

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

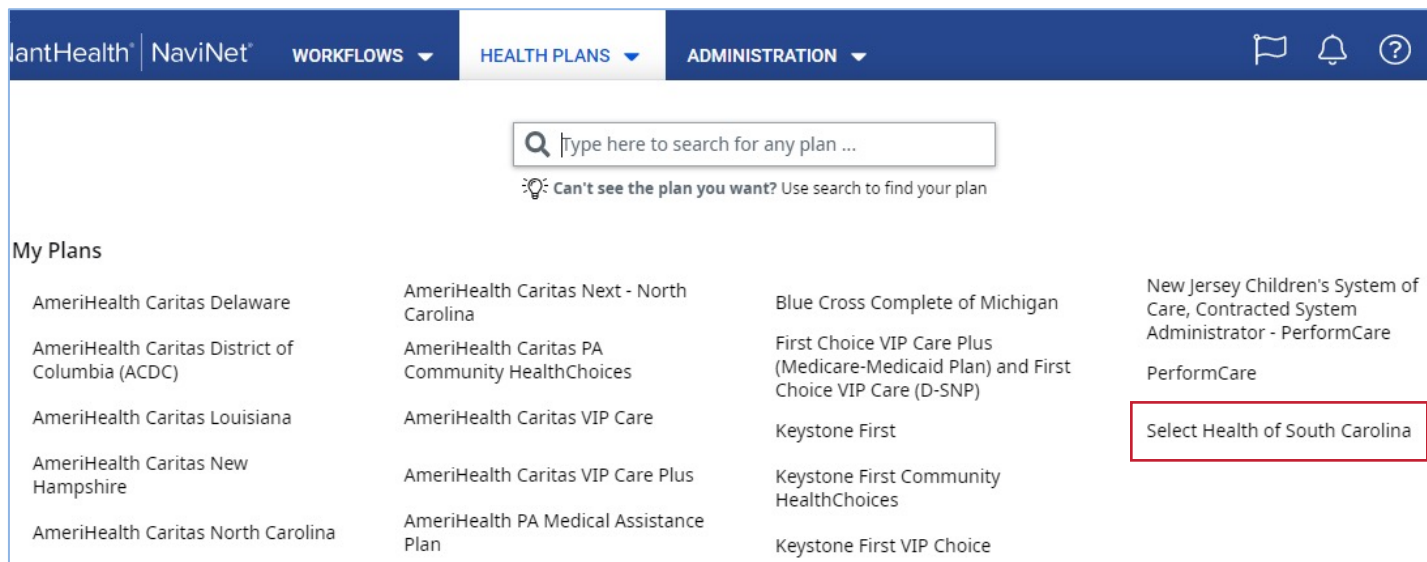
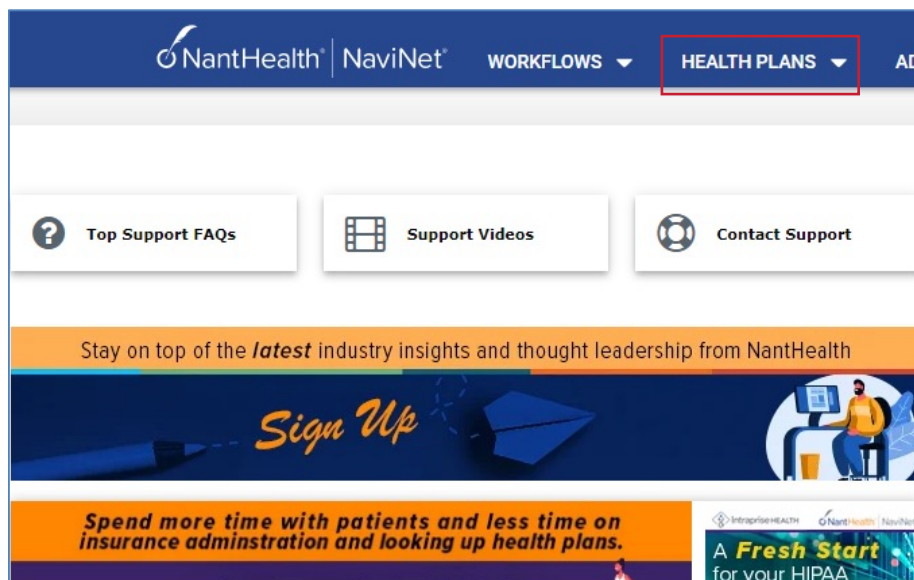
SIGN IN

