

Musculoskeletal Prior Authorization for Highmark - Ongoing Training (How-To/Walk Through)

November, 2018



What's Included?

- Initial Steps to Start a Musculoskeletal/Interventional Pain Management Authorization
- Pain Management Authorization Steps
- Spine Surgery Authorization Steps
- Additional information on Eligibility and Benefits



Walk Through Initial Steps to Start a MSK/IPM Authorization Example



- The purpose of this information is to provide a step by step walk through process on submitting an IPM authorization and then an inpatient MSK authorization through NaviNet.
- Before starting the submission process, you want to check if an authorization is even required in the first place.

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Open Eligibility and Benefits Inquiry
- Auth Inquiry and Reports
- Authorization Submission
- Claim Status Inquiry
- Open Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission
- Estimate Submission
- Diagnosis Code Inquiry
- Allowance
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Preferred Providers
- Provider Information
- Provider File Management
- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- Doctor Match Quiz

Welcome to Plan Central

In the SPOTLIGHT...

HIGHMARK NAVINET SYSTEM DOWNTIME: APRIL 13-14, 2018

HIGHMARK 2018: IMPORTANT PRODUCT NEWS

HEADLINE	AUDIENCE	DATE POSTED
HIGHMARK TARGETS HEALTH CARE FRAUD AND ABUSE: AUDITS DISCLOSE ACCOMPLISHMENTS AND FUTURE ENDEAVORS	ALL	04/03/2018
HCPs CODE J7325 TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE JUNE 1, 2018	ALL	03/30/2018
ATTENTION DURABLE MEDICAL EQUIPMENT SUPPLIERS, SPECIALTY PHARMACIES, AND HOME INFUSION SUPPLIERS: HIGHMARK ACCEPTS FUTURE DATE SPANNED DURABLE MEDICAL EQUIPMENT AND PHARMACY CLAIMS	ALL	03/30/2018
FEP SKILLED NURSING FACILITY (SNF) CLARIFICATION	ALL	03/20/2018
2018 UDC PROGRESS REPORTS NOW AVAILABLE	PROFESSIONAL	03/20/2018
MY DIRECT BLUE: HIGHMARK'S ACA PLAN FOR 2018	ALL	03/13/2018

HIGHMARK

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- The easiest, quickest and most reliable way to do this is to use the NAVINET benefit and eligibility. This will quickly determine if a Highmark member requires prior authorization either through eviCore or Highmark for MSK surgeries or IPM services.
- To do this select “Eligibility and Benefits Inquiry” from the NaviNet workflow from the upper left hand of the screen.

O NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User] | Workflows | Action Items | Activity

← Back to Highmark Blue Shield | Eligibility & Benefits: Highmark Blue Shield | Print | HIGHMARK.

Eligibility and Benefits: Patient Search

Search by Member ID

Member ID

OR

Search by Name

Last Name First Name Optional

Date of Birth mm/dd/yyyy

Date Of Service 10/26/2018

[Reset Search Fields](#)

HIGHMARK. 5

- You then enter the patient’s member ID. Using the Member ID# (if you have it) is the fastest and most efficient way to search; you enter the numeric portion only. No alpha prefix should be entered. There is a Search by Name function if you do not have the member ID#.
- Then click “Search.”

The screenshot shows the NantHealth NaviNet interface. At the top, there's a navigation bar with 'Home', 'Help', 'Contact Support', and 'Feedback'. Below that, a breadcrumb trail reads '< Back to Patient Search Results | Eligibility & Benefits: Highmark Blue Shield'. The main content area is titled 'Eligibility and Benefits for [blurred name]'. It shows the patient is 'Active from 09/01/2015 to 12/31/9999'. A red box highlights the text 'Musculoskeletal Interventional Pain Management: YES' under the 'Group Information' section. Other visible text includes 'Plan Area: 378', 'Alpha Prefix: HRF', 'Advanced Imaging Ind: NO', 'Radiation Therapy Management: YES', 'Physical Medicine Management: YES', 'Genetic Testing: YES', 'Product: FREEDOM BLUE PPO', and 'Type: Other'. The page also features a 'Benefits' tab and a 'Health Benefit Plan Coverage' section.

- If this is a family coverage, first you will see a screen of all who were ever on the plan and you would select the appropriate patient from that list.
- This example is a single coverage, so it takes the user directly to the Eligibility and Benefits screen.
- You see in this example that the Musculoskeletal Interventional Pain Management indicator is YES. This means that prior authorization is required by either eviCore or Highmark for all MSK/IPM services.
- When it says NO, that means that all **OUTPATIENT** MSK/IPM services do NOT require prior authorization.
- But remember that **ALL** inpatient admissions still require a prior authorization! If you are going to do a planned inpatient spinal surgery, that will still require a prior authorization and you will use your same workflow that you use now.
- All of this information that is populated here is pulling from the same database in real time that our Member Service reps and Provider Service reps are using, so this information is the same information that you would receive if you called. That is why the most efficient way to start this process is to use NaviNet.

