requests

NaviNet Provider Portal

1. Access NaviNet: <https://navinet.navimedix.com>
2. Enter log-in credentials to sign in.
3. If you are not registered for a NaviNet account, click on the **Register for a new account** link and complete the online registration.

NantHealth® NaviNet®

Username

Password

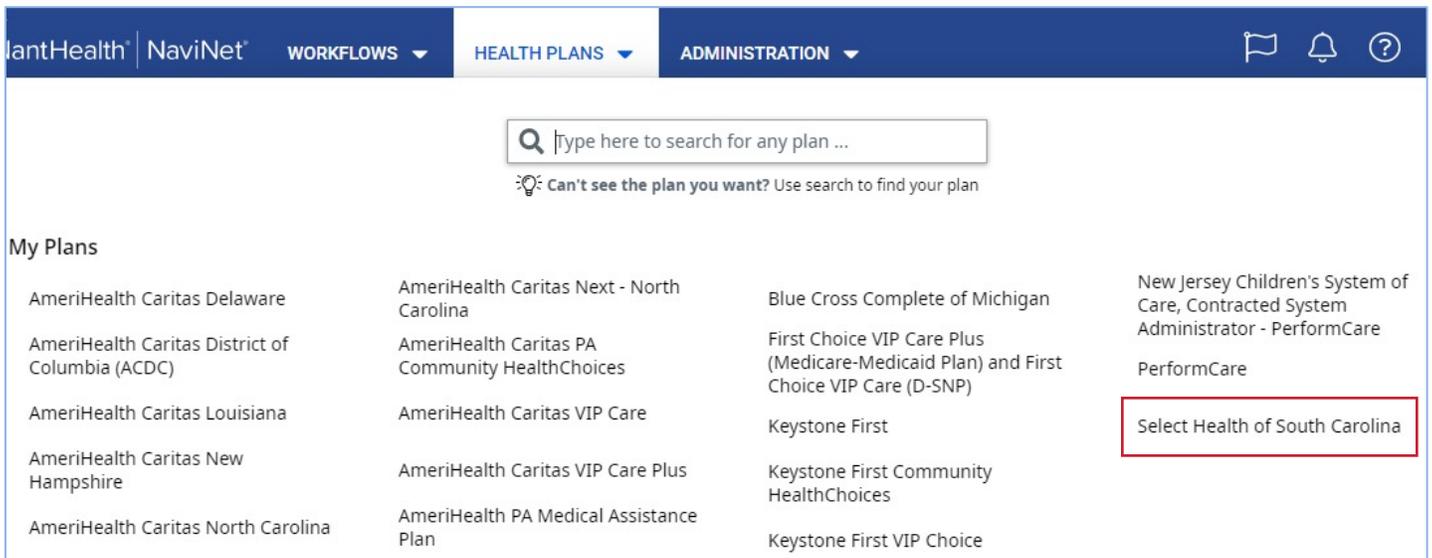
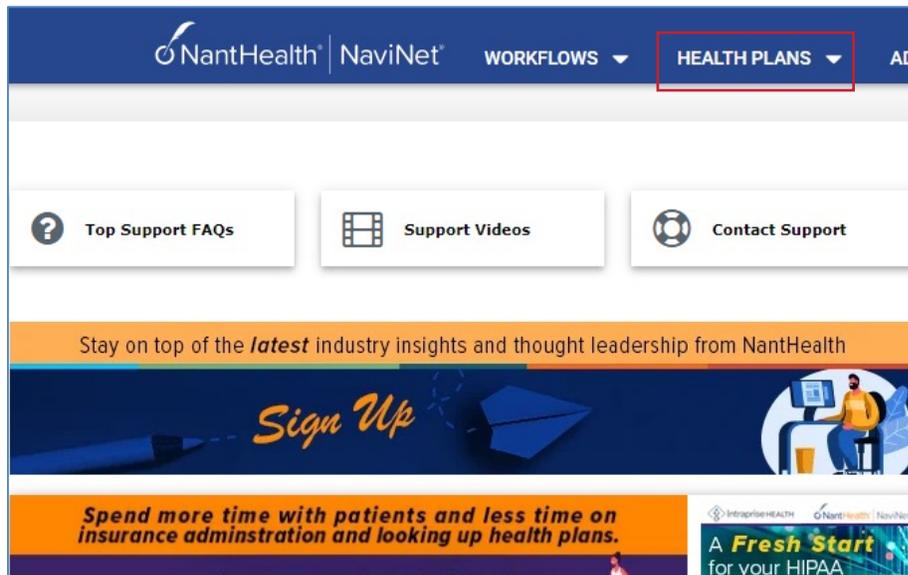
SIGN IN

[Forgot username?](#) [Forgot password?](#)

[Register for a new account](#)

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- After signing in, the NaviNet homepage will be displayed.
- Click on **HEALTH PLANS** in the top menu and choose **Select Health of South Carolina** from the drop-down list.

