



BEHAVIORAL HEALTH

AUTOMATED CARE MANAGEMENT

AUTHORIZATION SUBMISSION MANUAL

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Please note that this document references “Highmark,” with “Highmark Blue Shield” branding, to refer to all of our Highmark Blue Cross and/or Blue Shield Plans in our service areas in Delaware, Pennsylvania, and West Virginia.

SECTION 1: INTRODUCTION AND GENERAL INFORMATION

What is Automated Care Management?

Automated Care Management (ACM) simplifies the authorization request process for behavioral health services – both mental health and substance abuse. It provides electronic submission capability for authorization requests through Highmark’s NaviNet® provider portal for the following behavioral health services:

- Inpatient Admissions
- Inpatient Transfers
- Partial Hospitalization
- Intensive Outpatient Services

This guide will provide information on the purpose, application functionalities, and processes that make up the Behavioral Health Automated Care Management (ACM) Program.

IMPORTANT! Delaware Drug and Alcohol Dependency Treatment Mandate



Effective January 1, 2018, as per Delaware legislation (Del. Code tit. 18 §§ 3343, 3578), Highmark Blue Cross Blue Shield Delaware may not impose precertification, prior authorization, pre-admission screening, or referral requirements for the diagnosis and medically necessary treatment, including inpatient, of drug and alcohol dependencies at a Highmark Delaware network participating facility.

Drug and alcohol dependencies are defined as a substance abuse disorder or the chronic, habitual, regular, or recurrent use of alcohol, inhalants, or controlled substances as identified in Chapter 47 of Title 16 of the Delaware Code.

In addition, concurrent utilization review is prohibited during the first fourteen (14) days of medically necessary inpatient and residential treatment by a network participating facility approved by a nationally recognized health care accrediting organization or the Division of Substance Abuse and Mental Health; thirty (30) days of Intensive Outpatient Program treatment; or five (5) days of inpatient withdrawal management, provided that the facility notifies Highmark Delaware of both the admission and the initial treatment plan **within forty-eight (48) hours** of the admission.

The facility must perform daily clinical review and periodically consult with Highmark Delaware to ensure that the facility is using the evidence-based and peer reviewed clinical review tool used by Highmark Delaware and designated by the American Society of Addiction Medicine (ASAM) or, if applicable, any state-specific ASAM criteria, and appropriate to the age of the patient to ensure that the inpatient treatment is medically necessary for the patient.

Highmark Delaware may perform retrospective review for medical necessity and appropriateness of all services provided during an inpatient stay or residential treatment, including the initial 14 days of treatment; 30 days of Intensive Outpatient Program treatment; or five days of inpatient withdrawal management.

Highmark Delaware may deny coverage for any portion of the initial 14-day inpatient or residential treatment on the basis that the treatment was not medically necessary only if the treatment was contrary to the evidence-based and peer reviewed clinical review tool used by Highmark Delaware and designated by ASAM or any state-specific ASAM criteria.

Continued on next page

SECTION 1: INTRODUCTION AND GENERAL INFORMATION, Continued

IMPORTANT! Delaware Drug and Alcohol Dependency Treatment Mandate (continued)



These statutes are applicable to all Highmark Delaware fully-insured individual and group health benefit plans. Self-insured employer groups will be offered the opportunity to adopt the mandate and may or may not elect to follow the mandate. Medicare supplemental plans are exempt from this law. The Highmark Delaware member does not have any financial obligation to the facility for inpatient and residential treatment other than any applicable copayments, coinsurance, or deductible amounts required under their benefit plan.

For additional information on this mandate, please see Chapter 2, Unit 6 of the *Highmark Blue Shield Office Manual* or Chapter 4, Unit 6 of the *Highmark Facility Manual*.

Why ACM?

Experience has demonstrated that in the majority of cases providers request an admission that is appropriate. ACM simplifies the authorization request process for you and promotes a more efficient use of resources for both our network providers and for the Highmark's behavioral health department.

ACM lessens the administrative burden involved in time-consuming telephone calls and the necessary follow-up (such as faxing materials and waiting for call backs). The benefits of ACM include:

- **Automation:** The interactive application allows for “automation” of the utilization management process.
 - **Availability:** NaviNet has extended hours of availability:
 - Monday through Friday from 5 a.m. to 3 a.m.
 - Saturday from 5 a.m. to 11 p.m.
 - Sunday from 5 a.m. to 9 p.m.
 - **Consistency:** The use of MCG Clinical Guidelines for inpatient admissions provides consistency in how criteria are applied across all network facilities. The Behavioral Health Unit staff also uses MCG Clinical Guidelines when reviewing requests for outpatient services.
 - **Reduced Response Time:** In many cases, ACM provides an immediate approval response and eliminates the need to wait until someone gets back to you.
 - **Efficiency in Discharge Planning:** The Behavioral Health Discharge Survey embedded in the NaviNet ACM system captures discharge details.
-

Submitting authorization requests

All authorization requests for behavioral health services – both mental health and substance abuse – should be submitted using the ACM functionality in NaviNet (*see exceptions on the next page*).

For the outpatient behavioral health services requiring authorization – partial hospitalization and intensive outpatient services, information is entered within the NaviNet screens.

Instructions for submitting authorization requests for behavioral health services are included within this manual.

Continued on next page

SECTION 1: INTRODUCTION AND GENERAL INFORMATION, Continued

IMPORTANT! Verify eligibility and benefits

When an authorization is obtained, it is not a guarantee of payment. The member must have active coverage at the time of service and must also have the benefit for the service to be provided. Therefore, it is important to verify the member's eligibility and benefits through the NaviNet **Eligibility and Benefits Inquiry** or through the applicable HIPAA electronic transactions.

Some Highmark group plans may not require authorization for behavioral health partial hospitalization and intensive outpatient mental health services. In addition, some employer groups with Highmark medical coverage may choose to "carve out" their behavioral health benefits to another vendor. Since these members do not have behavioral health coverage with Highmark, authorization requests for behavioral health services are not submitted to Highmark.

The verification of eligibility and benefits is especially important prior to submitting an authorization request through ACM since the ACM process does not include benefit verification. If all of the criteria are met, the authorization may be automatically assigned and reviewed by a Behavioral Health Unit staff and at the time eligibility and benefits will be determined. If there is no benefit for the requested service, or coverage is not active, a benefit denial will be completed.

When ACM cannot be used for authorization requests

Although ACM provides a convenient option for submitting authorization requests, there are some situations when it cannot be used. You can use ACM for submitting requests for patients with Highmark coverage. ACM cannot be used for patients with the following coverage:

- Federal Employee Program (FEP®)
- Coverage through an out-of-area Blue Plan

Federal Employee Program (FEP) members can be identified from their ID cards by an "R" at the beginning of their Member ID number, and out-of-area Blue Plan members will have an ID card that identifies their home plan. All Highmark members can be identified by a Highmark logo on their ID cards.

If NaviNet is not available

NaviNet is the preferred method for submission of behavioral health authorization requests. However, if you are not able to access NaviNet or the NaviNet *Authorization Submission* transaction, you may contact the Highmark Behavioral Health Unit by fax at **877-650-6112**.

SECTION 2: NAVINET SIGN IN

Accessing NaviNet®

To begin your authorization request for behavioral health services, you must sign into NaviNet.® The NaviNet sign-in page is accessible from the NaviNet home page at <http://www.navinet.net/> -- click on the **Login** button at the top right.

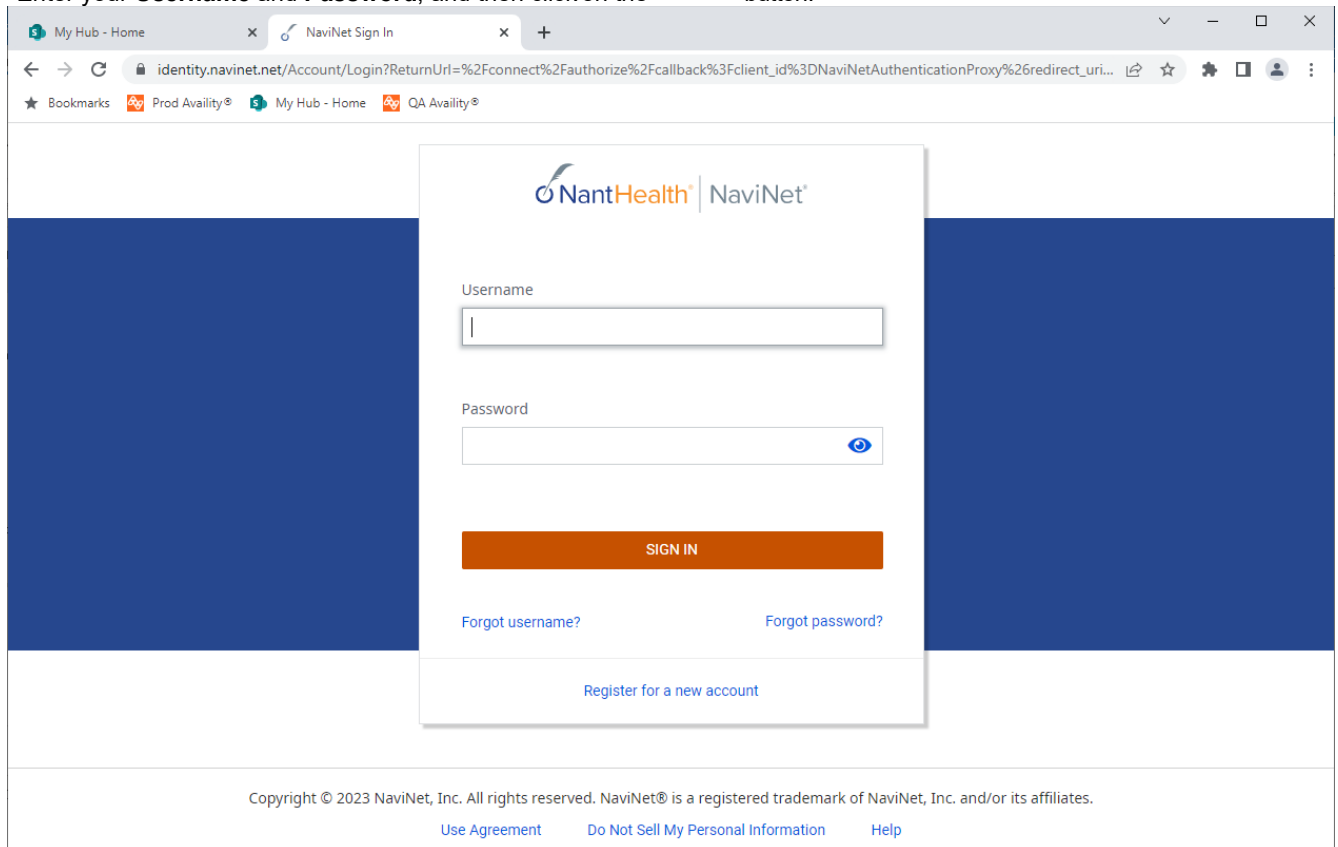
The person at your facility or office who is responsible for managing all NaviNet users (your NaviNet "Security Officer") will provide you with a username and password. Your NaviNet Security Officer will also assign permission to users in your office for the NaviNet transactions they need.