Highmark Blue Shield

Welcome to Plan Central

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports
- Auth Submission**
 - Facility Authorization Submission
 - Behavioral Health
 - Home Care/Hospice
 - PreService Review for Out Of Area Members
 - Referral/Authorization Log
- Allowance
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider File Management
- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- COB Questionnaire
- EFT Attestation and Registration
- Quality Blue
- Doctor Match Quiz

	AUDIENCE	DATE POSTED
PURCHASED SERVICES	PROFESSIONAL	10/23/2018
AUTHORIZATIONS FOR THE	ALL	10/19/2018
JOIN OUR WEBINAR: MEDICARE AND MEDICARE ADVANTAGE 101	ALL	10/19/2018
NAVINET NOW ACCEPTING PROCEDURE CODES FOR MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS	ALL	10/18/2018
UPDATE: V36 MS-DRG INPATIENT GROUPER/MAPPER INSTALLATION TIMELINE	ALL	10/17/2018

When news items are removed from this page, they will remain on the Plan Central Library page on the Provider Resource Center.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Shield serves the 21 counties of central Pennsylvania and the Lehigh Valley. Blue Shield and the shield symbol are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark, Inc. NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc. is an independent company that provides a secure, web-based portal between providers and health care insurance plans.

In the SPOTLIGHT...

- [NAVINET NOW AVAILABLE TO RECEIVE MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS](#)
- [EVI CORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND RADIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019](#)
- [HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM](#)
- [HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

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- Once the user determines that an authorization is needed, the next step is to begin the workflow for authorization submission.
- It will not matter if the requirement is through Highmark or eviCore, because the flow is the same. NaviNet will route the request to where it needs to go, eviCore or Highmark.

The screenshot shows a web application interface for NantHealth NaviNet. At the top, there is a navigation bar with links for Home, Help, Contact Support, and Feedback. A user is logged in as 'Welcome, [user name]'. Below this is a secondary navigation bar with 'Workflows' and 'Administration' menus, and an 'Action Items' icon. The main content area is titled 'Billing Provider Selection Form' and features the Highmark logo. A prompt reads 'Please select a Referred from Billing Provider:' followed by a dropdown menu labeled 'Referred From Billing Provider:'. At the bottom of the form area are 'Submit' and 'Save' buttons. The Highmark logo and the number '8' are visible in the footer.

- Most users in the health system will see this first screen. This is where the user will enter the referred from practice name/doctor from the dropdown menu and click submit.

Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):
 Service Provider:
 Proposed Date of Service:

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

Step 3. Please select a Category and then a Service from the selections below:
 Category: Service:
 Add Category/Service
 Category and Services Added:

Category	Service
	Planned Medical
	Planned Surgical
	Spine Surgery Procedures
	Large Joint Procedures

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- The user is taken to the Selection Form. Enter the Service Provider, Proposed Date of Service, and the Member ID.
- If the **MSK indicator is YES, and the request is for Inpatient**, the user will:
 - Enter Inpatient in the category field. It is **very important** to then select either **Spine Surgery Procedures or Large Joint Procedures** in the Service field.
 - Click submit

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Administration | Highmark Blue Shield | Auth Submission | Selection Form | Action Items

SELECTION FORM

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: [Dropdown]

Proposed Date of Service: [Text Field]

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

Member ID: [Text Field] | Member Date of Birth: [Text Field]

Member First Name: [Text Field] | Member Last Name: [Text Field]

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

Category: [Dropdown: Outpatient] | Service: [Dropdown: Please choose one.]

Service List (highlighted in red box):

- Planned Medical
- Planned Surgical
- Chemotherapy
- Speech Therapy
- Rehab/Therapies
- Spine Surgery Procedures
- Large Joint Procedures
- Pain Management Procedures

Category and Services Added:

Category

[Submit] [Save]

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- This example is for **OUTPATIENT**:
- When the indicator is YES and the category is Outpatient, the user will select **1 of 3** services, **Spine Surgery Procedures, Large Joint Procedures, or Pain Management Procedures.**

Walk Through Pain Management Authorization Example



- This is going to be a mock run through for a Pain Management authorization.

The screenshot shows a web application interface for a 'Selection Form'. At the top, there is a navigation bar with 'NantHealth | NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown is on the right. Below this is a blue header with 'Workflows' and 'Action Items'. The main content area is titled 'Highmark Blue Shield | Auth Submission | Selection Form'. The Highmark logo is on the left. The form is titled 'Selection Form' and has 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]
 - Proposed Date of Service: [text input with value '10262018']
- 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 with value 'Outpatient']
 - Service: [dropdown menu with value 'Pain Management Procedures']
 - [Add Category/Service button]

Below Step 3, there is a section titled 'Category and Services Added:' with a table structure:

Category	Service

At the bottom of the form are 'Submit' and 'Save' buttons. The Highmark logo is at the bottom left, and the number '12' is at the bottom right.

- We're going to start on the Selection Form screen and presume that we already entered our provider, proposed date of service, etc. on the previous screens.
- For **ALL** IPM services, Pain Management Procedures, the user will select Outpatient as the category and Pain Management Procedures as the service.
- Click submit.

