

Submitting Prior Authorization Requests for Outpatient Psychotherapy

NaviNet Provider Portal

Individual Psychotherapy Authorization Guidelines

Before you continue, take into consideration:

- How many times a month you will possibly be seeing your patient.
- How many months are left in the fiscal year (July – June).

When you enter your request, you will need to make the request for no more than 48 units:

- Only six sessions per month can be billed. If there are five months left in the fiscal year, you can only request 30 visits. You cannot request more than 48 total visits (only 72 visits are allowed per year, $6 \times 12 = 72$).
- If you are currently seeing the patient, enter a future end date.
- If the request is after the end of the fiscal year (June 30), you may have the end date in the past.
- If you are no longer seeing the patient, enter the end date of services as the last date you saw the member.

Authorization requests cannot not be amended, and only one request can be submitted per fiscal year (July to June).

Examples:

- If you are seeing a member weekly and you reach your 24th visit on November 30, you will need to submit an authorization for coverage of 4 visits \times 6 months = 24 visits. You will ask for 24 visits from December 1 to June 30. You can ask for all visits to be for 90837. (Please see explanation above.)
- If you submit a visit on September 1, your end date will need to be no earlier than September 2.

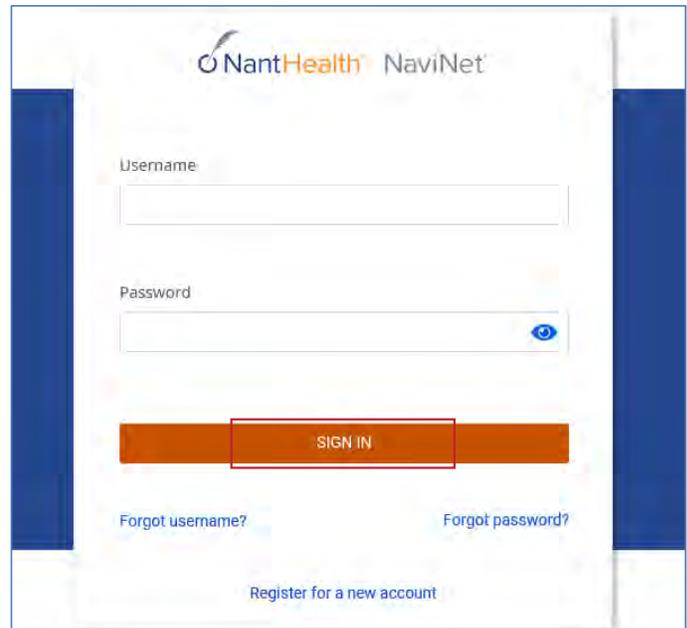
If a request needs to be amended due to the change of a provider, call Utilization Management at **866-341-8765**.

If you are having difficulties getting registered with NaviNet, please reach out to your Account Executive who will guide you.

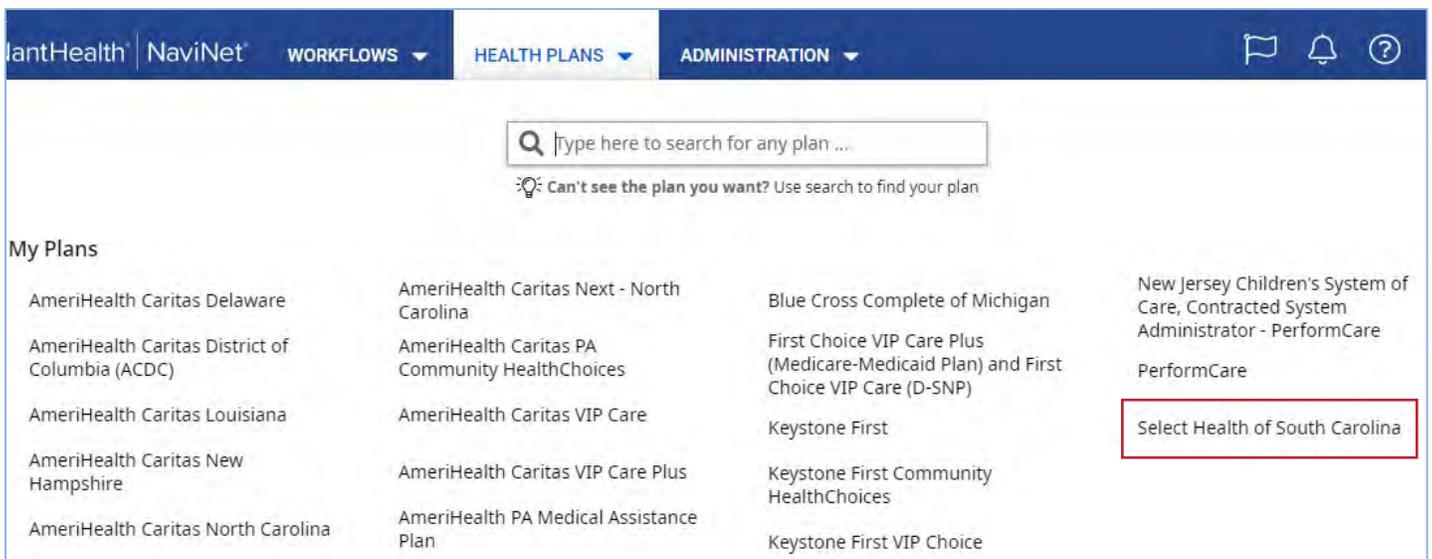


Submitting Prior Authorization Requests: NaviNet Provider Portal

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.



