

NaviNet® Provider Portal Outpatient Authorization Submission

You will see the changes to the Outpatient Authorization Workflow when completing the following:

- Outpatient – Planned Medical
- Outpatient – Planned Surgical
- Outpatient – Speech Therapy
- Outpatient – CORF – Physical Therapy
- Outpatient – CORF – Occupational Therapy
- Home Health Care
- Hospice
- Outpatient – Large Joint Procedures
- Outpatient – Spine Surgery Procedures
- Outpatient – Pain Management Procedures
- Lab Management – Genetic Testing
- Advanced and Cardiac Imaging – Request
- Radiation Therapy – All Services
- Outpatient – Medical Drug and Chemotherapy
- Pharmacy

The screenshot shows the NantHealth NaviNet Selection Form. The header includes the NantHealth NaviNet logo and navigation menus for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION. The page title is 'Auth Submission | Selection Form'. The main heading is 'Selection Form'. The form is divided into three steps:

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):
Service Provider: [Dropdown menu] - INTERNAL MEDICINE
Proposed Date of Service: [Text input] 11/22/2022

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:
Member ID: [Text input]
Member Date of Birth: [Text input]
Member First Name: [Text input]
Member Last Name: [Text input]

Step 3. Please select a Category and then a Service from the selections below:
Category: [Dropdown menu] Outpatient
Service: [Dropdown menu] Planned Medical

There is an 'Add Category/Service' button next to the dropdowns. Below the dropdowns is a table titled 'Category and Services Added:' with columns for 'Category' and 'Service'. At the bottom of the form are 'Submit' and 'Save' buttons. The footer contains the copyright notice: 'Copyright © 2022 NaviNet, Inc. All rights reserved. NaviNet® is a registered trademark of NaviNet, Inc. and/or its affiliates.'

For Medical Drug requests, you no longer must select the site of care in the Service Field. It will default to "Request"

Step 3. Please select a Category and then a Service from the selections below:

Category: Service:

Category and Services Added:

Category	Service
----------	---------

For Outpatient Chemotherapy requests, select Category: Outpatient, and Service: Chemotherapy
Previously you were instructed to build these under the Medical Care service.

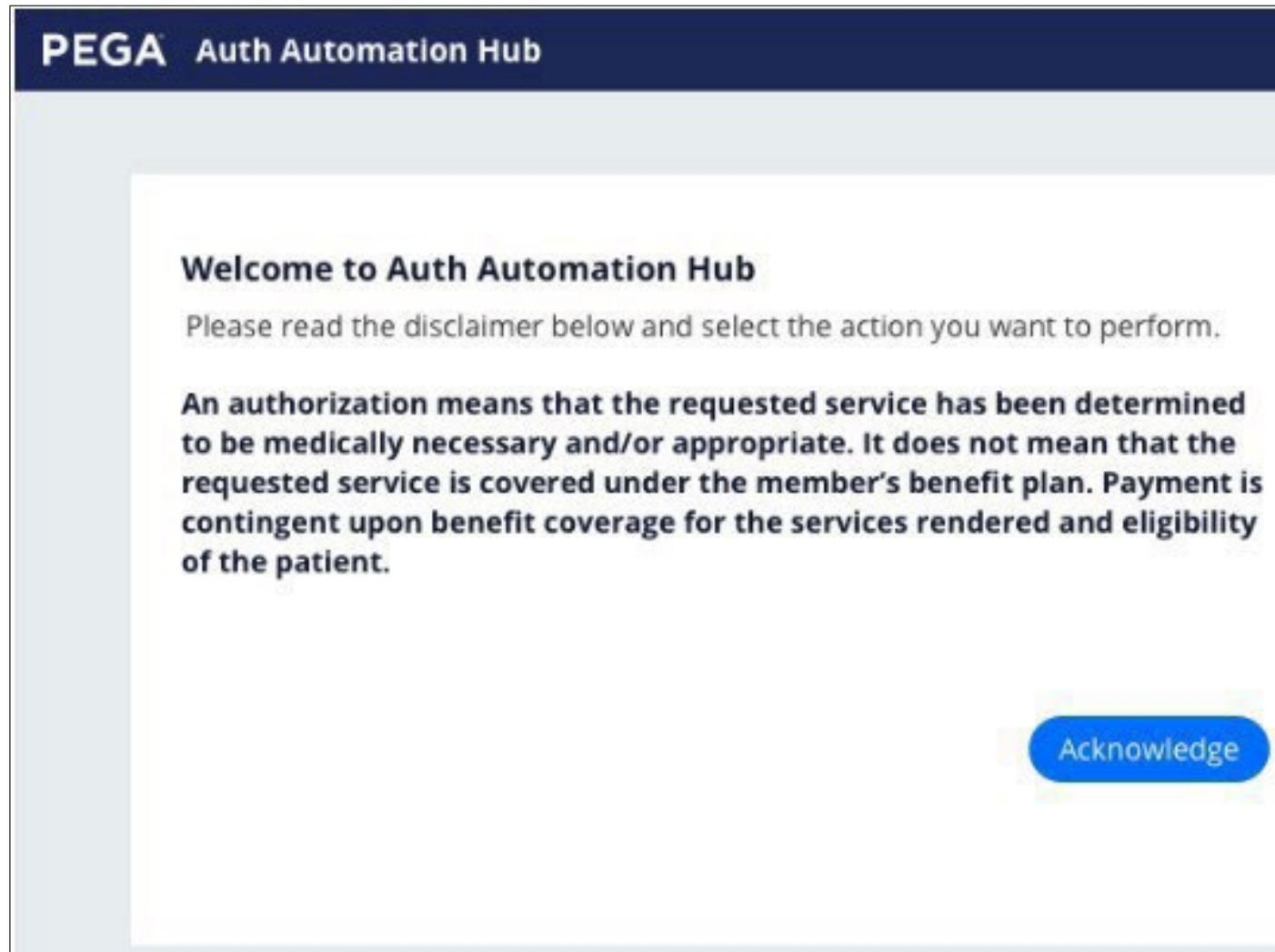
Step 3. Please select a Category and then a Service from the selections below:

Category: Service:

Category and Services Added:

Category	Service
----------	---------

You will be taken to the welcome page of the Auth Automation Hub. Please review and click the Acknowledge button to continue.



The screenshot shows a web interface for the PEGA Auth Automation Hub. At the top, there is a dark blue header with the text "PEGA Auth Automation Hub" in white. Below the header, the main content area is white and contains the following text:

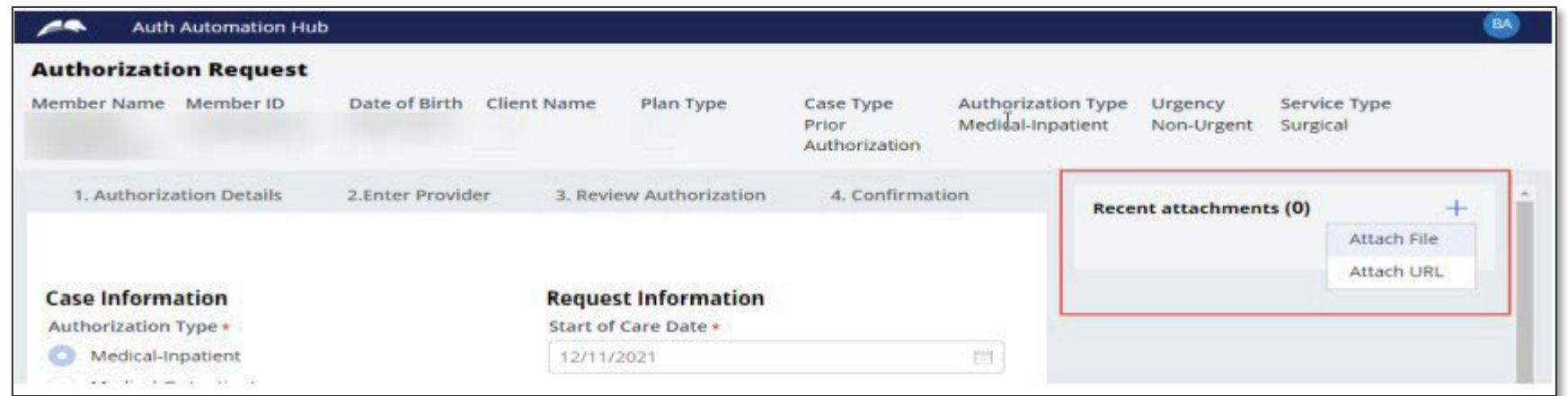
Welcome to Auth Automation Hub

Please read the disclaimer below and select the action you want to perform.

