

# 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.

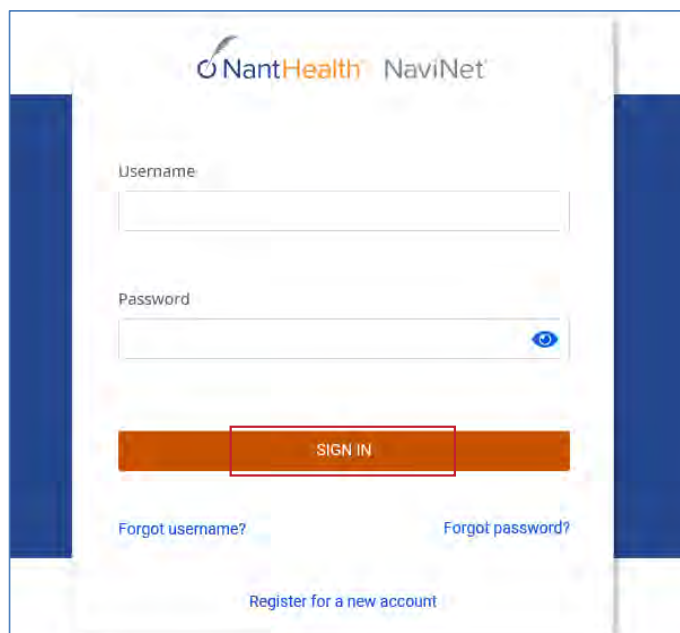
If a request needs to be amended due to the change of a provider, call Utilization Management at **866-341-8765**.

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



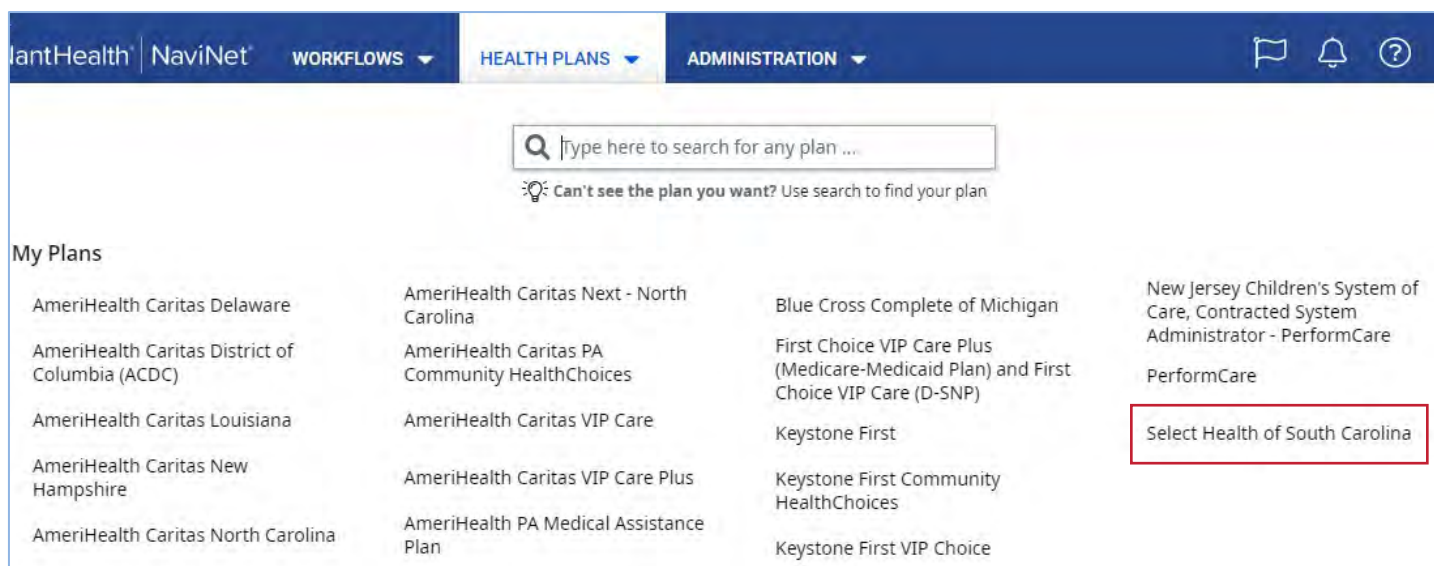
## Submitting Prior Authorization Requests: NaviNet Provider Portal

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.