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.



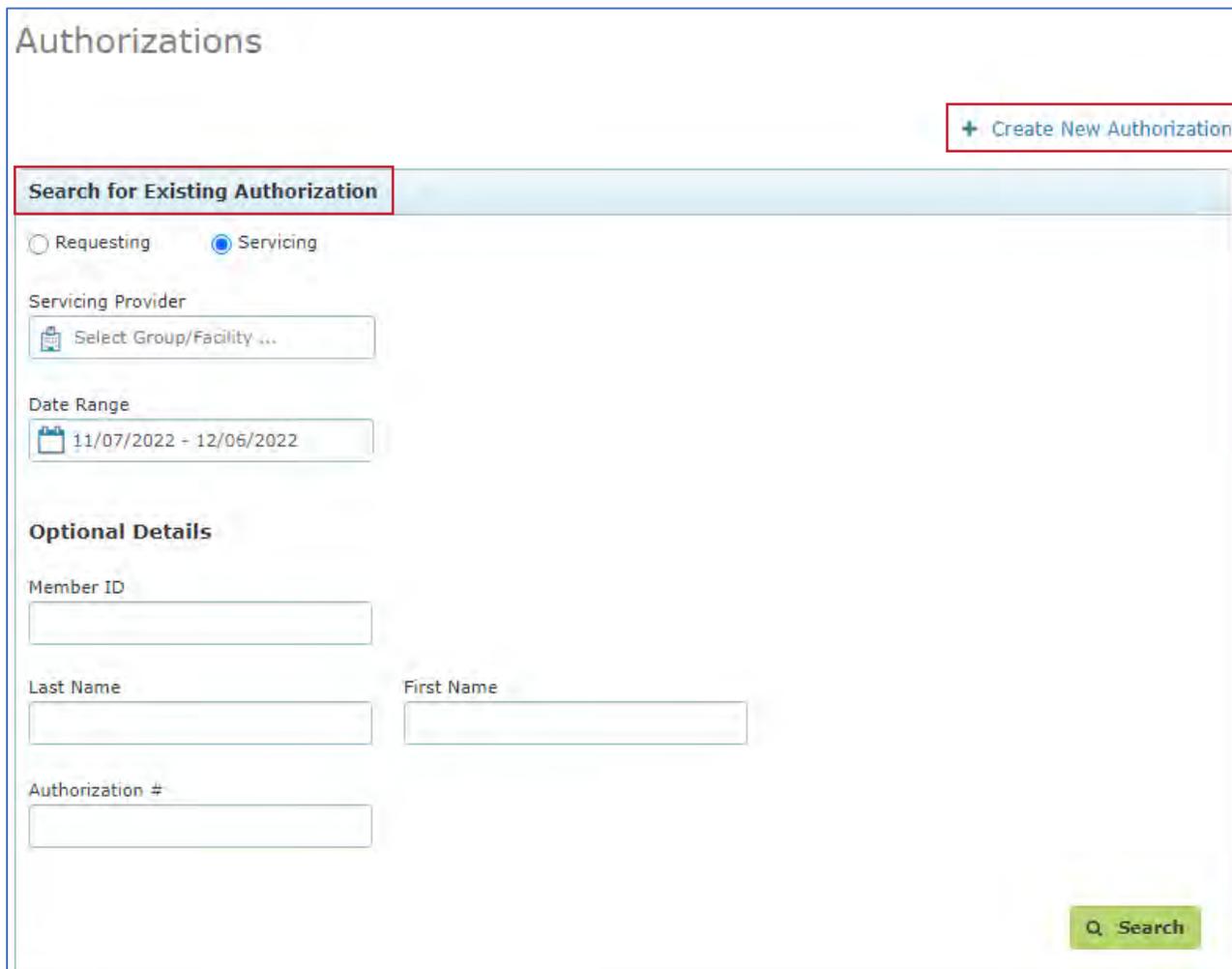
My Plans			
AmeriHealth Caritas Delaware	AmeriHealth Caritas Next - North Carolina	Blue Cross Complete of Michigan	New Jersey Children's System of Care, Contracted System Administrator - PerformCare
AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	PerformCare
AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	Select Health of South Carolina
AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First Community HealthChoices	
AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First VIP Choice	

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.