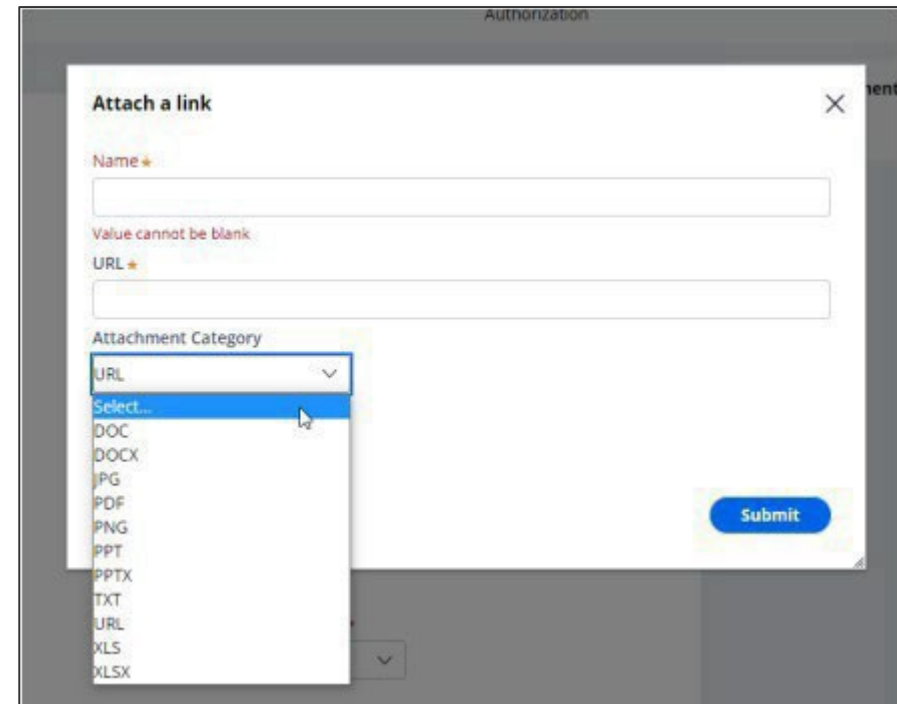
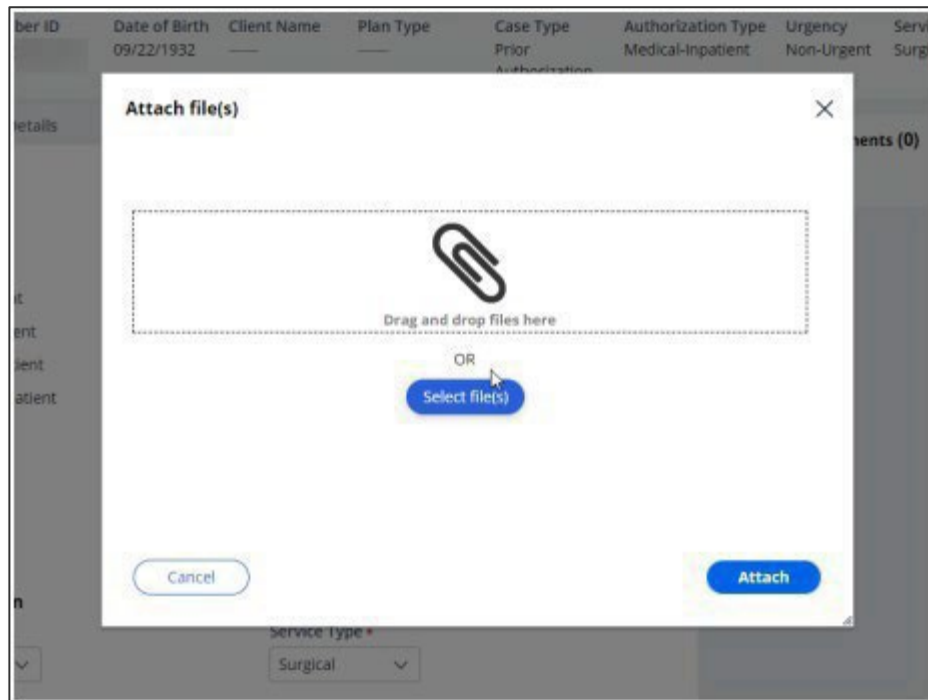
An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

At the bottom right of the content area, there is a blue button with the text "Acknowledge" in white.

The **Recent Attachments** section will allow you to send attachments with an authorization by clicking on the **+icon**



You can also attach a file or a URL in the **Recent Attachments** section.



New to the outpatient workflow is the **Place of Service** field. You will need to select the correct place of service from the dropdown.

predictal Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Se
					Prior Authorization	Medical-Outpatient	Non-Urgent	M

Urgency

Urgent

Non-Urgent

Detail Information

Place of Service *

- Select...
- Select...
- Office
- Outpatient Hospital
- Independent Clinic

Code Set Type *

ICD 10

Code

B4

Add

Procedure Information

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As you scroll down on the page, you will complete the **Diagnosis** and **Procedure** information.

Auth Automation Hub BA

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Inpatient	Non-Urgent	Medical Care

Diagnosis Information *

Code Set Type *	Code *	Description *
ICD 10 ▾	Enter Code/Description	

Add Remove

Procedure Information *

Add

Indicate Location of Clinical Information

Add

Caller Information

Contact name *	Phone Number *	Ext.
	(###) ###-####	ext

Please enter any additional information *

If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.
If clinical documentation is added as an attachment, please indicate so here.

In the **Diagnosis Information** section – entering a partial diagnosis code or description will populate a list of codes for you to select from.

You must include the **decimal point** when entering your **diagnosis** code.