Request Form

Patient Information:
 Patient Last Name: [Redacted] Patient First Name: [Redacted]
 Gender: [Redacted] Date of Birth: [Redacted]
 Group #: [Redacted]
 Member ID #: [Redacted]

Service Details:
 Requested Service: Outpatient - Pain Management Procedures
 Proposed Date of Service: 10/26/2018

Referred To Provider:
 While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.
 Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.
 Billing Provider: [Redacted] Preferred Providers [Dropdown]
 Description: [Redacted]
 Service Provider: [Redacted]
 Description: [Redacted]
 Optional Search [Button]
 Add Preferred Provider:

Referred To Facility:
 While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.
 Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.
 Facility: [Redacted] Optional Search [Button]
 Description: [Redacted]
 Add Preferred Facility:

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 [Dropdown]
 Diagnosis Code: M51.36 [Text] Optional Search [Button] Description: [Redacted]
 Add Diagnosis Code [Button]

Procedure Codes:

- The user will be taken to the Request Form screen and it is already populated with what the user has entered to this point. (This information has been removed for privacy reasons.)
- This is where the user will enter the Provider and/or Facility that will provide the Pain Management Service.
- As the user scrolls down the screen, the next section is for entering the diagnosis and procedure codes.

Procedure Codes:
 You may enter or search for up to 12 procedure codes. To add additional procedure codes, click the "Add Procedure Codes" button.

Procedure Code: Description:

Procedure Code 2: Description:

Procedure Code 3: Description:

Procedure Code 4: Description:

Referred From Provider Information:

Billing Provider Name:

Address:

Service Provider:

Contact Name: Contact Phone:

Comments:

History/Symptoms:


Diagnostic Testing:

Treatment Plan:

Discharge Plan:

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](#)



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- This is a continuation of the Selection Form screen where the user can enter multiple procedure codes (up to 12), as well as the comments field where patient specific information can be entered.
- At the bottom of the screen, click submit.

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Highmark Blue Shield | Auth Submission | Selection Form | Request Form

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: While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.

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

[Search](#) [Create a Specialist/Facility](#) [Clear](#)

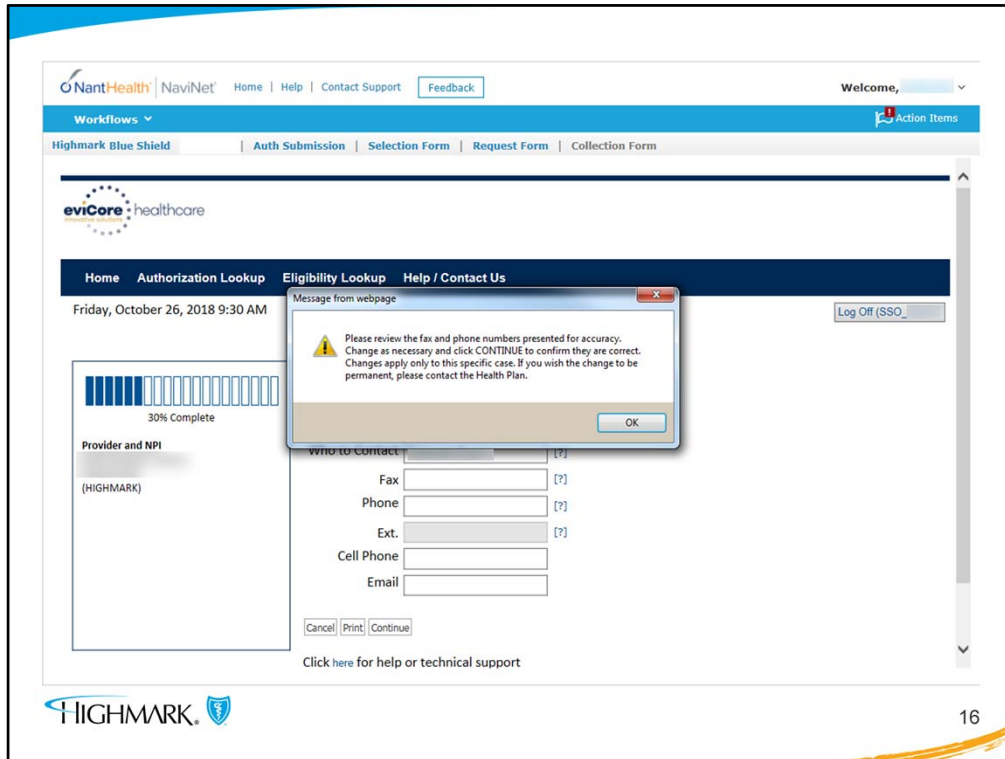
Records 1-2 of 2, page: 1

Facility Number	Facility Name	Address	Phone Number	Fax Number	Specialty Description	
					GENERAL HOSPITAL WITH DISTINCT UNIT	Select
					GENERAL HOSPITAL WITH DISTINCT UNIT	Select

Records 1-2 of 2, page: 1

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- This is a screen that was added to show how to do a search for a Facility. This is to show the user what the Optional Facility Search (accessed from the Selection Form screen) looks like. There may be a need for this if the user is searching for a facility that they seldom use.
- Once the facility appears in the search, select it and it will be added to the authorization. Submit.