If you are unable to access NaviNet with a valid username and password, you may contact **NaviNet Customer Care at 1-888-482-8057** (TDD/TTY 1-800-480-1419).

NaviNet Sign In

On the NaviNet Sign In screen, first enter your **Username** and **Password**, and then click on the **Sign In** button.

Enter your **Username** and **Password**, and then click on the **Sign In** button.
Enter your **Username** and **Password**, and then click on the **Sign In** button.

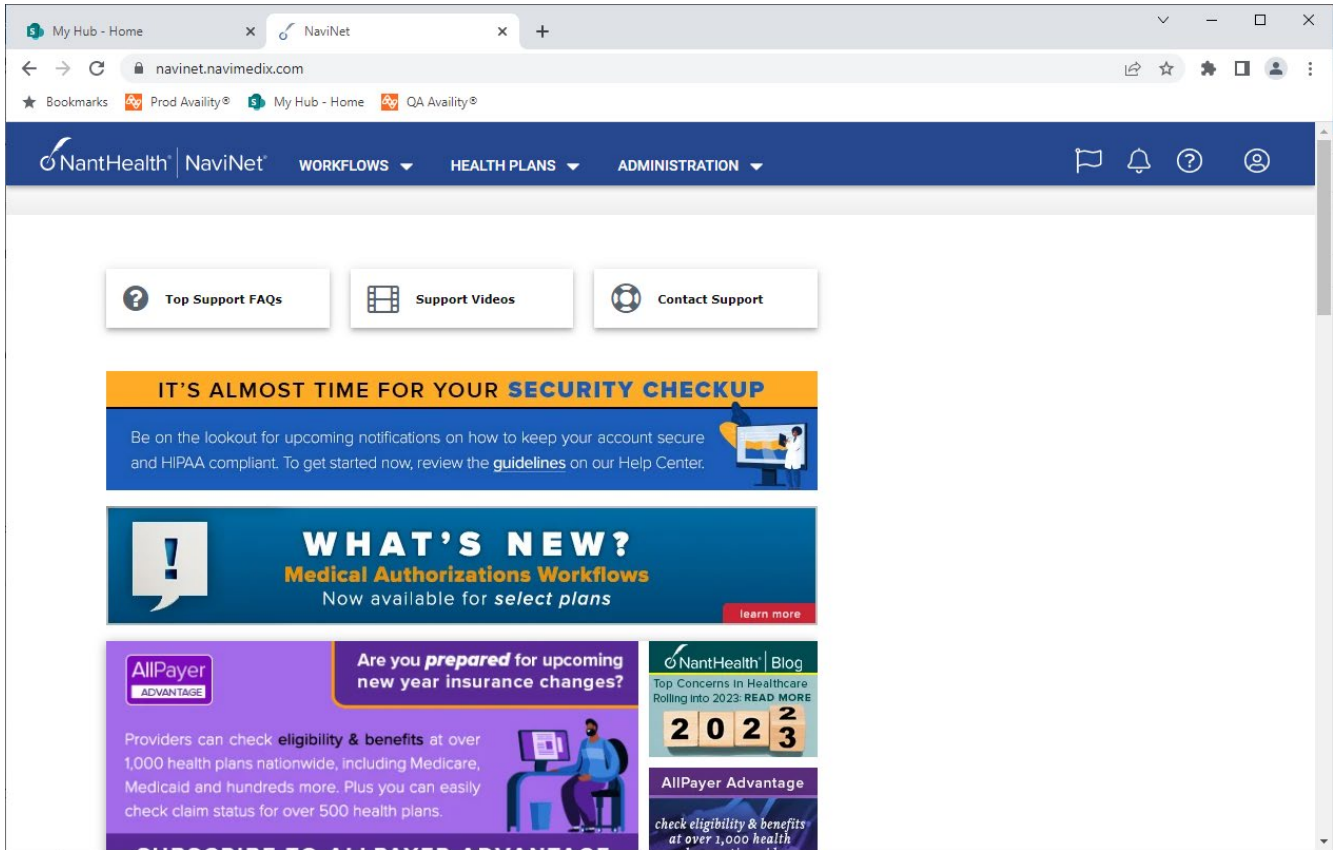


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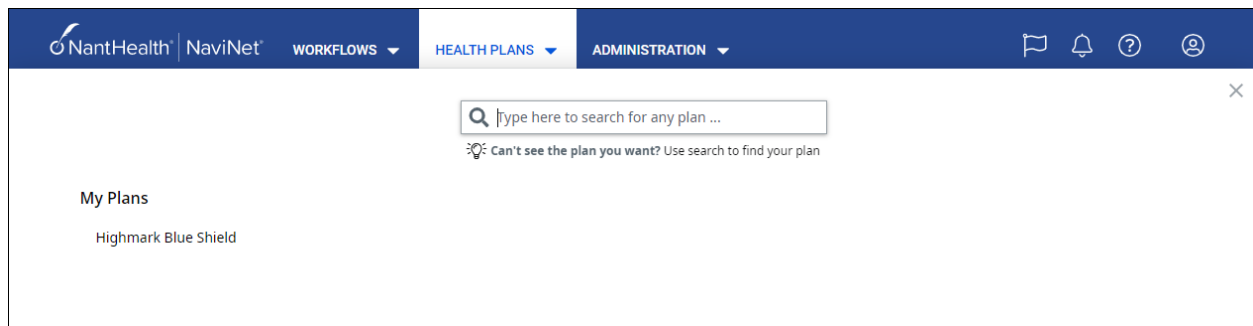
SECTION 2: NAVINET SIGN IN, Continued

NaviNet® Home

Once on the **NaviNet Home** page, hover over **My Health Plans** under **Workflows** on the left...



and then select the **Highmark** option for your service area.



NaviNet is an independent company that provides secure, web-based portals between providers and health insurance companies. If you contract with other insurers that use NaviNet for their provider portal, you'll have a list of insurers to choose from under **My Health Plans**. **Be sure to select the applicable Highmark option!**

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SECTION 2: NAVINET SIGN IN, Continued

Highmark Plan Central

Once you select Highmark from your options under My Health Plans, you will be directed to **Highmark Plan Central**. The menu located on the left side of Highmark’s **Plan Central** page provides a list of the options within Highmark’s provider portal that are available for your use.

- To begin your authorization request for behavioral health services, hover over **Authorization Submission** to display the available options in the fly-out menu.
- Click on **Behavioral Health**.



Always select Behavioral Health for all behavioral health services requiring authorization -- inpatient admissions, inpatient transfers, partial hospitalization, and intensive outpatient services -- for both psychiatric and substance abuse

Hover over Authorization Submission and then select Behavioral Health

HEADLINE	AUDIENCE	DATE POSTED
NAVINET OFFLINE FOR REGULAR MAINTENANCE FEBRUARY 17-18, 2023	ALL	2/16/2023
REGISTER FOR 2023 MA STARS PRIMARY CARE INCENTIVE PROGRAM WEBINARS	PROFESSIONAL	2/14/2023
SUBMITTING FRACTIONAL NUMBERS FOR AMBULANCE MILEAGE	AMBULANCE SERVICE PROVIDERS	2/9/2023
NEW FLAG ADDED TO THE DAILY ER PROVIDER REPORT FOR MEMBERS WITH A MENTAL HEALTH DIAGNOSIS	ALL	2/8/2023
CMS UPDATES REIMBURSEMENT RATE FOR 340B DRUG DISCOUNT PROGRAM	FACILITY	2/6/2023
REMINDER: MCG GO-LIVE NEXT WEEK	ALL	2/6/2023

RELEASE NOTES

COMMUNICATIONS:

- [NEW UM TOOL - FASTER RESPONSE TIMES FOR BEHAVIORAL HEALTH AUTHORIZATION REQUESTS](#)
- [OUTPATIENT SERVICES, ANCILLARY, DME AND EVCORE AUTHORIZATIONS ROUTED TO NEW UTILIZATION MANAGEMENT TOOL](#)

PROVIDER RESOURCES:

- [INPATIENT AUTHORIZATION SUBMISSION GUIDE](#)
- [OUTPATIENT AUTHORIZATION SUBMISSION GUIDE](#)
- [MCG GUIDELINES PRODUCT ACRONYM LIST](#)