The screenshot displays the 'Auth Automation Hub' interface. At the top, there is a header with the logo and 'Auth Automation Hub' text, and a user profile icon labeled 'BA'. Below the header is the 'Authorization Request' section, which includes a table with columns for Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The Case Type is 'Prior Authorization', Authorization Type is 'Medical-Inpatient', Urgency is 'Non-Urgent', and Service Type is 'Medical Care'. The main section is 'Diagnosis Information', which has a table with columns for Code Set Type, Code, and Description. A dropdown menu is open for the 'Code' field, showing a list of ICD 10 codes starting with '183.'. The first code, '183.001', is highlighted. The description for this code is 'VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF THIGH'. Other codes in the list include '183.002' (ULCER OF CALF), '183.003' (ULCER OF ANKLE), '183.004' (ULCER OF HEEL AND MIDFOOT), '183.005' (ULCER OTHER PART OF FOOT), '183.008' (ULCER OTHER PART OF LOWER LEG), and '183.009'. Below the dropdown, there are sections for 'Procedure Information', 'Indicate Location of C...', and 'Caller Information', each with an 'Add' button. At the bottom, there is a text area for 'Please enter any additional information' with a note 'If clinical documentation...'. A gear icon is visible in the bottom right corner of the form area.

If you have entered an incorrect code, you can click the **Remove** link to delete that diagnosis from the request. Select the **Add** link to add additional diagnosis codes.

NOTE: eviCore managed authorizations will only allow one diagnosis code to be added.

Auth Automation Hub BA

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Inpatient	Non-Urgent	Medical Care

Impatient Hospital Inpatient Care

Diagnosis Information

Code Set Type*	Code*	Description*
ICD 10	83.019	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF UNSPECIFIED SITE

[Add](#) [Remove](#)

Procedure Information

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[Add](#)

Indicate Location of Clinical Information

[Add](#)

When entering the **Procedure** information, you **must** select the appropriate **Code Set Type**. If this is not selected, your procedure code will not be found.

NOTE: When entering an eviCore, or Helion managed authorization, you will not be asked for the procedure code until later in the workflow.

predictal Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

Code Set Type*	Code*	Description*	
ICD 10	B42.82	SPOROTRICHOSIS ARTHRITIS	Remove

Add

Procedure Information

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Code Set Type*	Code*	Description	Requested units*	Unit Type*	
Select...	Enter Code/Description			Select...	Remove

Add

Indicate Location of Clinical Information

Add

Submitter Contact Information

Once you have selected the **Code Set Type**, enter a partial procedure code or description to see a list of codes you can select.

Next, complete the **From** date, as well as the **Requested Units** and **Unit Type** fields.

Like the **Diagnosis** section, you can select **Remove** if you have entered something incorrectly. Click **Add** if you need to authorize more than one procedure code.

NOTE: There is no limit the number of procedure codes that can be added.

predical Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

Diagnosis Information

Code Set Type*	Code*	Description*	
ICD 10	B42.82	SPOROTRICHOSIS ARTHRITIS	Remove

Add

Procedure Information

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Code Set Type*	Code*	Description
CPT	3647	