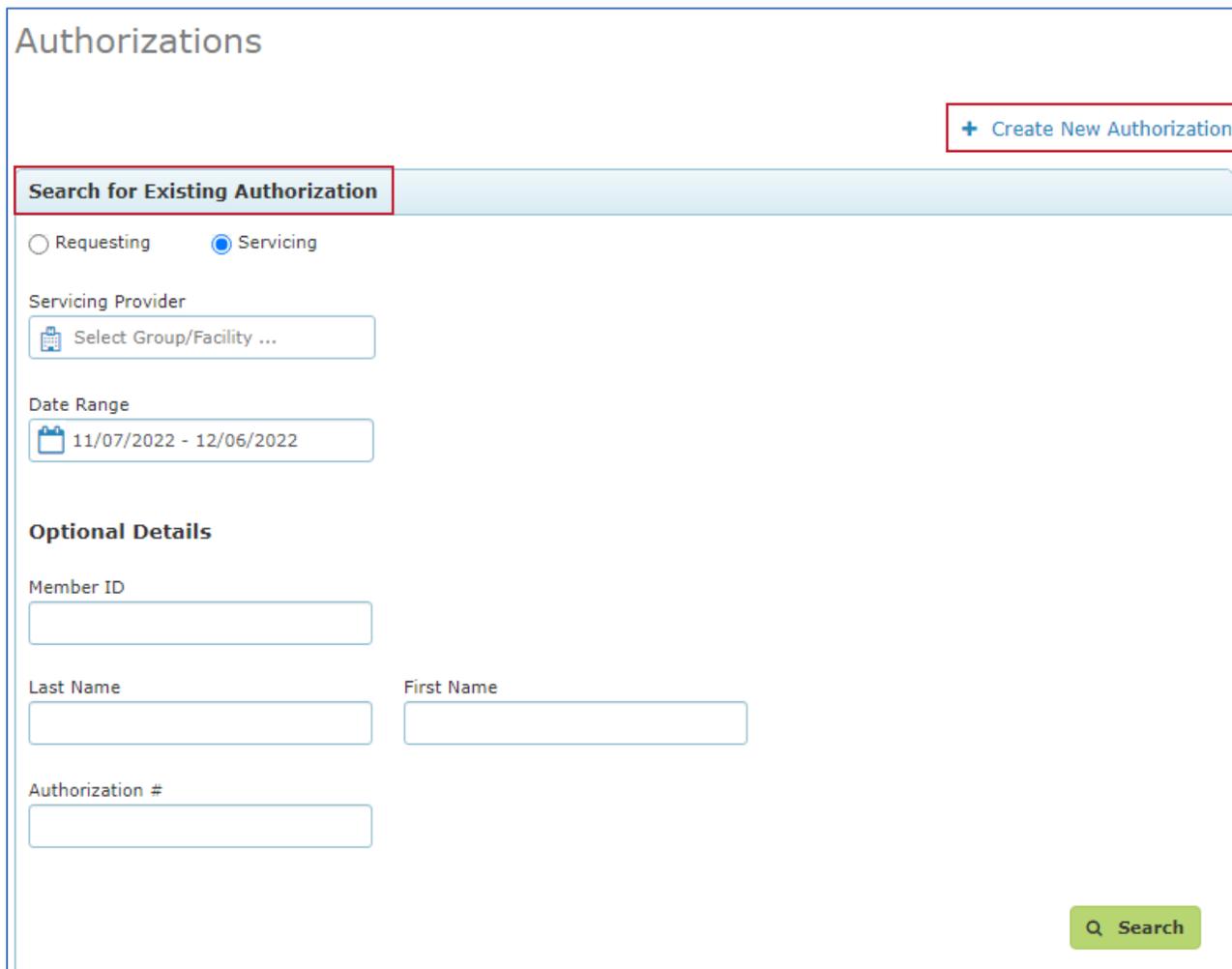


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- The Select Health Plan central page will be displayed.
- Go to **Workflows for this Plan** on the left side of the screen and click on the **Medical Authorizations** link.



- The Authorizations screen will be displayed. Here you can search for an existing authorization or create a new authorization..
- To start an authorization request, click **Create New Authorization** in the upper-right corner.