- This screen tells the user that the authorization is being managed by eviCore.
- This message alert will remind the user to check their contact information if needed, then click OK to close the box.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with 'NantHealth NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is on the right. Below this is a 'Workflows' dropdown menu and a 'Action Items' icon. The main content area features the 'Highmark Blue Shield' logo and a breadcrumb trail: 'Auth Submission | Selection Form | Request Form | Collection Form'. The 'eviCore healthcare' logo is prominently displayed. A dark blue navigation bar contains 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The date 'Friday, October 26, 2018 9:30 AM' and a 'Log Off (SSO_...)' button are also visible. The main section is titled 'Clinical Certification' and includes a progress bar showing '30% Complete'. On the left, a box labeled 'Provider and NPI' contains '(HIGHMARK)'. The right side contains several input fields: 'Provider's Name', 'Who to Contact', 'Fax', 'Phone', 'Ext.', 'Cell Phone', and 'Email', each with a '?' icon. At the bottom of the form are 'Cancel', 'Print', and 'Continue' buttons, along with a link: 'Click here for help or technical support'. The 'HIGHMARK' logo is at the bottom left, and the number '17' is at the bottom right.

- If any contact information needs to be updated the user can do that and then click continue to move forward.

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Highmark Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form | Action Items

Home | Authorization Lookup | Eligibility Lookup | Help / Contact Us

Friday, October 26, 2018 9:31 AM | Log Off (SSO)

Clinical Certification

This procedure was performed on 10/26/2018. [CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

64493 | FACET INJ LUMBOSACRAL, 1 LEVEL

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **M51.36**
 Description: **Other intervertebral disc degeneration, lumbar region**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
 Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[Cancel](#) | [Print](#) | [Continue](#)

[Click here for help or technical support](#)

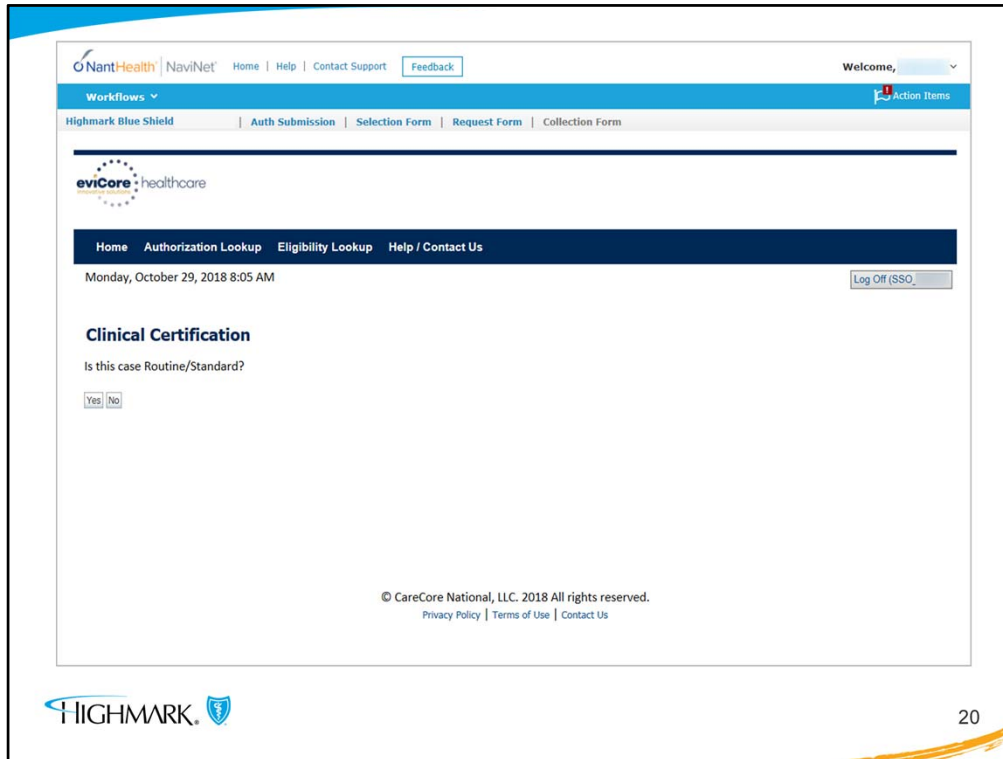
HIGHMARK

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- On the Clinical Certification screen, there have been some questions that should be clarified:
 - **For IPM authorizations, only 1 CPT code needs to be entered.**
 - If there are more CPT codes, the ability to enter additional codes will be prompted a little later in this flow and will be demonstrated in a moment.
- The user can add diagnosis codes and then click continue to submit.