From*

11/24/2022

Add

Indicate Locat

Add

Submitter Con

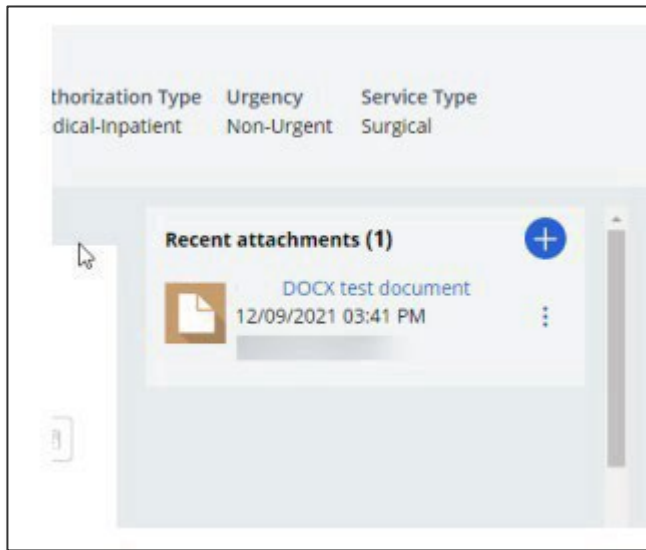
Contact Name*

sean

Please enter any records are attn

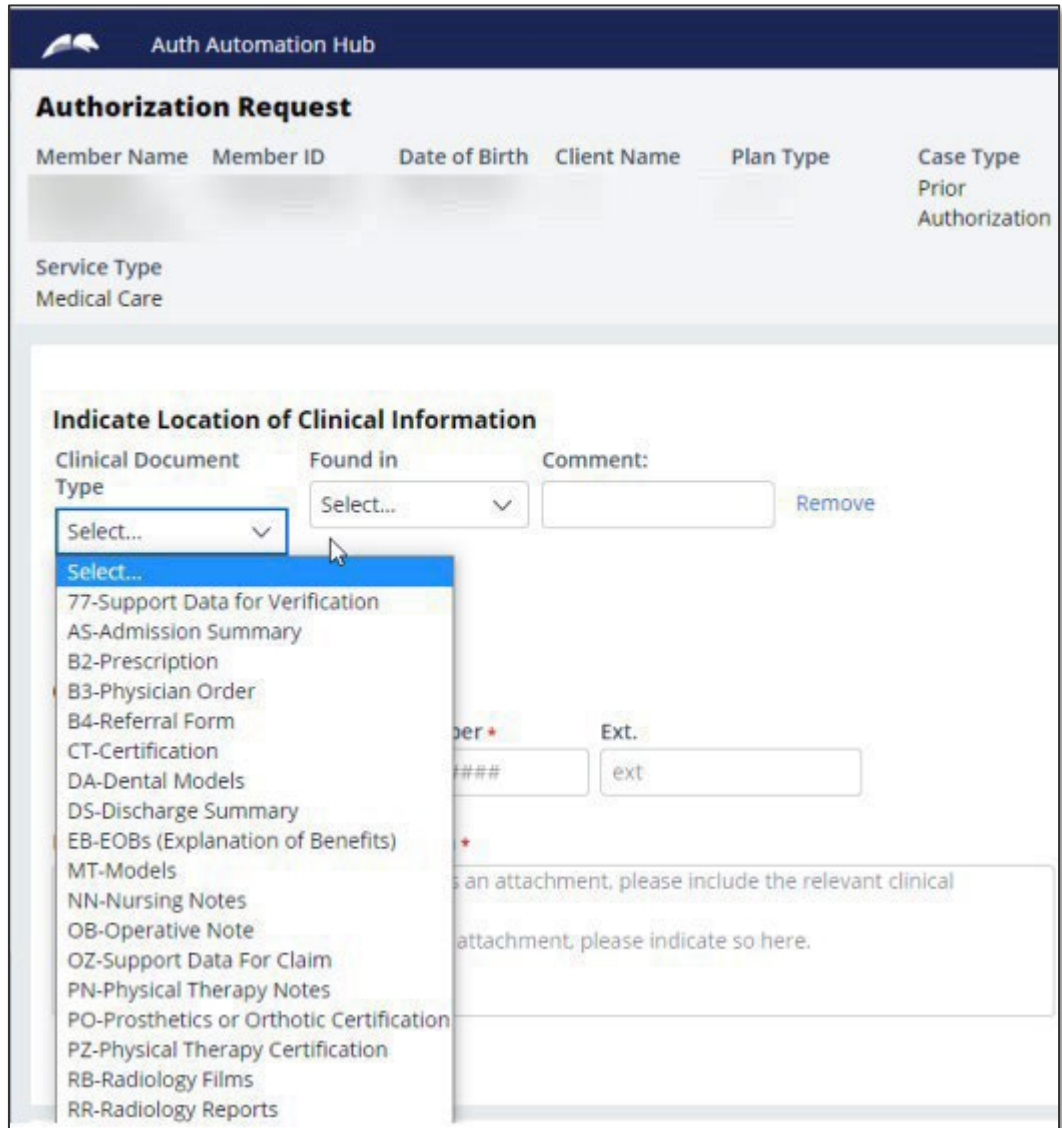
Remaining: 234 char

- 33647 REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE
- 36470 INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGLIECTASIA)
- 36471 INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGLIECTASIA) SAME LEG
- 36473 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL, FIRST VEIN TREATED
- 36474 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL, SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CO
- 36475 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY, FIRST VEIN TREATED
- 36476 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY, SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CO
- 36478 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED
- 36479



When a document has been attached in the **Recent Attachments** section, you should complete the **Indicate Locations of Clinical Information** section to provide additional information about the attachment such as:

- The type of attachment
- Select the attachment being referenced
- Enter any comments that will assist those reviewing the attachment in finding necessary information (For example – Clinical notes found on page 3 of attachment)



Completing the **Caller Information** section by:

- Noting any additional clinical information (there is a 255 character limit)
- If information isn't added in an attachment, include the necessary clinical information here
- If the clinical information is added as an attachment, please note that here (this is a mandatory field)

NOTE: The phone number field format is (XXX)XXX-XXXX. However, if you enter only the numeric portion, it will automatically format.

Click on **Save** if you are unable to complete the request. You will find the saved auth in the **Auth Log**.

When all fields are complete, click **Submit**.

Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type
Medical Care

Add

Caller Information

Contact name *	Phone Number *	Ext.
<input type="text"/>	<input type="text"/>	ext

Please enter any additional information *

★ If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.
If clinical documentation is added as an attachment, please indicate so here.