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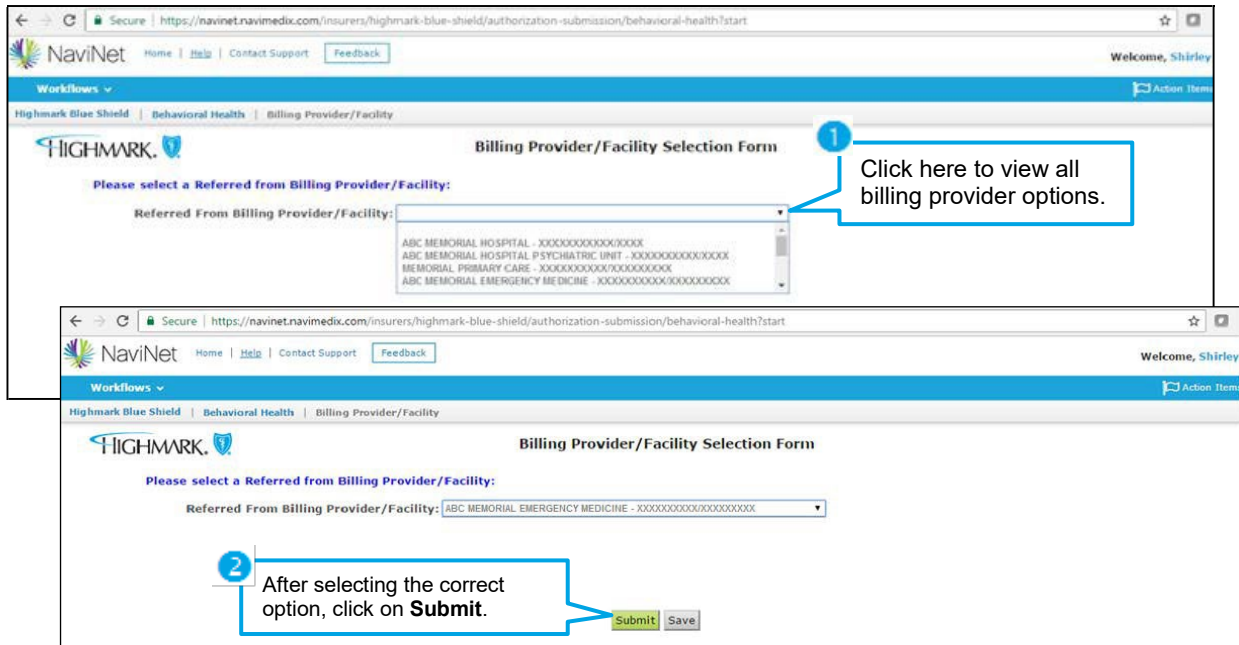
SECTION 2: NAVINET SIGN IN, Continued

Billing Provider/Facility Selection Form

If your facility or office has multiple accounts under the main provider account, you will be directed to the **Billing Provider/Facility Selection Form**.

- 1 Click on the dropdown arrow to display the options, and then click on the applicable billing provider to make your selection.
- 2 Once you have selected the billing provider, click the **Submit** button at the bottom of the screen.

Note: For solo practices, you may not see this screen and instead be directed to the NaviNet Selection Form. If so, please see **NEXT STEPS** on the next page.



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SECTION 2: NAVINET SIGN IN, Continued

Wayfinder

NaviNet's **Wayfinder** is the gray navigation bar that appears under the blue bar. It displays the name of the current screen you are viewing and provides links back to previous screens.

- The name of the current screen appears on the right side of the Wayfinder in gray.
- You can navigate back to previous screens by clicking on screen names indicated in blue.

IMPORTANT: NaviNet recommends that you use the Wayfinder instead of your browser's Back button.



In this example, the **Selection Form** is the current screen. You can click Behavioral Health to go back to the beginning of the auth submission. Or you can click on Highmark Blue Shield to go back to the Highmark Plan Central page with the main menu.

NEXT STEPS

Once the **Billing Provider/Facility Selection Form** is submitted, you are advanced to the next screen in NaviNet – the **Selection Form** – where you will select the applicable behavioral health services. Beginning with the **Selection Form**, the authorization submission paths will differ for inpatient admissions, inpatient transfers, and outpatient services.

For instructions to complete your submission, please refer to the applicable section as follows:

- **Inpatient Admissions:** Continue to the next page, **SECTION 3**, for instructions on completing the NaviNet Selection Form and Request Form.
- **Inpatient Transfers:** Please see **SECTION 4** for instructions to complete the NaviNet Selection and Request Forms.
- **Outpatient Services:** Please see **SECTION 6** for instructions on submitting authorization requests for intensive outpatient and partial hospitalization services.

SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION

Overview

The instructions in this section apply only to behavioral health **inpatient admissions** to your facility. Please see **SECTION 4** for instructions for inpatient transfers to another facility.

NaviNet® Selection Form: Inpatient Admission

For an inpatient admission, complete **Steps 1, 2, & 3** on the NaviNet **Selection Form** as follows:

Step 1	Proposed Date of Service (MM/DD/YYYY)
Step 2	Member ID (numeric portion only). You may also enter the patient first name, last name, and date of birth. Note: If you enter the Member ID only, you may see another screen from which you will select the patient from the list of family members covered under the subscriber's plan.
Step 3	1 Category -- Click on the arrow to display the available options, and then select Inpatient from the options.
	2 Service -- Click on the dropdown arrow, and select from the following options: Psychiatric, Substance Abuse, or Detox.
Once all required fields have been completed, click Submit .	

The screenshot shows the NaviNet Selection Form with the following fields filled or in progress:

- Step 1:** Proposed Date of Service: []
- Step 2:** Member ID: [], Member Date of Birth: [], Member First Name: [], Member Last Name: []
- Step 3:** Category: [Please choose one.] (dropdown menu open, 'Inpatient' selected), Service: [Please choose one.]

The screenshot shows the NaviNet Selection Form with the following fields filled or in progress:

- Step 1:** Proposed Date of Service: []
- Step 2:** Member ID: [], Member Date of Birth: [], Member First Name: [], Member Last Name: []
- Step 3:** Category: [Inpatient], Service: [Please choose one.] (dropdown menu open, 'Psychiatric' selected)

Category and Services Added:

Category	Service
Inpatient	Psychiatric

After completing all required fields, click on **Submit**.

Continued on next page

SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

**NaviNet®
Request Form:
Inpatient
Admission**

The following sections on the **Request Form** will be pre-populated based on the information you have already entered (*see image below*):

- 1 Patient Information
- 2 Service Details
- 7 Referred From Facility Information

Complete fields 3, 4, 5, and 8 as instructed on the next three pages. Instructions are also provided for 6 **View Details** and 9 **Submit, Save, View Referral/Auth**.

The screenshot shows the NaviNet Request Form interface. At the top, there are navigation links for Home, Help, Contact Support, and Feedback. The user is logged in as Shirley. The form is titled "Request Form" and is part of the "Highmark Blue Shield" workflow. The form is divided into several sections, each with a numbered callout:

- 1 Patient Information:** Patient Last Name: DOE, Patient First Name: JANE, Gender: Female, Date of Birth: 07/10/1956, Group #: XXXXXXXX, Member ID #: XXXXXXXXXXXXX.
- 2 Service Details:** Requested Service: Inpatient - Psychiatric, Proposed Date of Service: 05/10/2017.
- 3 Referred To Provider:** Includes instructions to verify the provider network and fields for Billing Provider, Service Provider, and Description.
- 4 Contact Information:** Includes fields for Contact Name, Contact Phone, Contact Ext, Physician Name, Physician Phone, and Physician Ext.
- 5 Diagnosis Codes:** Includes a search type dropdown (ICD-10), a diagnosis code field, and an "Add Diagnosis Code" button.
- 6 View Details:** A button to view details for the current section.
- 7 Referred From Facility Information:** Facility Name: ABC MEMORIAL EMERGENCY MEDICINE, Address: 123 MAIN STREET, ANY TOWN, USA 12345-1234.
- 8 Comments:** A large text area for clinical information.
- 9 Submit/Save/View Referral/Auth:** Buttons for submitting the form, saving it, or viewing the referral/authorization.

A callout box on the right side of the form says "USE SCROLL BAR to view entire form".

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SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

3 Referred to Provider

You will enter the information for the treating professional provider in this section.

Billing Provider:

Select the physician group from the **Preferred Provider** dropdown if available; or enter the billing provider number of the treating physician’s practice if known.

Service Provider:

This is the individual practitioner who will be treating the patient; enter the practitioner’s provider number if known.



To confirm that the provider numbers you have entered are correct, click on the **View Details** button (🔍) on the form to populate the **Description** fields with the Billing and Service Provider names.

Optional Search:

Click on the **Optional Search** button to access the **Referred to Specialist Search** to search for the billing/service provider by name, specialty, location, or provider number. If the search brings up the applicable provider, click on **Select** to the right of the provider information -- you’ll be directed back to the Request Form and the fields will be populated.



If this is a provider commonly used, you can add the provider to the **Preferred Providers** dropdown by checking the box for **Add Preferred Provider**.

If the provider information is not found, you can create a specialist record – see **SECTION 8** of this manual for instructions.

Service Provider Name	Billing Provider Name	Address	Phone Number	Fax Number	Specialty Description	
SKIP RECORD	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	Select
DOE, JOHN, MD	ABC MEDICAL GROUP	ABC MEDICAL GROUP, 321 MAIN STREET, ANY TOWN, USA 12345-1234	XXX-XXX-XXXX	XXX-XXX-XXXX		Select
BROWN, SUE, MD	BROWN, SUE, MD	1234 MAIN STREET, ANY TOWN, USA, 12345-1234	XXX-XXX-XXXX	XXX-XXX-XXXX		Select

Click on **Select** for the “SKIP RECORD” entry to close this window without making a provider selection.

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SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

- 4 Contact Information** Enter the name and phone number of the contact person in your office – this is **REQUIRED**. Highmark **must** be able to reach the contact person if additional information is needed. The additional fields here can be completed if known.

Contact Information:
Please enter a contact name and phone number and, optionally, a physician name and phone number.

4 Contact Name: Contact Phone: Contact Ext:
Physician Name: Physician Phone: Physician Ext:

- 5 Diagnosis Codes** **Diagnosis Code:** You can enter a diagnosis code in the open field if known; you can enter up to three diagnosis codes by using the **Add Diagnosis Code** button.

 To confirm that the diagnosis code that you entered is correct, click on the **View Details** button (6) on the form to populate the **Description** field.