The screenshot displays the NantHealth NaviNet interface for a Clinical Certification request. At the top, the navigation bar includes 'NantHealth NaviNet', 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is on the right. Below this, a 'Workflows' dropdown menu is set to 'Highmark Blue Shield', with other options like 'Auth Submission', 'Selection Form', 'Request Form', and 'Collection Form'. A secondary navigation bar contains 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The main content area shows the date 'Friday, October 26, 2018 9:59 AM' and a 'Log Off (SSO)' button. A progress gauge on the left indicates '60% Complete' with 6 out of 10 bars filled. The 'Clinical Certification' section prompts the user to 'Confirm your service selection.' and lists the following details: Procedure Date: 10/29/2018; CPT Code: 64493; Description: FACET INJ LUMBOSACRAL, 1 LEVEL; Primary Diagnosis Code: M51.36; Primary Diagnosis: Other intervertebral disc degeneration, lumbar region; Secondary Diagnosis Code: [blank]; Secondary Diagnosis: [blank]. Below the details are links for 'Change Procedure or Primary Diagnosis' and 'Change Secondary Diagnosis', and buttons for 'Cancel', 'Print', and 'Continue'. A link for 'Click here for help or technical support' is also present. The footer includes '© CareCore National, LLC. 2018 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. The Highmark logo is in the bottom left, and the number '19' is in the bottom right.

- The user will note that there is a gauge on the left of this screen that shows the progress that has been made toward completion of the request.
- This example indicates the user is at 60% complete. Click continues to move forward.



- The user will be asked if this case is routine or standard.
- If answered YES, the authorization will move forward to the next step and means that it will be processed as routine.
- If answered NO, that indicates that the request is an urgent case. If the request is urgent, the user will be prompted to give additional documentation before going to the next step.

NantHealth | NaviNet Home | Help | Contact Support | Feedback Welcome, [User Name]

Workflows Highmark Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form Action Items

eviCore healthcare

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Monday, October 29, 2018 8:06 AM Log Off (SSO)

Clinical Certification

Facet Joint Injection - Lumbar

What type of procedure is being performed?

- Medial branch block or facet joint injection to find the source of pain (diagnostic)
- Medial branch block or facet joint injection to treat pain (therapeutic)
- Unknown

Please indicate if any of the following symptoms are present: (Choose all that apply)

- Localized low back pain None of the above
- Pain down the leg (radicular pain) Unknown
- Pain with weakness and tingling after standing or walking (neurogenic claudication)

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

Click here for help or technical support

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- If the request is routine and the user answered YES, this screen will appear. This screen is part of what eviCore calls the clinical decision support where the user will answer a series of questions will be asked related to the authorization request.
- Some of the questions may require 1 answer (radio button) or the question may ask for more than 1 response.
- Complete the answers and then click the submit button at the bottom of the screen.

NantHealth | NaviNet Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Highmark Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form | Action Items

eviCore healthcare

Home | Authorization Lookup | Eligibility Lookup | Help / Contact Us

Monday, October 29, 2018 8:16 AM | Log Off (SSO)

Clinical Certification

Please indicate the facet joint(s) this procedure will be performed on (choose all that apply)

L1 - L2 L4 - L5
 L2 - L3 L5 - S1
 L3 - L4 Unknown or not sure

Please indicate the side(s) that this procedure will be performed on:

Left side ONLY (unilateral)
 Right side ONLY (unilateral)
 Left AND right sides (bilateral)

Finish Later

Did you know?
 You can save a certification request to finish later.

[Click here for help or technical support](#)

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- It was pointed out earlier that if the user needs to enter additional CPT codes, information would be given later.
- This is the screen where additional codes will be added. The user will first indicate the facet(s) that is/are involved and then will mark if it is left or right unilateral or if left and right sides.
- By doing this it will create a “virtual” basket of procedure codes that are going to be included in the authorization. Even though the user will not see the codes on this screen, when the authorization is completed the user will see all of the codes listed in the authorization.
- Click submit to continue.

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [dropdown]

Workflows [dropdown]
 Highmark Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form

eviCore healthcare

Home | Authorization Lookup | Eligibility Lookup | Help / Contact Us

Monday, October 29, 2018 8:17 AM | Log Off (SSO)

Clinical Certification

How many facet joint injections or medial branch blocks to TREAT pain has your patient had in this region in the past 12 months?

How many facet joint injections or medial branch blocks to DIAGNOSE pain has your patient had in this region in the past 12 months?

SUBMIT

Finish Later

Did you know?
 You can save a certification request to finish later.