Value cannot be blank

Exit

The **Provider Details** page will automatically populate with the Ordering/Attending Practitioner that was entered in NaviNet.®

Here you will find the **Copy As Servicing Facility/Vendor / Copy As Performing Provider** link that will allow you to copy the **Ordering/Attending Practitioner** information into the **Servicing Facility/Vendor** or **Performing Provider Info**.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, it shows the Predictal logo and 'Auth Automation Hub'. Below this is the 'Authorization Request' section, which includes a table with columns for Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), Urgency (Non-Urgent), and Service Type (Medical Care). A progress bar below the table indicates four steps: 1. Authorization Details, 2. Enter Provider, 3. Review Authorization, and 4. Confirmation. A warning icon and message state: 'To select a provider, click on the search results table to expand the facility/vendor and then highlight the correct address to select.' The 'Provider Details' section is titled 'Ordering/Attending Practitioner' and shows '1 match found'. Below this is a table with columns: Practice Group NPI, Practice Group Name, Practitioner NPI, Practitioner Name, Practitioner City, Prac. State, and Prac. Zip Code. The table contains one row with the following data: Practice Group NPI: XXXXXXXXXX, Practice Group Name: Family Practice, Practitioner NPI: XXXXXXXXXX, Practitioner Name: Dr Smith, Practitioner City: City, Prac. State: PA, and Prac. Zip Code: 15212. Below the table are two buttons: 'Copy as Servicing Facility/Vendor' and 'Copy as Performing Provider'. At the bottom, there is a section for 'Servicing Facility/Vendor' with a 'Search for' field.

If you do not use the copy links, you can:

Search for the Servicing Facility/Vendorby:

- Provider ID (using NPI or BlueShieldID)
- Name

This is a mandatory field.

Search for the Performing Providerby:

Practitioner using:

- Provider ID (using NPI or BlueShieldID)
- Name

Practice Groupusing:

- Provider ID (using NPI, BlueShield ID or TaxID)
- Name

This field is **not** mandatory.

The screenshot shows the 'Auth Automation Hub' interface for an 'Authorization Request'. The header includes 'Auth Automation Hub' and a 'BA' button. Below the header, there are fields for 'Member Name', 'Member ID', 'Date of Birth', 'Client Name', 'Plan Type', 'Case Type' (set to 'Prior Authorization'), and 'Authorization Type' (set to 'Medical-inpatient'). Further down, 'Urgency' is set to 'Non-Urgent' and 'Service Type' is 'Medical Care'. Two buttons are visible: 'Copy as Servicing Facility/Vendor' and 'Copy as Performing Provider'. The main section is titled 'Servicing Facility/Vendor' and contains search options: 'Search for' (with 'Facility / Vendor' selected), 'Search by' (with 'Provider ID' selected), and 'Search for' (with 'NPI or BSID' selected). There is an input field for 'NPI or BSID' and a 'Search' button.

The screenshot shows the 'Auth Automation Hub' interface for an 'Authorization Request', similar to the previous one. It includes the same header and member information. The main section is titled 'Performing Provider' and contains search options: 'Search for' (with 'Practitioner' selected), 'Search by' (with 'Provider ID' selected), and an input field for 'NPI or BSID' with a 'Search' button. Below this is a dropdown menu for 'Authorization Request Submitted By' with 'Select...' as the current selection. At the bottom, there are 'Back', 'Save', and 'Submit' buttons.

When results return, to select the appropriate facility/vendor, you will need to complete the following steps to select the specific facility/vendor.

- Click on the **widget** to highlight the **facility/vendor** and open the **additional information** about the facility/vendor.
- Click on the **address line** to highlight the address.

Doing this will select the facility/vendor that will be submitted with the authrequest.

You can then move on to the next field.

The screenshot shows the Predictal Auth Automation Hub interface. At the top, there is a header with the Predictal logo and 'Auth Automation Hub'. Below the header is a table for 'Authorization Request' with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type (Prior Authorization), Authorization Type (Medical-Inpatient), Urgency (Non-Urgent), and Service Type (Surgical). The main content area is divided into two sections: 'Servicing Facility/Vendor' and 'Performing Provider'. The 'Servicing Facility/Vendor' section has search filters for 'Facility / Vendor', 'Provider ID', and 'NPI or BSID'. A search box contains 'XXXXXXXXXX' and a 'Search' button. Below the search box, a table shows search results with columns: Facility / Vendor NPI, Facility / Vendor Name, Facility / Vendor Address, Facility / Vendor City, State, and Zip code. A red arrow points to the first row, which is highlighted. Below this table is an 'Addresses' section with a table for 'Main' address type, including columns for Address, City, State, Zip code, and Contact Details. A red arrow points to the 'Main' address type. The 'Performing Provider' section has search filters for 'Practitioner' and 'Practice Group', and search boxes for 'Provider ID' and 'Name'. At the bottom, there is a 'Back' button, a 'Save' button, and a 'Submit' button.

The **Authorization Request Submitted By** field is a new required field.

Users can **Save** if you're not ready to submit or click **Submit** when all information has been completed.

Auth Automation Hub BA

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type
Medical Care

Provider ID: Name:

Search for
 NPI or BSID Tax ID

NPI or BSID: **Search**

Authorization Request Submitted By *

- Select...
- Select...
- Ordering/Attending Practitioner
- Servicing Facility/Vendor
- Performing Provider

[Back](#) **Save** **Submit**

After submitting the **Provider Details**, users will be taken to the **Review Authorization Details** page to review all information submitted to this point.