Optional Search:

Click on the Optional Search button to search for applicable codes by code number or description. To select a code, click on **Select** to the right of the diagnosis code and description -- you'll be directed back to the Request Form and the Diagnosis Code and Description you selected will be populated on the form.

5 **Diagnosis Codes:**
You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: ICD-10
Diagnosis Code: Optional Search Description:
 6

Diagnosis Search

Diagnosis Disclaimer: ICD-10-OM codes were developed by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). They are valid for use for dates of service starting October 1, 2015. ICD-9-CM codes must be used only for dates of service prior to October 1, 2015.

Search Type: ICD-10 Diagnosis Codes without the decimal.

Search Type: ICD10 Diagnosis Code: Description:

Multiple records were found. Please select a record or search again.

Records 1-3 of 3, page: 1

Diagnosis Code	Description	Select
SKIP RECORD	*SKIP RECORD*	Select
F4321	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	Select
F4323	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Select

Records 1-3 of 3, page: 1

Continued on next page

SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

- 8 Comments** You may add any additional pertinent information (i.e., additional diagnoses, subscribing physician) in the **Comments** field that would be helpful to the Highmark reviewer.

8 Comments:

Clinical 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.

[Go to top](#)

Submit **Save** **View Referral/Auth**

- 9 Submit, Save, and View Referral/Auth** The buttons at the bottom of the Request Form provide three options.

Submit:

Click on the **Submit** button to complete your request for authorization.

Save:

Click on **Save** to retain all of the information that you have entered; you can come back to review and complete later.

View Referral/Auth:

Select **View Referral/Auth** to review a summary of the information you've entered that includes Patient Information, Referring Provider Information (this is your provider information), and Authorization 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.

[Go to top](#)

9 **Submit** **Save** **View Referral/Auth**

View Referral/Authorization

Patient Information Plan Member ID: XXXXXXXXXXXX Office Patient ID: Name: DOE, JANE SSN: N/A Gender: Female Date of Birth: 07/10/1956 Address: 456 FIRST STREET, ANY TOWN, USA 12345-1234 PCP Name: UN/known PCP	Referring Provider Information Name: ABC MEMORIAL EMERGENCY MEDICINE Address: 123 Main Street, Any Town, USA 12345-1234
Authorization Information Authorization Number: Authorization Type: Behavioral Health Auth Submission Diagnosis: POST-TRAUMATIC STRESS DISORDER, ACUTE Status: Incomplete Number of Visits: 1 req Request Date: 09/11/2017 Expiration Date: N/A Specialist Appointment Date: N/A Office Name: ABC Memorial Hospital Office Address: 123 Main Street, Any Town, USA 12345-1234	

Continue

After reviewing, click **Continue** to return to the Request Form.

Continued on next page

SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

Completed Request Form

This image shows an example of the completed NaviNet Request Form for an Inpatient Admission.

The screenshot displays the NaviNet Request Form for Inpatient Admission. The form is titled "Request Form" and includes the following sections:

- Patient Information:** Patient Last Name: DOE, Patient First Name: JANE, Gender: Female, Date of Birth: 07/10/1956, Group #: XXXXXXXX, Member ID #: XXXXXXXXXXXXX.
- Service Details:** Requested Service: Inpatient - Psychiatric, Proposed Date of Service: 05/10/2017.
- Referred To Provider:** Includes a reminder to verify the provider network and fields for Billing Provider (12345678), Description (ABC MEDICAL GROUP), Service Provider (87654321), and Description (DOE, JOHN, MD). It also features an "Optional Search" button and an "Add Preferred Provider" checkbox.
- Contact Information:** Fields for Contact Name (Sue Brown), Contact Phone (123-456-7890), Contact Ext., Physician Name, Physician Phone, and Physician Ext.
- Diagnosis Codes:** Includes a search type dropdown (ICD-10), a Diagnosis Code field (F4321), an "Optional Search" button, and a Description (ADJUSTMENT DISORDER WITH DEPRESSED MOOD). It also has an "Add Diagnosis Code" button.
- Referred From Facility Information:** Facility Name: ABC MEMORIAL EMERGENCY MEDICINE, Address: 123 MAIN STREET, ANY TOWN, USA 12345-1234.
- Comments:** A text area for clinical information with the text "Additional clinical information added here."

At the bottom of the form, there is a disclaimer: "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." Below the disclaimer are buttons for "Submit", "Save", and "View Referral/Auth", and a "Go to top" link.

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER

**NaviNet®
Selection Form:
Inpatient
Transfer**

The **Inpatient Transfer** selection is used when the member is being transferred from your facility to another facility.

You will complete **Steps 1, 2,** and **3** on the **Selection Form**:

Step 1	Proposed Date of Service (MM/DD/YYYY)
Step 2	Member ID (numeric portion only). You may also enter the patient first name, last name, and date of birth. Note: If you enter the Member ID only, you may see another screen from which you will select the patient from the family.
Step 3	1 Category -- Click on the arrow, and then select Inpatient Transfer from the options.
	2 Service -- Click on the dropdown arrow, and select from the options: Urgent Acute, Psychiatric, Substance Abuse, Detox, Skilled Nursing Facility, Acute Rehab, and Long Term Acute Care.
Once all required fields have been completed, click Submit .	

The screenshot shows the 'Selection Form' interface. Under 'Step 3. Please select a Category and then a Service from the selections below:', the 'Category' dropdown menu is open, showing options: 'Please choose one.', 'Inpatient', 'High Intensity Psychiatric', 'High Intensity Substance Abuse', and 'Inpatient Transfer'. A red arrow points to 'Inpatient Transfer'. A blue circle with the number '1' is positioned to the left of the dropdown.

The screenshot shows the 'Selection Form' interface. Under 'Step 3. Please select a Category and then a Service from the selections below:', the 'Service' dropdown menu is open, showing options: 'Please choose one.', 'Please Choose one.', 'Urgent Acute', 'Psychiatric', 'Substance Abuse', 'Detox', 'Skilled Nursing Facility', 'Acute Rehab', and 'Long Term Acute Care'. A blue circle with the number '2' is positioned to the left of the dropdown. A callout box with a blue border and arrow points to the 'Submit' button at the bottom of the form, containing the text: 'After completing all required fields, click on **Submit**.'

Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

**NaviNet®
Request Form:
Inpatient
Transfer**

The following sections on the **Request Form** will be pre-populated based on the information you have already entered (*see image below*):

- 1 Patient Information
- 2 Service Details
- 8 Referred From Facility Information

Complete fields 3, 4, 5, 6, and 9 as instructed on the next four pages. Instructions are also provided for 7 **View Details** and 10 **Submit, Save, View Referral/Auth**.

The screenshot shows the NaviNet Request Form for Inpatient Transfer. The form is titled "Request Form" and is pre-populated with patient information (1), service details (2), and referred from facility information (8). A callout box points to the form with the text "USE SCROLL BAR to view entire form". The form includes sections for referred to provider (3), referred to facility (4), contact information (5), diagnosis codes (6), and comments (9). At the bottom, there are buttons for "View Details" (7), "Submit", "Save", and "View Referral/Auth" (10).

Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

3 Referred to Provider

You will enter the information for the treating professional provider in this section.

Billing Provider:

Select the physician group from the **Preferred Provider** dropdown if available; or enter the billing provider number of the treating physician’s practice if known.

Service Provider:

This is the individual practitioner who will be treating the patient; enter the practitioner’s provider number if known.



To confirm that the provider numbers you have entered are correct, click on the **View Details** button (🔍) on the form to populate the **Description** fields with the Billing and Service Provider names.

Optional Search:

Click on the Optional Search button to access the **Referred to Specialist Search** to search for the billing/service provider by name, specialty, location, or provider number. If the search brings up the applicable provider, click on **Select** to the right of the provider information -- you’ll be directed back to the Request Form and the fields will be populated.



If this is a provider commonly used, you can add the provider to the **Preferred Providers** dropdown by checking the box for **Add Preferred Provider**.

If the provider information is not found, you can create a specialist record – see **SECTION 8** of this manual for instructions.

Click on **Select** for the “SKIP RECORD” entry to close this window without making a provider selection.

Service Provider Name	Billing Provider Name	Address	Phone Number	Fax Number	Specialty Description	
**SKIP RECORD*	**SKIP RECORD*	**SKIP RECORD*	**SKIP RECORD*	**SKIP RECORD*	**SKIP RECORD*	Select
DOE, JOHN, MD	ABC MEDICAL GROUP	ABC MEDICAL GROUP, 321 MAIN STREET, ANY TOWN, USA 12345-1234	XXX-XXX-XXXX	XXX-XXX-XXXX		Select
BROWN, SUE, MD	BROWN, SUE, MD	1234 MAIN STREET, ANY TOWN, USA, 12345-1234	XXX-XXX-XXXX	XXX-XXX-XXXX		Select

Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

4 Referred To Facility

Facility:

If known, enter the provider number of the facility to which the member is being transferred.



To confirm that the provider number you have entered is correct, click on the **View Details** button (7) on the form to populate the **Description** fields with the facility name.

Optional Search:

Click on the Optional Search button to access the **Referred to Facility Search** to search for the facility by name, location, or facility number. If the search brings up the preferred facility, click on **Select** to the right of the facility information -- you'll be directed back to the Request Form and the facility number and name will be populated.



If this is a facility commonly used, you can add the facility to the **Preferred Providers** dropdown by checking the box for **Add Preferred Provider**.

IMPORTANT: Remember to verify that the facility to which the member is being transferred is at the in-network level for the member's benefit plan.

4 Referred To Facility:

Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.

Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.

Facility:
 Description:
 Add Preferred Facility:

Referred to Facility Search

Search Tip: Name searches are performed as "contained within" searches. The wildcard asterisk (*) inserted after the data entered will assist with searches against the provider file. Searches without the asterisk will be performed as an exact match. Partial searches with the asterisk are recommended.
 Example: Entering Gen* in the Facility Name field will return: Genwood Hospital, The General Hospital, The General Skilled Nursing Center.

Information: Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.