Cancel | Print

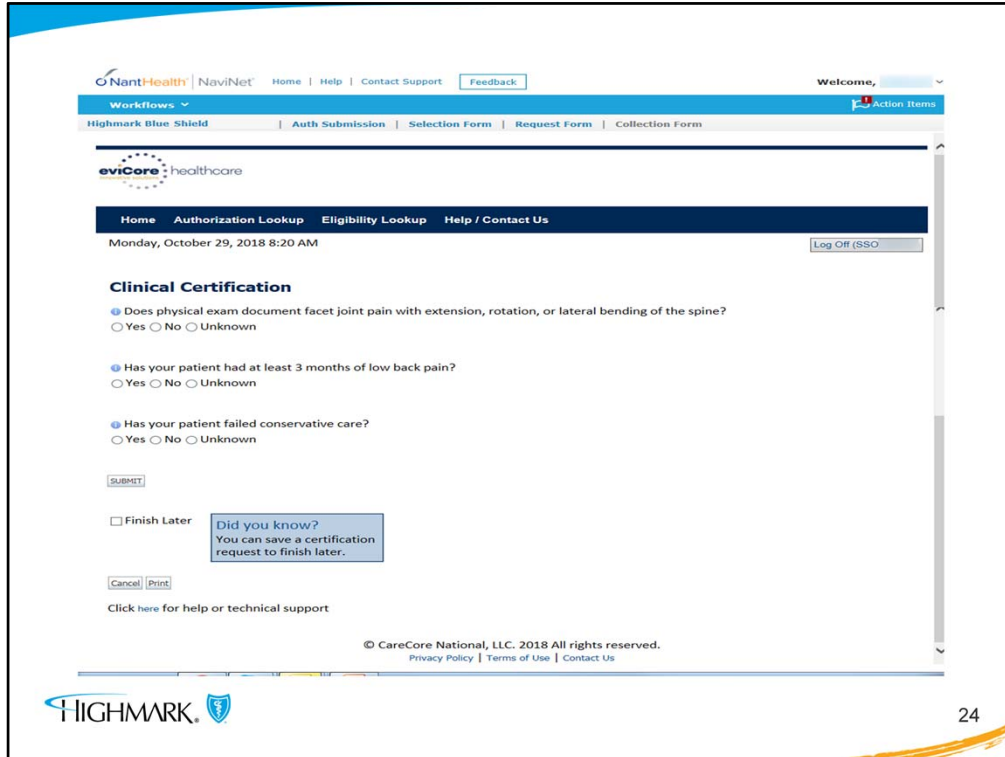
Click here for help or technical support

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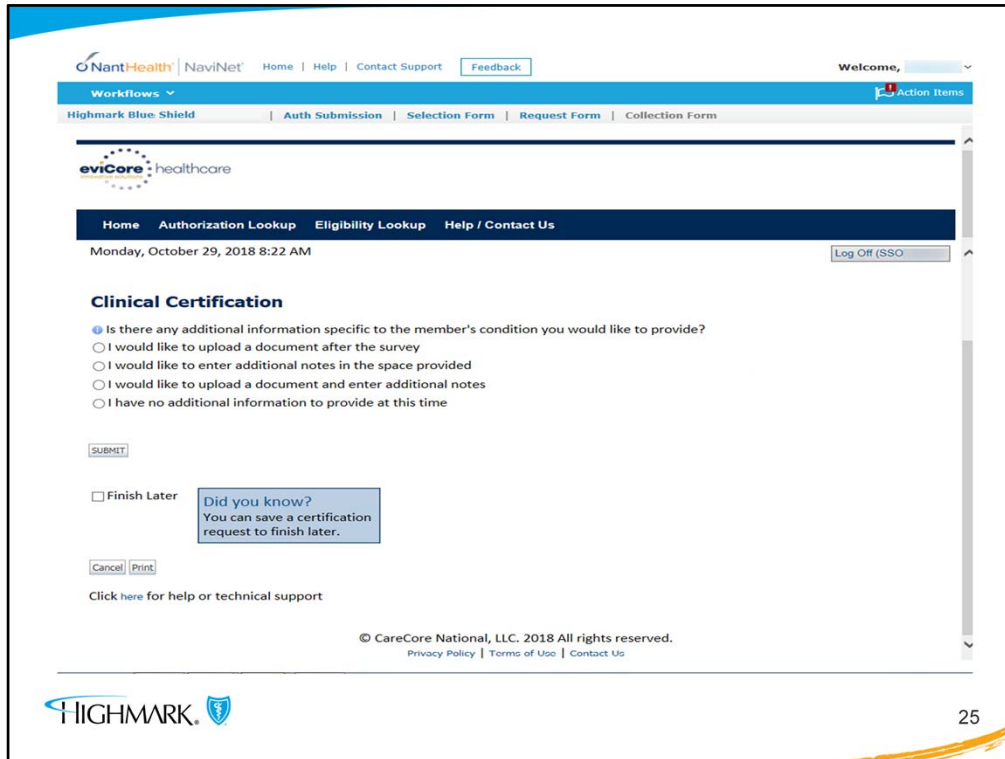
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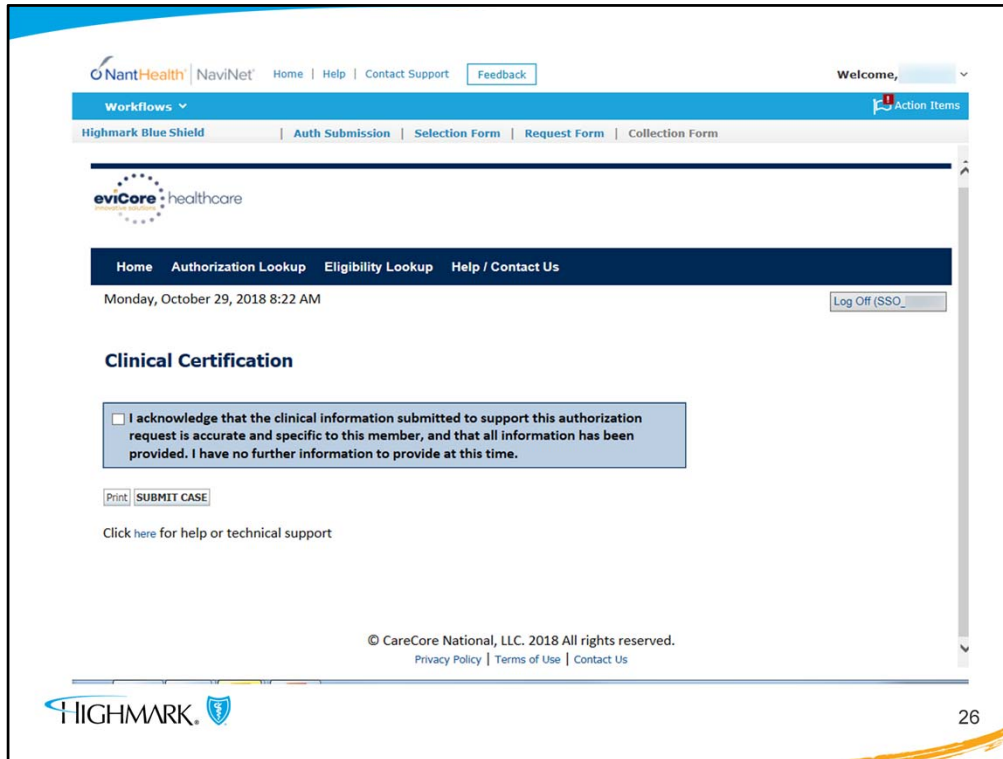
- There will be questions on this screen about the patient’s treatment history.
- When completed, click submit to continue.