Scrolling to the bottom will allow users to **Save or Submit**. There is also a **Back Button** that will allow users to go back and make any corrections to information that is incorrect.

Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type
Medical Care

1. Authorization Details 2. Enter Provider 3. Review Authorization 4. Confirmation

Review Authorization Details

Case Information

Authorization Type	Urgency
Medical-inpatient	Non-Urgent

Request Information

Start of Care Date
12/09/2021

Member Information

First Name	Member ID
Last Name	Date of Birth

Recent attachments (0)

Auth Automation Hub

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type
Medical Care

HOSPITAL

Servicing Facility/Vendor SUBMITTED BY THIS PROVIDER

Provider ID	XXXXXXXXXX	Provider Name	GENERAL HOSPITAL
-------------	------------	---------------	------------------

Performing Provider

Provider ID	XXXXXXXXXX	Provider Name	GENERAL HOSPITAL
-------------	------------	---------------	------------------

Back Save Submit

Please note: When submitting an **eviCore-Managed Authorization**, be sure to click **Submit** to launch to the eviCore portal.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the Predictal logo and "Auth Automation Hub" are visible. Below this is the "Authorization Request" section, which includes a table with the following headers: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The Case Type is "Prior Authorization", Authorization Type is "Medical-Outpatient", Urgency is "Non-Urgent", and Service Type is "Diagnostic Medical".

A red-bordered box highlights a confirmation message: "Thank you. Your authorization number is AUTH-88313. Please select the submit button to launch eviCore Portal." A blue "Submit" button is located to the right of this message.

Below the confirmation message is the "Review Authorization Details" section, which includes "Case Information" and "Request Information". The Case Information section shows "Authorization Type: Medical-Outpatient" and "Urgency: Non-Urgent". The Request Information section shows "Start of Care Date".

On the right side of the interface, there is a "Recent attachments (0)" section with a plus sign icon.

Please note: When submitting Home Health/Hospice, or certain outpatient therapy requests, be sure to click **Submit** to launch to the Helion Portal.

predictal™ Auth Automation Hub P

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Home Health Care

Thank you.

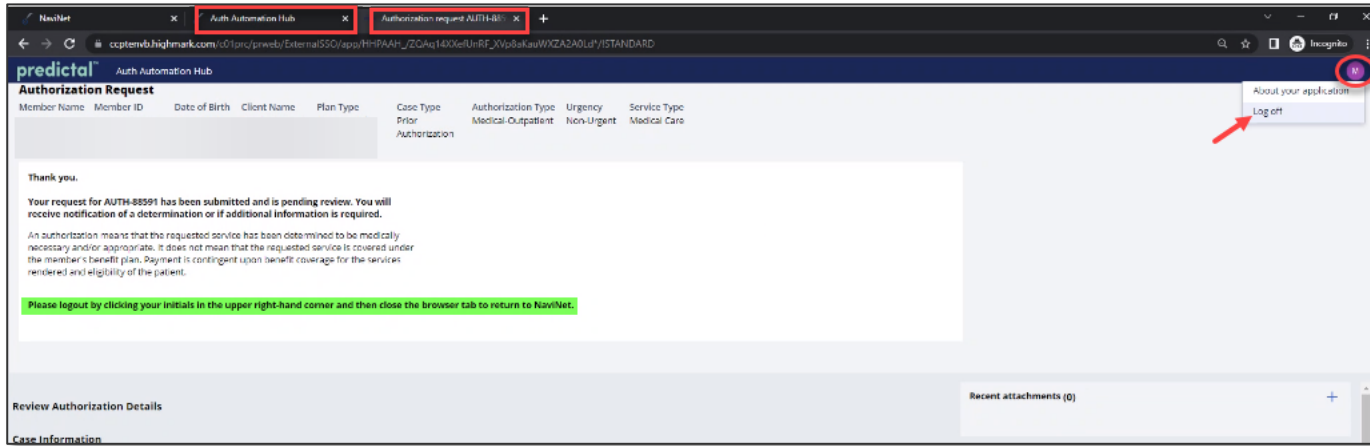
THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA

Your authorization number is AUTH-115243. **Please select the submit button to launch Helion Portal.**

Submit

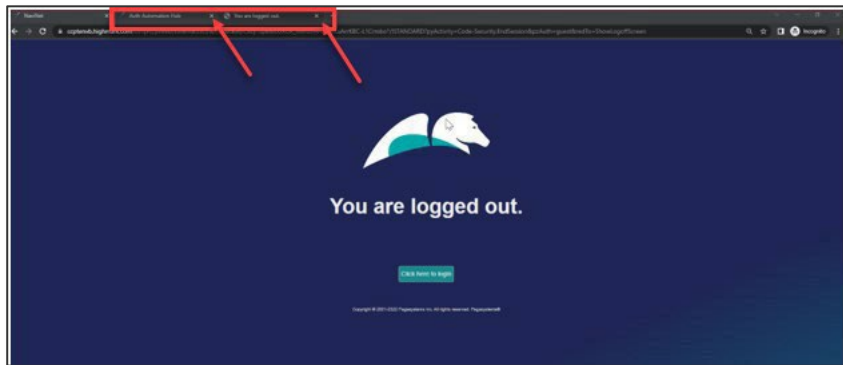
When the authorization is submitted, a confirmation will be displayed on the page with the **Authorization Number**.