Facility Name: Facility Number:
 City: ANY TOWN Zip Code:
 County:

Multiple records were found. Please select a record or search again.
 Records 1-25 of 75, page: 1 2 3 >

Facility Number	Facility Name	Address	Phone Number	Fax Number	Specialty Description	Select
SKIP RECORD	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	*SKIP RECORD*	Select
XXXXXXXXXX	GENERAL HO EPITAL	1234 FIR ST STREET, ANY TOWN, U SA 12346-1234	XXX-XXX-XXXX	XXX-XXX-XXXX	GENERAL HO EPITAL WITH DISTINCT UNIT	Select
XXXXXXXXXX	REHABILITATION HO EPITAL	4521 SECOND STREET, ANY TOWN, U SA 12346-1234	XXX-XXX-XXXX	XXX-XXX-XXXX	PSYCHIATRIC HO EPITAL	Select

5 Contact Information

Enter the name and phone number of the contact person in your office – this is **REQUIRED**. Highmark **must** be able to reach the contact person if additional information is needed.

5 Contact Information:

Please enter a contact name and phone number and, optionally, a physician name and phone number.

Contact Name: Contact Phone: Contact Ext:
 Physician Name: Physician Phone: Physician Ext:

Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

6 Diagnosis Codes

Diagnosis Code:

You can enter a diagnosis code in the open field if known; you can enter up to three diagnosis codes by using the **Add Diagnosis Code** button.



To confirm that the diagnosis code that you entered is correct, click on the **View Details** button (7) on the form to populate the **Description** field.

Optional Search:

Click on the Optional Search button to search for applicable codes by code number or description. To select a code, click on **Select** to the right of the diagnosis code and description -- you'll be directed back to the Request Form and the Diagnosis Code and Description you selected will be populated on the form.

6

Diagnosis Codes:

You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: ICD-10
 Diagnosis Code: Optional Search Description:

Diagnosis Search

Search Type: ICD10 Diagnosis Code:
 Diagnosis Description: depressed mood

Search View Referral/Auth Clear

Multiple records were found. Please select a record or search again.

Diagnosis Code	Description	
SKIP RECORD	*SKIP RECORD*	Select
F4321	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	Select
F4323	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	Select

Click on **Select** for the "SKIP RECORD" entry to close this window without making a selection.

9 Comments

You may add any additional pertinent information (i.e., additional diagnoses, subscribing physician) in the **Comments** field that would be helpful to the Highmark reviewer.

9 Comments:

Clinical 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.

[Go to top](#)

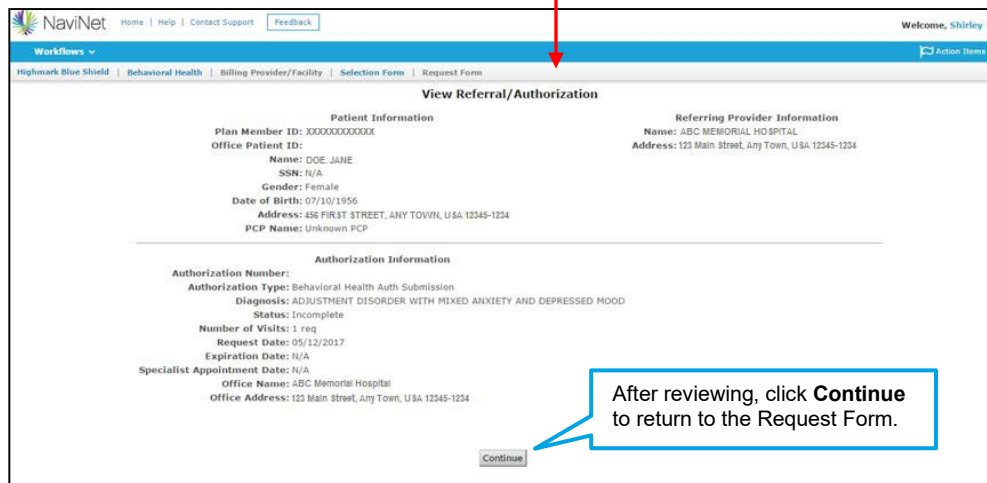
Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

10 **Submit, Save, and View Referral/Auth**

The buttons at the bottom of the Request Form provide three options:

- Click on the **Submit** button to advance to complete the response form.
- Click on **Save** to retain all of the information that you have entered; you can come back to review and complete later.
- Select **View Referral/Auth** to review a summary of the information you've entered that includes Patient Information, Referring Provider Information (this is your provider information), and Authorization Information.



Continued on next page

SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

Completed Request Form

This image shows an example of the completed NaviNet Request Form for a request for an Inpatient Transfer.

Navinet Home | Help | Contact Support | Feedback Welcome, Shirley

Workflows Action Items

Highmark Blue Shield | Behavioral Health | Selection Form | Request Form

HIGHMARK Request Form

Patient Information:

Patient Last Name: DOE Patient First Name: JANE
 Gender: Female Date of Birth: 07/10/1956
 Group #: XXXXXXXX
 Member ID #: XXXXXXXXXXXX

Service Details:

Requested Service: Inpatient Transfer - Psychiatric
 Proposed Date of Service: 05/10/2017

Referred To Provider:

Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.
 Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.
 Billing Provider: 12345678 Preferred Providers
 Description: ABC MEDICAL GROUP
 Service Provider: 87654321
 Description: DOE, JOHN, MD
 Optional Search
 Add Preferred Provider:

Referred To Facility:

Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.
 Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.
 Facility: XXXXXXXX Optional Search Preferred Facilities
 Description: GENERAL HOSPITAL
 Add Preferred Facility:

Contact Information:

Please enter a contact name and phone number and, optionally, a physician name and phone number.
 Contact Name: Sue Brown Contact Phone: 123-456-7890 Contact Ext:
 Physician Name: Physician Phone: Physician Ext:

Diagnosis Codes:

You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.
 Search Type: ICD-10
 Diagnosis Code: F4321 Optional Search Description:
 Add Diagnosis Code
 View Details

Diagnosis Codes:

You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.
 Search Type: ICD-10
 Diagnosis Code: F4321 Optional Search Description: ADJUSTMENT DISORDER WITH DEPRESSED MOOD
 Add Diagnosis Code
 View Details

Referred From Facility Information:

Facility Name: ABC MEMORIAL EMERGENCY MEDICINE
 Address: 123 MAIN STREET, ANY TOWN, USA 12345-1234

Comments:

Clinical Information:
 Additional clinical information added here.

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. Go to top

Click on **Submit** to advance to the MCGReview. Submit Save View Referral/Auth

SECTION 5: RESPONSE FORM FOR INPATIENT ADMISSIONS AND TRANSFERS

**EXAMPLE:
Response
Form**

Once you complete the steps outlined in section 4 for Inpatient Admissions or Inpatient Transfers, the **Response Form** will appear.

All requests will display a “Pended” status and a tracking number will appear at the top of the form. The authorization request will be viewable in NaviNet® Referral/Auth Inquiry.



The “EXT” (“External ID”) at the beginning of a Tracking Number identifies the request as being submitted through NaviNet. The EXT number will display as the Referral/Authorization Number in Referral/Auth Inquiry to help you identify your case. A separate CASE number is also assigned to the request when Highmark receives the request via NaviNet.

Please see **SECTION 7** for more information on NaviNet’s Referral/Auth Inquiry.

The screenshot shows the NaviNet interface for a "Response Form". At the top, there are navigation links for Home, Help, Contact Support, and Feedback. The user is logged in as "Shirley". The form is titled "Response Form" and includes the following sections:

- Tracking Information:** Tracking Number: EXT-XXXXX, Status: PENDED (highlighted with a red box).
- Patient Information:** Patient Last Name: DOE, Gender: Female, Group #: XXXXXXXX, Member ID #: XXXXXXXXXX, Patient First Name: JANE, Date of Birth: 07/10/1956.
- Service Details:** Requested Service: Inpatient - Psychiatric, Proposed Date of Service: 05/10/2017.
- Referred To Provider:** Billing Provider: BROWN, SUE MD, Attending Physician: BROWN, SUE MD.
- Contact Information:** Contact: Amanda, Contact Phone: XXX-XXX-XXXX, Physician: [blank], Physician Phone: [blank].
- Diagnosis Codes:** Diagnosis Code: F332 - MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES.
- Referred From Facility Information:** Facility Name: ABC MEMORIAL HOSPITAL, Address: 123 MAIN STREET, ANY TOWN, U.S.A. 12345-1234.
- Comments:** Clinical Information: **Your comments entered on the NaviNet Request Form**.

At the bottom of the form, there is a disclaimer: "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." Below the disclaimer are buttons for "Submit", "Save", and "View Referral/Auth".

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES

Overview

Authorization is required for **partial hospitalization** and **intensive outpatient services**. Automated Care Management (ACM) promotes an efficient and consistent process for requesting authorization for these outpatient services.

- **S0201** – partial hospitalization services, less than 24 hours, per diem; and
- **S9480** – intensive outpatient psychiatric services, per diem

NaviNet® Selection Form: Outpatient Services

On the **Selection Form**, complete the following fields:

Step 1	Proposed Date of Service (MM/DD/YYYY)
Step 2	Member ID. You may also enter the patient first name, last name, and date of birth. If you enter the Member ID only, you will be instructed to select the specific member if more than one person is covered under the ID number.
Step 3	1 Category -- Click on the arrow to display the available options, and then select from the following options: High Intensity Psychiatric or High Intensity Substance Abuse.
	2 Service -- Click on the dropdown arrow, and select from the following options: Intensive Outpatient or Partial Hospitalization.
Once all required fields have been completed, click Submit .	

The screenshot shows the NaviNet Selection Form. Step 1 is completed with a Service Provider selected and a Proposed Date of Service entered. Step 3 shows the Category dropdown menu open, with 'High Intensity Psychiatric' selected. The Service dropdown menu is also visible, showing 'Intensive Outpatient' and 'Partial Hospitalization' as options.