- This screen is another that is included to show the user all screens that will appear in the typical IPM authorization request.
- After completed, click submit.



- On this screen the user is given the opportunity to upload documents or provide additional information in order to support the authorization request.
- You can click submit to continue.



- This screen allows the user to acknowledge that the information provided is accurate and is specific to this member.
- It is important to note that the box must be clicked and then the user must **click on “submit case”** in order to finish the authorization request.

NantHealth | NaviNet Home | Help | Contact Support Feedback Welcome, [User Name]

Workflows Highmark Blue Shield Auth Submission Selection Form Request Form Collection Form Action Items

eviCore healthcare

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Monday, October 29, 2018 8:23 AM Log Off (SSO)

Clinical Certification

Your case has been sent to Medical Review.


Provider Name: [Redacted]	Contact: [Redacted]
Provider Address: PITTSBURGH, PA 15212	Phone Number: (717) 555-6789
	Fax Number: (717) 555-1234
Patient Name: [Redacted]	Patient ID: [Redacted]
Insurance Carrier: HIGHMARK	
Site Name: [Redacted]	Site ID: [Redacted]
Site Address: [Redacted]	

Primary Diagnosis Code: M51.36	Description: Other intervertebral disc degeneration, lumbar region
Secondary Diagnosis Code: [Redacted]	Description: [Redacted]
Date of Service: 10/29/2018	Description: FACET INJ LUMBOSACRAL, 1 LEVEL
CPT Code: 64493	
Modifier: 50	
Case Number: 1056266108	
Review Date: 10/29/2018 8:05:09 AM	
Expiration Date: N/A	
Status: Your case has been sent to Medical Review.	

[Print](#) [Continue](#)

[Click here for help or technical support](#)

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- Continuing with the same example, note that this screen indicates that the case is pended for Medical Review. This information is seen when the authorization request is entered via NaviNet.

The screenshot shows a web application interface for NantHealth Navinet. At the top, there is a navigation bar with the NantHealth logo, 'Navinet', and links for Home, Help, Contact Support, and Feedback. A 'Welcome, [user]' dropdown is visible on the right. Below this is a 'Workflows' dropdown menu with a red notification icon and 'Action Items'. A secondary navigation bar includes 'Highmark Blue Shield' and links for 'Auth Submission', 'Selection Form', 'Request Form', and 'Collection Form'. The main content area features the 'eviCore healthcare' logo and a dark blue navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The current date and time are 'Monday, October 29, 2018 8:25 AM', and a 'Log Off (SSC)' button is present. The main heading is 'Clinical Certification'. The text reads: 'Thank you for submitting a request for clinical certification. Would you like to:'. A bulleted list contains one item: 'Request another procedure for this member'. Below the list are 'Cancel' and 'Print' buttons. A link 'Click here for help or technical support' is provided. At the bottom of the content area, there is a copyright notice: '© CareCore National, LLC. 2018 All rights reserved.' with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. A URL 'http://www.evicore.com/' is also shown. The footer of the slide includes the 'HIGHMARK' logo, the text 'Presentation Title or Footnote area', and the number '28'.