Please note the message to log out to return to NaviNet. When submitting the authorization request, you may notice TWO tabs opened in your browser.

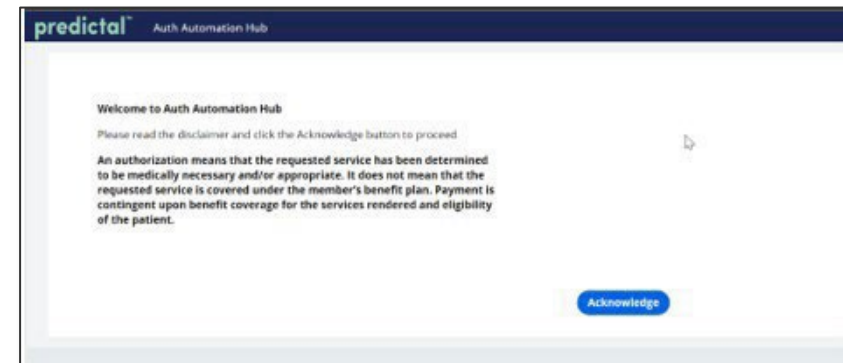


First, users should click on their initials in the upper right corner and select the Log off option.

Second, close both tabs to return to NaviNet.



When starting a new authorization, the Acknowledgement screen should be displayed.



The screen below will be displayed when an authorization is auto-approved.

The screenshot displays the Predictal Auth Automation Hub interface. At the top left is the Predictal logo and 'Auth Automation Hub'. A user profile icon with the letter 'M' is in the top right. The main heading is 'Authorization Request'. Below this is a table with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The Case Type is 'Prior Authorization', Authorization Type is 'Medical-Outpatient', Urgency is 'Non-Urgent', and Service Type is 'Medical Care'. A central message box contains the text: 'Thank you. Your request for AUTH-88318 has been submitted. The following procedures are approved due to the reasons given below based on member's group information benefits and service type.' Below this is a table with columns: Procedure code, Description, Determination, and Reason. The table contains one row: Procedure code '01999', Description 'UNLISTED ANESTHESIA PROCEDURE(S)', Determination 'Approved', and Reason 'Medical Necessity'. A mouse cursor is pointing at the 'Approved' cell. Below the table is a paragraph explaining that an authorization means the requested service has been determined to be medically necessary and/or appropriate, but it does not guarantee coverage under the member's benefit plan. At the bottom, a note says: 'Please logout by clicking your initials in the upper right-hand corner and then close the browser tab to return to NaviNet.'

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Outpatient	Non-Urgent	Medical Care

Thank you.
Your request for AUTH-88318 has been submitted. The following procedures are approved due to the reasons given below based on member's group information benefits and service type.

Procedure code	Description	Determination	Reason
01999	UNLISTED ANESTHESIA PROCEDURE(S)	Approved	Medical Necessity

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Please logout by clicking your initials in the upper right-hand corner and then close the browser tab to return to NaviNet.

NaviNet® Provider Portal Authorization Inquiry

To update the Start of Care Date after the authorization is submitted:

1. Go to **Auth Inquiry**
2. Click the **Update Start of Care Date** hyperlink.
3. Click the calendar in the **Edit Information** field, select the appropriate Start of Care Date, and click **UPDATE**.
IMPORTANT: This date must be within 7 days prior to the original Start of Care Date that was selected or within 30 days in the future of the original Start of Care Date.
4. Save your changes.

Step 1

predictal Auth Automation Hub

Authorization Detail: AUTH-100112

Concurrent Discharge Respond to Request for Additional Information

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

[Update Start of Care Date](#)

Case Information

Authorization Type	Behavioral-Inpatient
Service Type	Psychiatric
Case Determination	Approved
Discharge Date	
Start Of Care Date	01/11/2023
Last Covered Date	01/12/2023
Place of service	Psychiatric Facility

Step 2

predictal Auth Automation Hub

Authorization Detail: AUTH-100112

Concurrent Discharge Respond to Request for Additional Information

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Update Start of Care Date

Edit Information

Start of Care Date

1/11/2023

Cancel Update

Approved

Psychiatric Facility

Step 3

predictal Auth Automation Hub

From	Through	Determined Days	Determination	Determination Reason	Level of care
1/25/23	1/26/23	2	Approved	Administrative Approval	

Request Information

Comments Notes

No items

Communication

Letter Code	Mail Status	Create date	Sent Date	Letter Link	Status
F_PREC	Queued	01/11/23 03:21 AM			Resolved-Queued

Exit Save changes