The screenshot shows the NaviNet Selection Form with Step 3 completed. The Category is 'High Intensity Psychiatric' and the Service is 'Intensive Outpatient'. A callout box points to the Submit button with the text: "After completing all required fields, click on **Submit**."

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

NaviNet® Request Form: Outpatient Services

The following sections on the **Request Form** will be pre-populated based on the information you have already entered (*see image below*):

- 1 Patient Information
- 2 Service Details
- 6 Referred From Provider Information

Complete fields 3, 4, and 7 as instructed on the next four pages. Instructions are also provided for 5 **View Details** and 8 **Submit, Save, View Referral/Auth**.

The screenshot shows the NaviNet Request Form interface. At the top, there is a navigation bar with 'Home | Help | Contact Support | Feedback' and a user greeting 'Welcome, Shirley'. Below this is a breadcrumb trail: 'Highmark Blue Shield | Behavioral Health | Billing Provider/Facility | Selection Form | Request Form'. The main content area is titled 'Request Form' and contains several sections:

- 1 Patient Information:** Pre-populated with Patient Last Name: DOE, Patient First Name: JANE, Gender: Female, Date of Birth: 07/10/1956, Group #: XXXXXXXX, and Member ID #: XXXXXXXXXXXXX.
- 2 Service Details:** Requested Service: High Intensity Psychiatric - Intensive Outpatient, Proposed Date of Service: 07/20/2017.
- 3 Contact Information:** Fields for Contact Name, Contact Phone, Contact Ext, Physician Name, Physician Phone, and Physician Ext.
- 4 Diagnosis Codes:** Search Type: ICD-10, Diagnosis Code field, Optional Search button, and Description field. Includes an 'Add Diagnosis Code' button.
- 5 View Details:** A button to view details for the current section.
- 6 Referred From Provider Information:** Billing Provider Name: ABC BEHAVIORAL HEALTH ASSOCIATES -XXXXXXXX, Address: 123 MAIN STREET, ANY TOW, USA 12345-1234, Service Provider: SMITH, MARY, MD XXXXXXXXX.
- 7 Comments:** Clinical Information text area.

At the bottom of the form, there is a 'Go to top' link and a row of buttons: 8 Submit, Save, and View Referral/Auth. A callout box on the right side of the form says 'USE SCROLL BAR to view entire form'.

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

3 Contact Information

Enter the name and phone number of the contact person in your office – this is **REQUIRED**. Highmark **must** be able to reach the contact person if additional information is needed. The additional fields can be completed here if known.

3 **Contact Information:**
Please enter a contact name and phone number and, optionally, a physician name and phone number.

Contact Name: Contact Phone: Contact Ext:
Physician Name: Physician Phone: Physician Ext:

4 Diagnosis Codes

Diagnosis Code:

You can enter a diagnosis code in the open field if known; you can enter up to three diagnosis codes by using the **Add Diagnosis Code** button.



To confirm that the diagnosis code that you entered is correct, click on the **View Details** button (5) on the form to populate the **Description** field.

Optional Search:

Click on the Optional Search button to search for applicable codes by code number or description. To select a code, click on **Select** to the right of the diagnosis code and description -- you'll be directed back to the Request Form, and the Diagnosis Code and Description you selected will be populated on the form.

4 **Diagnosis Codes:**
You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: Description:

Diagnosis Search

Diagnosis Disclaimers: ICD-10-CM codes were developed by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). They are valid for use for dates of service prior to October 1, 2015. ICD-9-CM codes must be used only for dates of service prior to October 1, 2015.
Search Tip: Enter ICD-10 Diagnosis Codes without the decimal.

Search Type: Diagnosis Code:
Diagnosis Description:

Multiple records were found. Please select a record or search again.

Diagnosis Code	Description	
"SKIP RECORD"	"SKIP RECORD"	<input type="button" value="Select"/>
F4321	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	<input type="button" value="Select"/>
F4322	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	<input type="button" value="Select"/>

Records 1-3 of 3, page: 1

Click on **Select** for the **"SKIP RECORD"** entry to close this window without making a selection.

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

- 7 Comments** You may add any additional pertinent information in the **Comments** field that would be helpful to the Highmark reviewer. **Please see recommended information included later in this section.**

7 Comments:

Clinical 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.

Submit
Save
View Referral/Auth

- 8 Submit, Save, and View Referral/Auth** The buttons at the bottom of the Request Form provide three options:
- Click on the **Submit** button to advance to your request for authorization.
 - Click on **Save** to retain all of the information that you have entered; you can come back to review and complete later.
 - Select **View Referral/Auth** to review a summary of the information you've entered that includes Patient Information, Referring Provider Information (this is your provider information), and Authorization 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.

8 Submit
Save
View Referral/Auth

NaviNet Home | Help | Contact Support | Feedback

Workflows ▾

Highmark Blue Shield | Behavioral Health | Selection Form | Request Form

Welcome, Shirley ▾

Action Items

View Referral/Authorization

<p>Patient Information</p> <p>Plan Member ID: XXXXXXXXXX</p> <p>Office Patient ID: XXXXXXXXXX</p> <p style="margin-left: 20px;">Name: DOE, JANE</p> <p style="margin-left: 20px;">SSN: N/A</p> <p style="margin-left: 20px;">Gender: Female</p> <p style="margin-left: 20px;">Date of Birth: 07/10/1956</p> <p style="margin-left: 20px;">Address: 456 FIRST STREET, ANY TOWN, USA 12345-1234</p> <p style="margin-left: 20px;">PCP Name: Unknown PCP</p>	<p>Referring Provider Information</p> <p>Name: ABC BEHAVIORAL HEALTH ASSOCIATES</p> <p>Address: 123 Main Street, Any Town, USA 12345-1234</p>
<p>Authorization Information</p> <p>Authorization Number: XXXXXXXXXX</p> <p>Authorization Type: Behavioral Health Auth Submission</p> <p>Diagnosis: ADJUSTMENT DISORDER WITH DEPRESSED MOOD</p> <p>Status: Incomplete</p> <p>Number of Visits: 1 req</p> <p>Request Date: 07/20/2017</p> <p>Expiration Date: N/A</p> <p>Specialist Appointment Date: N/A</p> <p>Office Name: ABC Behavioral Health Associates - XXXXXXXXX</p> <p>Office Address: 123 Main Street, Any Town, USA 12345-1234</p>	

Continue

After reviewing, click **Continue** to return to the Request Form.

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Completed Request Form

This image shows an example of the completed NaviNet Request Form for an authorization request for outpatient behavioral health services.

REMINDER: Outpatient behavioral health services that require authorization are **partial hospitalization** and **intensive outpatient services**.

The screenshot shows the NaviNet Request Form interface. At the top, there is a navigation bar with 'Home | Help | Contact Support | Feedback' and a user greeting 'Welcome, Shirley'. Below this is a breadcrumb trail: 'Highmark Blue Shield | Behavioral Health | Billing Provider/Facility | Selection Form | Request Form'. The main content area is titled 'Request Form' and includes the Highmark logo.

Patient Information:
 Patient Last Name: DOE
 Patient First Name: JANE
 Gender: Female
 Date of Birth: 07/10/1956
 Group #: XXXXXXXX
 Member ID #: XXXXXXXXXX

Service Details:
 Requested Service: High Intensity Psychiatric - Intensive Outpatient
 Proposed Date of Service: 07/20/2017

Contact Information:
 Please enter a contact name and phone number and, optionally, a physician name and phone number.
 Contact Name: Sue Brown
 Contact Phone: 123-456-7890
 Contact Ext:
 Physician Name:
 Physician Phone:
 Physician Ext:

Diagnosis Codes:
 You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.
 Search Type: ICD-10
 Diagnosis Code: F4321
 Optional Search
 Description: ADJUSTMENT DISORDER WITH DEPRESSED MOOD
 Add Diagnosis Code

Referred From Provider Information:
 Billing Provider Name: ABC BEHAVIORAL HEALTH ASSOCIATES - XXXXXXXX
 Address: 123 MAIN STREET, ANY TOWN, USA 12345-1234
 Service Provider: SMITH, MARY, MD XXXXXXXX

Comments:
 Clinical Information:
 Additional clinical information added here.

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 of the form, there are three buttons: **Submit** (highlighted in green), **Save**, and **View Referral/Auth**. A callout box points to the **Submit** button with the text: "Click on the **Submit** button to submit your request for Highmark review."

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Response Form

Once you complete and submit the Request Form, the **Response Form** will appear. The form will be populated with all of the information you have entered.

All requests will display a “Pended” status and a tracking number will appear at the top of the form. The authorization request will be viewable in NaviNet® Referral/Auth Inquiry.



The “EXT” (“External ID”) at the beginning of a Tracking Number identifies the request as being submitted through NaviNet. The EXT number will display as the Referral/Authorization Number in Referral/Auth Inquiry to help you identify your case. A separate CASE number is also assigned to the request when Highmark receives the request via NaviNet.

Please see [SECTION 7](#) for more information on NaviNet’s Referral/Auth Inquiry.

The screenshot shows the NaviNet web interface for a "Response Form". At the top, there is a navigation bar with "Workflows" and "Action Items". Below this, the form is titled "Response Form" and includes the Highmark logo. A red box highlights the "Tracking Number: EXT-XXXXX" and "Status: PENDED" fields. The form is divided into several sections: "Patient Information" (Last Name: DOE, First Name: JANE, Gender: Female, Date of Birth: 07/10/1956), "Service Details" (Requested Service: High Intensity Psychiatric - Intensive Outpatient, Proposed Date of Service: 07/20/2017), "Contact Information" (Contact: Sue Brown, Contact Phone: 123-456-7890, Physician: [blank], Physician Phone: [blank]), "Diagnosis Codes" (F4321 ADJUSTMENT DISORDER WITH DEPRESSED MOOD), and "Referred From Provider Information" (Billing Provider Name: ABC BEHAVIORAL HEALTH ASSOCIATES - XXXXXXXX, Address: 123 Main Street, Any Town, USA 12345-1234). At the bottom, there is a "Comments" section with a text area containing the message: "**Your comments entered on the NaviNet Request Form**". Below the form, there are buttons for "Submit", "Save", and "View Referral/Auth", along with a "Go to top" link.