The image shows the NantHealth NaviNet login page. It features a white background with a blue header. The NantHealth logo is at the top left, and 'NaviNet' is at the top right. Below the logo, there are two input fields: 'Username' and 'Password'. The 'Password' field has a blue eye icon to its right. Below the input fields is a large orange button labeled 'SIGN IN'. At the bottom, there are two links: 'Forgot username?' and 'Forgot password?' on the left, and 'Register for a new account' on the right.

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.

A screenshot of the 'Authorizations' screen. At the top right, there is a button labeled '+ Create New Authorization' (highlighted with a red box). Below this is a section titled 'Search for Existing Authorization' (highlighted with a red box). This section contains two radio buttons: 'Requesting' and 'Servicing' (which is selected). Below the radio buttons are three input fields: 'Servicing Provider' with a dropdown menu labeled 'Select Group/Facility ...', 'Date Range' with a date picker showing '11/07/2022 - 12/06/2022', and 'Optional Details' which includes 'Member ID', 'Last Name', 'First Name', and 'Authorization #' fields. At the bottom right, there is a green button labeled 'Q Search'.

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?

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.



## 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]

**PATIENT'S INSURANCE**  
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.

The screenshot shows a web form for submitting prior authorization requests. It includes sections for 'Requesting Provider' and 'Servicing Provider', each with a dropdown menu to select a provider. Below these are various fields for patient and provider information, including specialty, name, NPI, and location. A 'Search' button is located at the bottom right of the form.

- **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.**

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**



## 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)



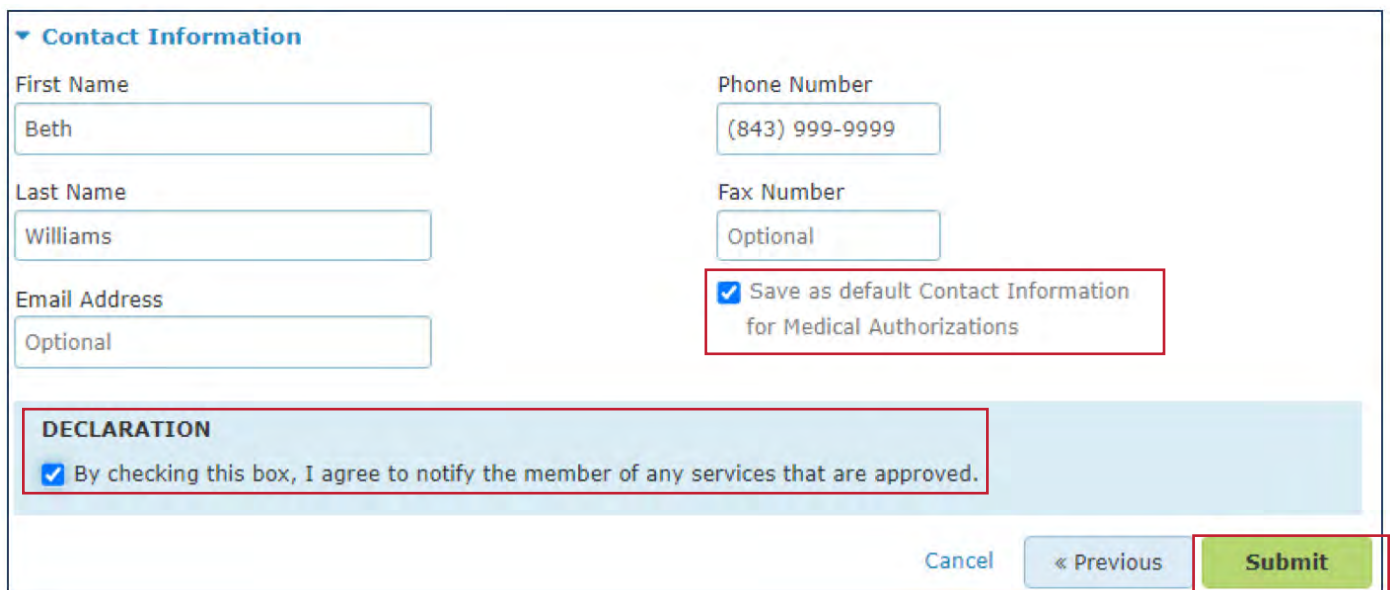
Notes

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: 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	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.