A screenshot of the 'Authorizations' screen in the NaviNet Provider Portal. The screen has a title 'Authorizations' at the top left. In the top right corner, there is a button labeled '+ Create New Authorization' (highlighted with a red box). Below the title, there is a section titled 'Search for Existing Authorization' (highlighted with a red box). This section contains two radio buttons: 'Requesting' (unselected) and 'Servicing' (selected). Below the radio buttons, there is a 'Servicing Provider' field with a dropdown menu labeled 'Select Group/Facility ...'. Below that, there is a 'Date Range' field with a calendar icon and the date range '11/07/2022 - 12/06/2022'. Underneath, there is a section titled 'Optional Details' which includes three input fields: 'Member ID', 'Last Name', and 'First Name'. Below these fields is an 'Authorization #' field. At the bottom right of the form, there is a green button labeled 'Q Search'.

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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
mm/dd/yyyy

Date of Service
12/06/2022

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?

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.

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

FRANKIE MOCHRIE
Member ID:)

PATIENT'S INSURANCE
Member ID:
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.

The screenshot shows a web form for submitting a prior authorization request. At the top, there are two dropdown menus: 'Requesting Provider' (with a folder icon and 'Select Group/Facility ...') and 'Servicing Provider' (with a person icon and 'Select Provider ...'). Below these are several input fields: 'Specialty:' (with a person icon and 'Select Specialty ...'), 'Group/Facility Name:' (text box), 'Last Name:' (text box), 'Group NPI:' (text box, highlighted with a red box), and 'First Name:' (text box). Under 'Location:', there are 'City ...' (text box), 'State' (dropdown menu), and 'Zip ...' (text box). At the bottom left is a 'Clear All' button, and at the bottom right are 'Cancel' and 'Search' buttons (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** and **To** dates — **REMEMBER you can request services through June 30 each year. The 24-visit-with-no-authorization count starts over the first of every fiscal year, July 1.**
 - **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 six-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.

The screenshot shows a form titled "Services" with the following fields:

- From:** 12/07/2022
- To:** mm/dd/yyyy
- Procedure Code:** [Empty]
- Modifiers:** [Four empty boxes]
- Units:** 1 Unit(s)

A red box highlights the "+ Add New Service Line" button at the bottom left of the form.

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 with a "+ Add Document" button and a large 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" attached. A dropdown menu is open, showing the following options:

- Select document type ...
- Select document type
- Progress Report** (highlighted with a red box)
- Medical Record Attachment
- Patient Medical History Document
- Physical Therapy Notes
- Continued treatment
- Nursing Notes

A "Delete" button is visible to the right of the dropdown menu.

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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)



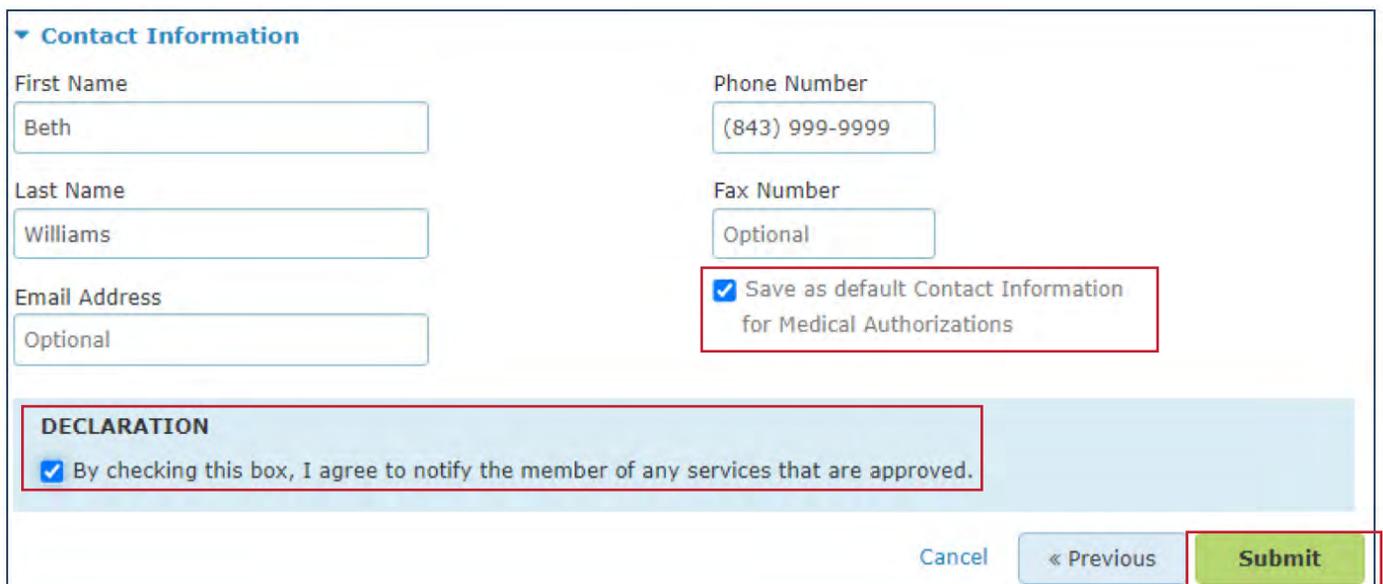
Notes

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)

Select Health of South Carolina

+ 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	90832	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.