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Additional information recommended for mental health services

For authorization requests for outpatient mental health services, please include the following information in the **Comments** box located at the bottom of the **Request Form**. The additional information will help the reviewer to complete the review in a timely manner and will avoid the need to request additional information.

NOTE: Please summarize this information briefly since the number of characters in this field is limited.

MENTAL HEALTH PARTIAL HOSPITALIZATION PRECERTIFICATION:

- Brief narrative re: presenting problem and symptoms (specific symptoms of depression, SI/HI, etc.).
- Describe any impairment in functioning in the past month (interpersonal conflict, inability to work or attend school, self-care deficits).
- Does the member have a support system? Please describe the level of support.
- List all current psych medications.
- Has the member had an inpatient psych admission within the past three years?
- Does the member have a potential for non-adherence to treatment?
- Does the member have transportation to the program?

MENTAL HEALTH INTENSIVE OUTPATIENT PSYCHIATRIC PRECERTIFICATION:

- Brief narrative re: presenting problem and symptoms (specific symptoms of depression, SI/HI, etc.).
- Describe any impairment in functioning in the past month (interpersonal conflict, inability to work or attend school, self-care deficits).
- Does the member have an adequate and competent support system?
- List all current psych medications.
- Has the member had an inpatient psych admission within the past three years?
- Does the member have a potential for non-adherence to treatment?
- Does the member have transportation to the program?

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Additional information recommended for substance abuse services

When requesting authorization for outpatient substance abuse services, please include the information below in the **Comments** box located at the bottom of the **Request Form**.

SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PRECERTIFICATION:

- Brief narrative re: presenting problem and reason for seeking treatment (unable to stop using on own, substance use related behaviors, comorbid mental health symptoms, continued use despite deterioration in health).
- Describe any impairment in functioning in the past month (interpersonal conflict, job jeopardy, threatened loss of residence).
- Is member expected to adhere to treatment with or without continued negotiation?
- Please identify risk factors (pregnancy, housing, supports, inadequate coping skills).
- Does the member have transportation to the program?

SUBSTANCE ABUSE INTENSIVE OUTPATIENT PRECERTIFICATION:

- Brief narrative re: presenting problem and reason for seeking treatment (use history, unable to stop using on own, substance use related behaviors, comorbid mental health symptoms, continued use despite deterioration in health, relapse potential).
- Describe any impairment in functioning in the past month (interpersonal conflict, job jeopardy, threatened loss of residence).
- Is the member expected to adhere to treatment with or without continued negotiation?
- Please identify risk factors (supports, inadequate coping skills).
- Does the member have transportation to the program?

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Continued Stay Requests

If an authorization expires and continued treatment is necessary, a **new authorization request must be submitted** through NaviNet® for outpatient behavioral health services (partial hospitalization and intensive outpatient psychiatric services). A continued stay request should be submitted on the last covered day of the previous authorization.

Recommended information for mental health continued stay requests

When submitting a new request for additional treatment for outpatient mental health services, please include the information below in the **Comments** box on the NaviNet® **Request Form**.

MENTAL HEALTH PARTIAL HOSPITALIZATION CONTINUED STAY REQUEST:

- Brief narrative re: current symptoms and progress toward treatment.
- Has the member attended at least 80 percent of the program in the last five days that were authorized?
- Describe the member’s current impairment in functioning (interpersonal conflict, inability to work or attend school, self-care deficits).
- Does the member have a support system? Please describe the level of support (unavailable, unable to manage intensity of symptoms, questionably competent, etc.)
- List all current medications and indicate when changes have been made.
- What is the current treatment plan?
- What is the estimated discharge date and aftercare plan?

MENTAL HEALTH INTENSIVE OUTPATIENT CONTINUED STAY REQUEST:

- Brief narrative re: current symptoms and progress toward treatment goals.
- Has the member attended at least 80 percent of the program in the last five days that were authorized?
- Describe the member’s current impairment in functioning (interpersonal conflict, inability to work or attend school, self-care deficits).
- Does the member have a support system that is available and competent?
- List all current medications and indicate when changes have been made.
- What is the current treatment plan?
- What is the estimated discharge date and aftercare plan?

Continued on next page

SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

Recommended information for substance abuse continued stay requests

When submitting a new request for additional treatment for outpatient substance abuse services, please include the information below in the **Comments** box on the NaviNet® **Request Form**.

SUBSTANCE ABUSE PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT CONTINUED STAY REQUESTS:

- Brief narrative re: current symptoms (severe cravings, mood instability, drug glorification, etc.)
 - Describe the member’s current impairment in functioning (difficulty engaging in treatment, socially withdrawn, etc.).
 - What is the current treatment plan? What progress has been made?
 - Has the member attended at least 80 percent of required programming?
 - Is there a personal recovery plan (identification of goals, triggers, and sober supports)?
 - What is the estimated discharge date and aftercare plan?
-

SECTION 7: NAVINET REFERRAL/AUTH INQUIRY

Overview

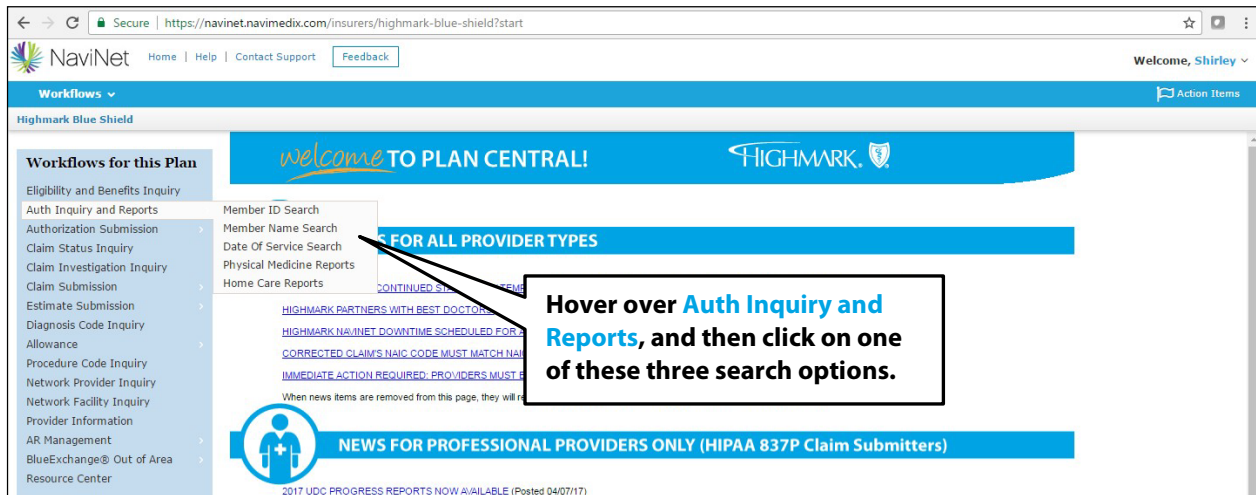
The Referral/Auth Inquiry transaction function in NaviNet® allows you to:

- View the authorization request and status of the request
- Access and complete the Behavioral Health Discharge Surveys

Accessing an authorization

To access an authorization in NaviNet,® hover over **Auth Inquiry and Reports** in the menu on Highmark’s Plan Central. The following search options are available on the fly-out menu:

- Member ID Search
- Member Name Search
- Date of Service Search



Continued on next page

SECTION 7: NAVINET REFERRAL/AUTH INQUIRY, Continued

Referral/Auth Inquiry

On the **Referral/Authorization Inquiry** screen, enter the necessary search criteria based on the search option you chose; and then click on the **Search** button (see *red arrow*).

Determine the applicable authorization from the search results. Click on the **Select** button to view the **Referral/Authorization Detail** Screen.



The “EXT” (“External ID”) at the beginning of a Referral/Authorization Number identifies the request as being submitted through NaviNet.® This number is the same as the Tracking Number on your Response Form to help you identify your case. A separate CASE number is also assigned to the request when Highmark receives the request via NaviNet.

The **Survey** option is available only for inpatient admissions. The purpose of the Discharge Survey tool is to assess the need for assistance in discharge planning. It also provides feedback that can help to identify members who may benefit from referrals to Case Management or Condition Management programs.



Authorization requests submitted to Highmark by phone or fax will also be viewable in NaviNet’s Referral/Auth Inquiry and the assigned CASE number is displayed in the Referral/Authorization Number field.