A screenshot of the 'Authorizations' screen in the NaviNet Provider Portal. The screen has a header 'Authorizations' and a '+ Create New Authorization' button in the upper right corner. Below the header is a 'Search for Existing Authorization' section. This section includes radio buttons for 'Requesting' and 'Servicing' (selected). There is a 'Servicing Provider' dropdown menu with 'Select Group/Facility ...' as the current selection. Below that is a 'Date Range' dropdown menu with '11/07/2022 - 12/06/2022' as the current selection. Underneath is an 'Optional Details' section with input fields for 'Member ID', 'Last Name', 'First Name', and 'Authorization #'. A green 'Search' button is located at the bottom right of the form.

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10. The **Create New Authorization: Patient Search** screen will be displayed.

Create New Authorization: Patient Search

Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.

You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.

Search by Member ID

Member ID

OR

Search by Name

Last Name First Name

Date of Birth

Date of Service

11. Enter patient search criteria information; you can search by Member ID (First Choice member ID or 10-digit Medicaid ID) or by Name.

- If searching by name, the member's first name, last name, and date of birth (DOB) are required.

12. Click **Search**.

Note: If you enter an incorrect/invalid member ID, you will receive the following message:

Create New Authorization: Patient Search

Subscriber / Insured Not Found. Please Correct and Resubmit.

13. The **New Authorization Prescreening Questions** pop up will be displayed. Click **Continue**.

Please check the following conditions to ensure that you are using the correct authorization process ...

Have you verified that the service requires prior authorization?

Please verify the coverage of benefits by reviewing the South Carolina Medicaid Provider Fee Schedule. The following services always require a prior authorization:

- Inpatient services
- Investigational or experimental services
- Services from a non-participating provider

If the service(s) are a covered benefit and/or being requested under EPSDT, please verify the need for a prior authorization before submitting a request for services by going to the First Choice by Select Health of South Carolina authorization look up tool located [here](#)

Are you requesting an authorization

Back To Search **Continue**

Note: If you enter a member who is not active with the health plan, you will not be advanced to the prescreening questions. You will receive the following message:

✘ Authorization cannot be created.

The selected date of service (04/08/2022) is not in the patient's active coverage range: 04/08/2022.

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14. If you enter a member who is active, the **Authorization Service Type** screen will be displayed.

- **Note: View Eligibility & Benefits** is available to view under the member's demographic information.

The screenshot shows the 'Create New Authorization' interface for a member named FRANKIE MOCHRIE. The patient's demographic information is displayed at the top right, including their name and age (40 years old). On the left, there is a summary of the patient's insurance and primary care physician. A red box highlights the 'View Eligibility & Benefits' link. The main form area is divided into two sections: 'Service Type' and 'Place of Service'. The 'Service Type' dropdown menu is open, showing 'Outpatient Mental Health' as the selected option. A warning message is displayed below the dropdown: 'Warning: Service line date ranges cannot overlap with'. The 'Place of Service' dropdown menu is also open, showing a list of options including 'Community Mental Health Center', 'Group Home', 'Home', 'Non-residential Substance Abuse Treatment Facility', 'Office', and 'Psychiatric Facility-Partial Hospitalization'. At the bottom right, there are 'Cancel' and 'Next >' buttons.

15. Select the **Service Type: Outpatient Mental Health** from the drop-down list.

16. Select **Place of Service**. Use the most appropriate place of service.

17. Click **Next**.

Note: While creating an authorization, you can close or save the request.

Select **Close/Save**, which allows you to:

- Discard auth — Delete the request.
- Cancel — Continue with the request.
- Save as draft — Come back and complete the request later.

The screenshot shows a 'Close Authorization' dialog box. The dialog box has a blue header with the title 'Close Authorization' and a close button (X). The main content area contains the text: 'You are closing an authorization that has not yet been submitted.' At the bottom of the dialog box, there are three buttons: 'Discard Auth' (with a trash icon), 'Cancel', and 'Save As Draft' (with a green background).

18. Complete information on the request screen:

- **Date of service** — defaults to current date.
- **Level of Service** — Choose **Elective**.
- **Requesting Provider** — provider requesting the service.
 - Your provider/group information will automatically populate here.

The screenshot shows a form for submitting a prior authorization request. The form is divided into several sections. The 'Requesting Provider' section is highlighted with a red box and contains a dropdown menu labeled 'Select Group/Facility ...'. The 'Servicing Provider' section is also highlighted with a red box and contains a dropdown menu labeled 'Select Provider ...'. Below these sections are fields for 'Specialty: Select Specialty ...', 'Group/Facility Name:', 'Last Name:', 'Group NPI:', 'First Name:', 'Location: City ...', 'State', and 'Zip ...'. At the bottom of the form are three buttons: 'Clear All', 'Cancel', and 'Search'. The 'Search' button is highlighted with a red box.