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

[Register for a new account](#)

Submitting Prior Authorization Requests: NaviNet Provider Portal

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

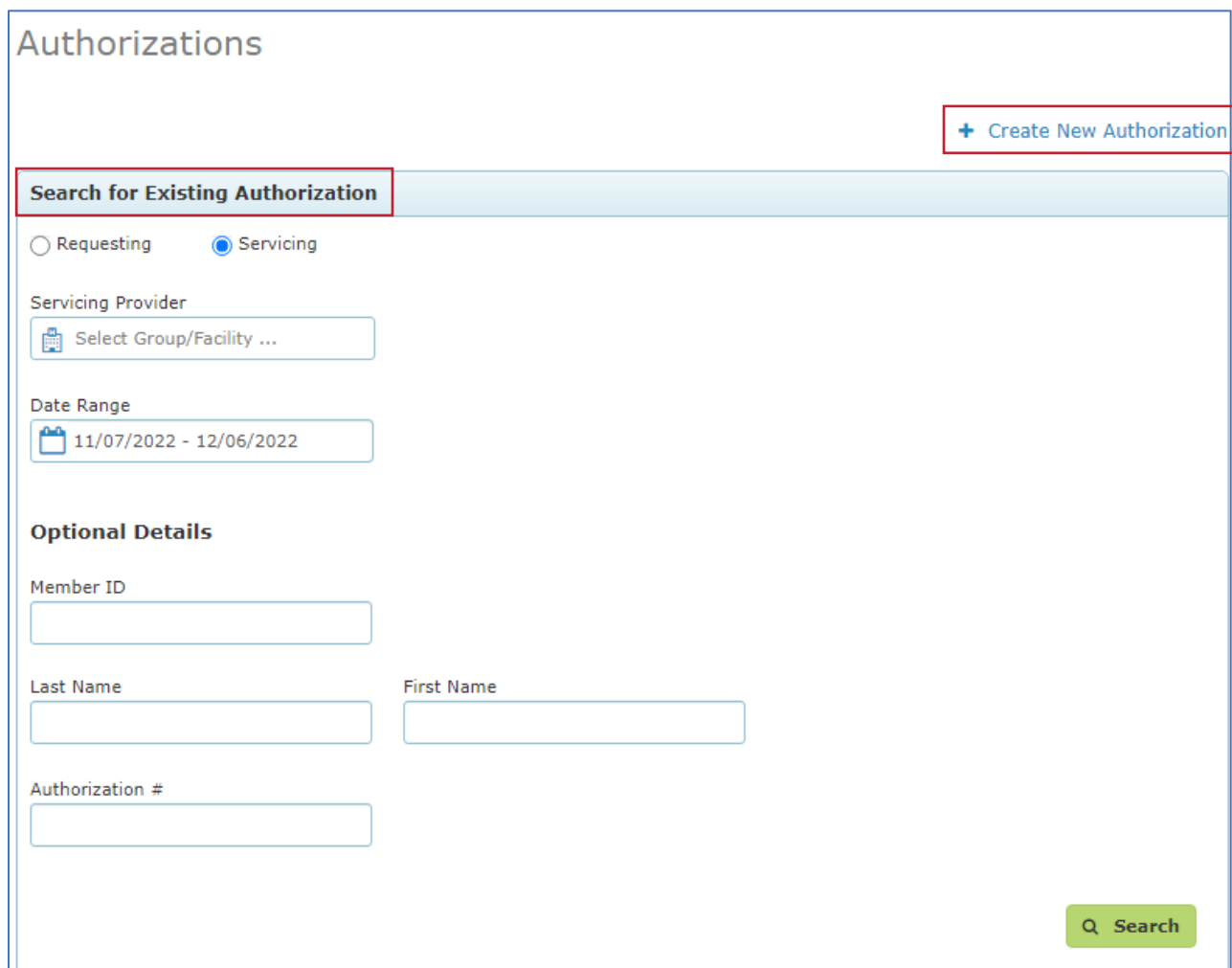


Submitting Prior Authorization Requests: NaviNet Provider Portal

- 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.



Authorizations

[+ Create New Authorization](#)

Search for Existing Authorization

☐ Requesting ☒ Servicing

Servicing Provider

Date Range

Optional Details

Member ID

Last Name

First Name

Authorization #

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

Search

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?	<p>Please verify the coverage of benefits by reviewing the South Carolina Medicaid Provider Fee Schedule. The following services always require a prior authorization:</p> <ul style="list-style-type: none">• Inpatient services• Investigational or experimental services• Services from a non-participating provider <p>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</p>
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.

Submitting Prior Authorization Requests: NaviNet Provider Portal

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.

Create New Authorization **FRANKIE MOCHRIE**
Male born on 11/20/1981 (40 yrs old)

FRANKIE MOCHRIE
Member ID: [REDACTED]
Active Coverage
from 11/01/2019 - 12/31/2199
PRIMARY CARE PHYSICIAN
HEATHER BITTNER-FAGAN
NPI: 1013995059
[View Eligibility & Benefits](#)

Service Type
Outpatient Mental Health

Warning: Service line date ranges cannot overlap with

Place of Service
Select place of service...
Community Mental Health Center
Group Home
Home
Non-residential Substance Abuse Treatment Facility
Office
Psychiatric Facility-Partial Hospitalization

Cancel **Next >**

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.

Close Authorization

You are closing an authorization that has not yet been submitted.

Discard Auth Cancel **Save As Draft**

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.