Referral/Authorization Inquiry

Billing Provider / Facility Name: ABC MEMORIAL HOSPITAL - XXXXXXXXXXX/XXXXX
 Date Of Service From: 07/01/2017 Date Of Service To: 07/21/2017
 Type: [Dropdown] Type Of Service: [Dropdown]
 Referral/Authorization Status: [Dropdown] Authorization Number: [Text Field]

Search **Exit** **Clear**

Records 1-7 of 7, page: 1

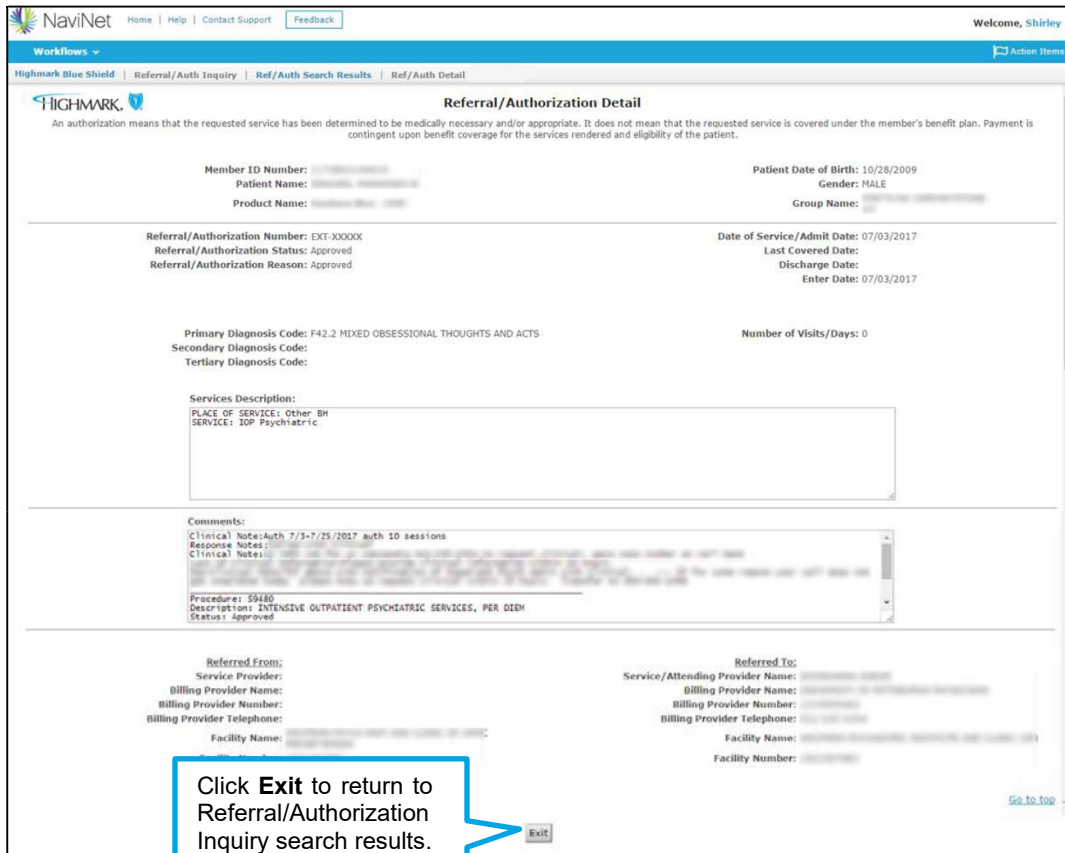
Type / Place Of Service	Status	Referral/Authorization Number	Date of Service	Patient Name	Patient Date of Birth	Referred from Billing Provider / Facility	Referred to Billing Provider / Facility	Action
Authorization / Outpatient Medical	Approved	CASE-XXXXX	07/18/2017	MARY SMITH	09/26/1974	ABC MEMORIAL HOSPITAL	ABC MEMORIAL HOSPITAL (OP)	Select
Authorization / Inpatient Behavioral Hea	Approved	EXT-XXXXX	07/20/2017	JANE DOE	07/10/1956	ABC MEMORIAL EMERGENCY MEDICINE	ABC MEMORIAL HOSPITAL - PSYCHIATRIC UNIT	Survey Select
Outpatient / Behavioral Health	Pended	EXT-XXXXX	07/10/2017	JOHN BROWN	04/19/1986	ABC BEHAVIORAL HEALTH ASSOCIATES	ABC MEMORIAL HOSPITAL (OP)	Select

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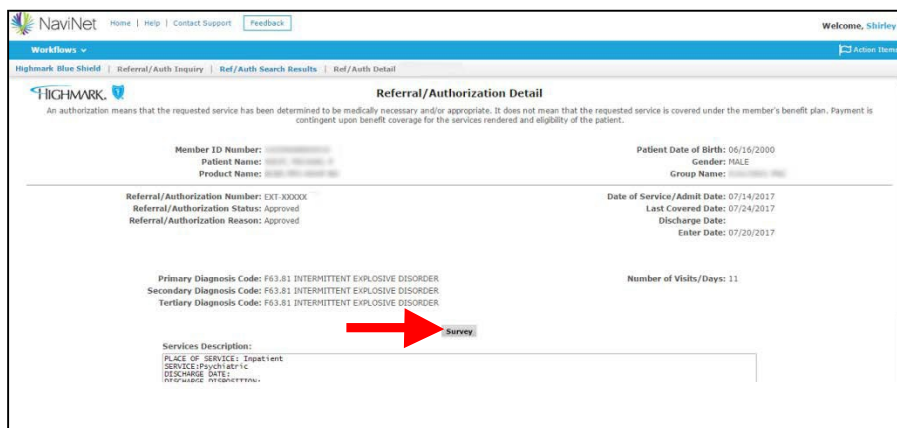
SECTION 7: NAVINET REFERRAL/AUTH INQUIRY, Continued

Referral/ Authorization Detail Screen

The details of the authorization can be viewed on the **Referral/Authorization Detail** screen.



The **Survey** option for inpatient admissions is also accessible from the Referral/Authorization Detail screen.



SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET

Overview

When submitting an authorization request through NaviNet,[®] you are asked to select the “Referred to Provider” on the **Request Form**. If the provider is not in the dropdown options for “Preferred Provider,” you can create a record for the provider that will be available for future submissions.

Instructions for creating a specialist record

STEP 1: To begin, click on the **Optional Search** button. The **Referred to Specialist Search** screen will appear next.

The screenshot shows the NaviNet 'Request Form' interface. The 'Referred to Provider' section is highlighted with a red rounded rectangle. It includes a note: 'Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.' Below this, there are input fields for 'Billing Provider' (with a 'Preferred Providers' dropdown), 'Description', 'Service Provider', and another 'Description' field. An 'Optional Search' button is located at the bottom of this section. The form also displays patient information (Last Name: DOE, First Name: JANE, Gender: Female, Date of Birth: 07/10/1956) and service details (Requested Service: Inpatient - Psychiatric, Proposed Date of Service: 05/10/2017).

STEP 2: Click on the **Create a Specialist/Facility** button to access the **Add Specialist** form.

The screenshot shows the 'Referred to Specialist Search' form. It includes a search tip and two examples of how to use wildcards in the search fields. The form contains several input fields: 'Billing Provider Name', 'City', 'County', 'Specialty Description', 'Service Provider First Name', 'Billing Provider Number', 'Zip Code', 'Service Provider Number', and 'Service Provider Last Name'. At the bottom, there are four buttons: 'Search', 'Create a Specialist/Facility', 'Use Personal List', and 'Clear'. A large red arrow points from the 'Create a Specialist/Facility' button to the search results table below. The table has columns for 'Service Provider Name', 'Billing Provider Name', 'Address', 'Phone Number', 'Fax Number', and 'Specialty Description'. A note at the bottom of the table says 'Please use search options above.'

Continued on next page

SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET, Continued

STEP 3: Enter the provider’s information – **the fields highlighted in yellow are required.** And then click the **Submit** button when you are finished.

STEP 4: After submitting the **Add Specialist** form, you are returned to the **Request Form**. The name of the provider that you have added will now be populated on the Request Form.

Once you have “created” a provider, the provider is on your personal list and you will be able to locate the provider in the future. Please see the next page for instructions on how to retrieve the provider when needed for authorization request submissions.

Continued on next page

SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET,

Continued

Finding a created specialist

Once you have created a provider, you can locate that provider again for future authorization submissions. Click on the **Optional Search** button when you reach the **Request Form**.

The screenshot shows the NaviNet 'Request Form' interface. At the top, there are navigation links for Home, Help, Contact Support, and Feedback. The user is logged in as 'Shirley'. The form is titled 'Request Form' and contains several sections:

- Patient Information:** Patient Last Name: DOE, Patient First Name: JANE, Gender: Female, Date of Birth: 07/10/1956, Group #: XXXXXXXX, Member ID #: XXXXXXXXXXXX.
- Service Details:** Requested Service: Inpatient - Psychiatric, Proposed Date of Service: 05/10/2017.
- Referred To Provider:** A note to verify the provider network. Below this are fields for Billing Provider (with a dropdown menu), Description, Service Provider, and Description. A red arrow points to the 'Optional Search' button.
- Contact Information:** Fields for Contact Name, Contact Phone, Contact Ext, Physician Name, Physician Phone, and Physician Ext.

Next, on the **Referred to Specialist** screen, click on the **Use Personal List** button.

The screenshot shows the 'Referred to Specialist Search' screen. It includes a search tip, examples of search results, and a form with the following fields:

- Billing Provider Name, City, County, Specialty Description, Service Provider First Name, Billing Provider Number, Zip Code, Service Provider Number, Service Provider Last Name.

 At the bottom of the form are buttons for 'Search', 'Create a Specialist/Facility', 'Use Personal List', and 'Clear'. A red arrow points to the 'Use Personal List' button. Below the form is a table header with columns: Service Provider Name, Billing Provider Name, Address, Number, Fax Number, and Specialty Description. A note below the table says 'Please use search options above.'

Continued on next page

SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET,

Continued

Finding a created specialist (continued)

On the **Personal Specialist List** screen, enter the last name and first name of the provider, and then click on the green **Search** button.

When the provider’s record appears, click on the **Select** button. You will then be taken back to the **Request Form** on which the provider information will now be populated and you can complete the authorization request submission.

Personal Specialist List

Search Tip: Billing Provider Name searches are "contains within" searches. Service Provider: Last Name, First Name searches are "begins with" searches. The wildcard asterisk (*) inserted after the data entered assists with provider searches. Searches without the wildcard asterisk require entry of an exact match. Partial searches using the wildcard asterisk (*) are recommended.

Example: Entering "Buck*" in the Billing Provider Name field will return: Buckingham Family Practice, Bucks Family Practice, Starbucks Medical

Example: Entering "Doe*" in the Service Provider Last Name field will return: Doe, John M.D., Doe, Ramon M.D.

Information: Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.

After entering the last and first name, click on **Search**.

Last Name:

First Name:

Specialty:

Facility Name:

City:

State:

Zip Code:

Search
Create a Specialist/Facility
Use Plan Specialist List
Clear

To choose the provider for your authorization submission, click **Select**.

Records 1 - 1 of 1, page: 1

	Name	Facility Name	Specialty	Full Address	
<small>Edit</small>	Brown, Sue		Substance Abuse Counseling	321 1st Street, Any Town, USA 12345-1234	<small>Select</small>

Records 1 - 1 of 1, page: 1

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