- **Servicing Provider** — provider rendering the service.
 - This section does not automatically populate.
 - Enter your NPI to pull up your provider/group.
 - Click **Search**.
 - Click on the provider to add to the request.
- **Note: Requesting and Servicing providers can be the same.**
 - If the Servicing Provider is different from the Requesting, you can search by specialty, name, or NPI.
- **Diagnoses** — Enter DX code. This is a look-up field. There is a 12-code maximum.
- **Services:**
 - Enter: **From & To** dates — **REMEMBER you can request services through 12/31/22. The 24-visit-with-no-authorization count starts over the first of every year.**
 - **Procedure codes** — Any combination of the individual psychotherapy codes — 90832, 90834, and 90837. Modifiers are not required, but you can enter them if you like.
 - **Units** — Enter the number of units being requested. **REMEMBER the 6-visit/month limit still applies.**

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19. **Add New Service Line:** Enter the CPT codes for the services you are providing. After entering each service line, click **Add New Service Line** to save the service line you just entered and to add additional services.

Services

From: 12/07/2022 To: mm/dd/yyyy

Procedure Code: [] Modifiers: [] [] [] []

Units: 1 Unit(s)

+ Add New Service Line

20. Attach supporting clinical documentation (supported document types: pdf, docx, xml, csv, png, gif).

- Attach documents by clicking **+ Add Document** , or drag and drop your file.

Attachments

+ Add Document

Drop Documents here to Attach

- **Attach all documents as one file.**
- Identify the document type using the drop-down list.
 - Choose: **PROGRESS REPORT only.**

Attachments

+ Add Document

Creating An Authorization Req...docx

Select document type ...

Select document type ...

Progress Report

Medical Record Attachment

Patient Medical History Document

Physical Therapy Notes

Continued treatment

Nursing Notes

Delete

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21. Enter the following in the Notes section:

- Date of notes, Member's initials, PROGRESS REPORT
- Document Description: IPOC, CSN, Treatment plan (whichever is applicable)

Notes

Enter Clinical Notes ...

12/07/22, JP, PROGRESS REPORT – IPOC & CSN

264 characters left

22. **Contact Information:** Enter your contact information. First name, last name, and phone number are required fields. Fax number and email address are optional. The Declaration check box must be checked to submit the request.

Contact Information

First Name: Beth
Last Name: Williams
Email Address: Optional
Phone Number: (843) 999-9999
Fax Number: Optional

Save as default Contact Information for Medical Authorizations

DECLARATION
 By checking this box, I agree to notify the member of any services that are approved.

Cancel « Previous **Submit**

Note: If you check the Save as default box, the system will save your contact information so you won't have to enter it every time.

23. Click **Submit**.

24. You will see the following message as the system runs the Interqual criteria (clinical guidelines) check:



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25. Once the InterQual criteria check is complete, you will receive approval of your request.

- From this screen you can:
 - Choose **Create New** if you need to submit another request for this same member, or you can submit a request for another member by clicking on Search.
 - Look at the **History** for this request.
 - Go to the **Authorization Search** function to look up authorizations.
 - Go to **View/Print as PDF** to produce a copy of the authorization to place in the member's file.

Note: Only fictitious member information and redacted provider information are used in the images in this document.

Authorization Details | **YOSHIKO HOWELL**
Male born on 10/28/2015 (7 yrs old)

[+ Create New](#) [History](#) [Authorization Search](#) [View/Print as PDF](#)

Approved Authorization #: 92212003641 Effective: 12/08/2022

Meeting criteria in InterQual does not guarantee an approved authorization request.

YOSHIKO HOWELL
11 AMELIA WAY
GEORGETOWN, SC 294408750

PATIENT'S INSURANCE
Member ID: [REDACTED]

PRIMARY CARE PHYSICIAN
RIVERSIDE PEDIATRICS

[View Eligibility & Benefits](#)

Requesting Provider
[REDACTED]

Servicing Provider
[REDACTED]

Service Type: Outpatient Mental Health
Place of Service: Home
Date of Service: 12/08/2022
Level of Service: Elective

Diagnoses (1)

Diagnosis
1 F60.2 - Antisocial personality disorder

Services (1)

Service Dates	Procedure Code (Modifiers)	Units	Status
12/08/2022 - 12/31/2022	90032	6 Unit(s)	Approved

Notes from Requesting Provider
12/07/22, JP, PROGRESS REPORT IPOC & CSN

If you have questions or need assistance with completing your request, **Medical Authorization** videos are available on the NaviNet Plan Central page, or you can contact your Provider Account Executive.