- **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.**

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.

The screenshot shows the 'Services' form. It has two date pickers: 'From' (set to 12/07/2022) and 'To' (set to mm/dd/yyyy). Below these are two rows of input fields: 'Procedure Code' (one field) and 'Modifiers' (four fields). Underneath is a 'Units' section with a text input containing '1' and the label 'Unit(s)'. At the bottom left, a button labeled '+ Add New Service Line' is highlighted with a red rectangle.

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.

The screenshot shows the 'Attachments' section. At the top is a button labeled '+ Add Document'. Below it is a large light blue area with the text 'Drop Documents here to Attach'.

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

The screenshot shows the 'Attachments' section with a document titled 'Creating An Authorization Req...docx' added. A dropdown menu is open, showing the following options: 'Progress Report' (highlighted with a red rectangle), 'Medical Record Attachment', 'Patient Medical History Document', 'Physical Therapy Notes', 'Continued treatment', and 'Nursing Notes'. A 'Delete' button is visible to the right of the dropdown.

Submitting Prior Authorization Requests: NaviNet Provider Portal

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	Phone Number
Beth	(843) 999-9999
Last Name	Fax Number
Williams	Optional
Email Address	<input checked="" type="checkbox"/> Save as default Contact Information for Medical Authorizations
Optional	

DECLARATION

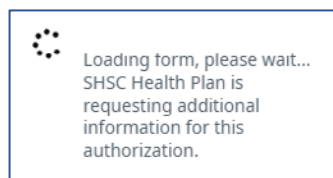
☒ By checking this box, I agree to notify the member of any services that are approved.

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:



Submitting Prior Authorization Requests: NaviNet Provider Portal

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)

Approved

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

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	G 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.