- This screen will allow the user to enter another request for this member.

Walk Through Spine Surgery Authorization Example



- This next section will include a walk through for a spinal surgery authorization.

ONantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Highmark Blue Shield | Auth Submission | Selection Form | Action Items

Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: [Dropdown]
Proposed Date of Service: [Text]

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

Member ID: [Text] | Member Date of Birth: [Text]
Member First Name: [Text] | Member Last Name: [Text]

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

Category: [Inpatient] | Service: [Spine Surgery Procedures]

Add Category/Service

Category	Service

Submit Save

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- If the MSK indicator is **YES**, and the request is for spine surgery, the service selected must be **Spine Surgery Procedures**.
- If the MSK indicator is **NO**, keep in mind that **ANY** inpatient request requires authorization.
- If the request is for inpatient but the indicator for MSK was **NO**, the user will follow the business as usual process to submit and would select the inpatient surgical or medical service type.
- In this example the MSK indicator was **YES** and is inpatient. The category is Inpatient and the Service is **Spine Surgery Procedures**.
- Click submit.

- This screen is the Request Form where the user will complete the fields just as the user entered for the example IPM request; Referred to Provider, facility, diagnosis codes, etc. and continue to scroll down.

Procedure Codes:
 You may enter or search for up to 12 procedure codes. To add additional procedure codes, click the "Add Procedure Codes" button.

Procedure Code: Description:

Procedure Code 2: Description:

Procedure Code 3: Description:

Procedure Code 4: Description:

Referred From Provider Information:

Billing Provider Name:

Address:

Service Provider:

Contact Name: Contact Phone:

Comments:

History/Symptoms:


Diagnostic Testing:

Treatment Plan:

Discharge Plan:

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](#)



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- Complete the fields as appropriate. Any additional procedure codes can be added.
- Complete the free form text boxes as needed.
- Click submit.

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Highmark Blue Shield | Auth Submission | Selection Form | Request Form | Action Items

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: While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.

Facility Name: Facility Number:

City: Zip Code:

County:

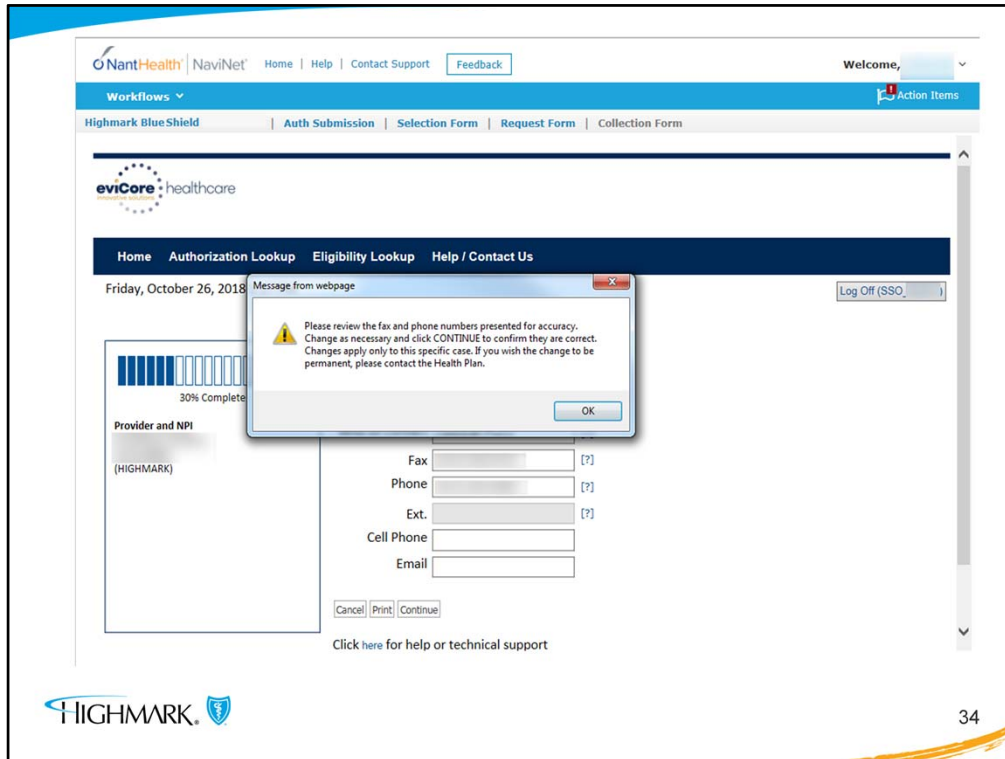
Records 1-2 of 2, page: 1

Facility Number	Facility Name	Address	Phone Number	Fax Number	Specialty Description	
					GENERAL HOSPITAL WITH DISTINCT UNIT	Select
					GENERAL HOSPITAL WITH DISTINCT UNIT	Select

Records 1-2 of 2, page: 1

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- This is the screen for the Facility Search if needed. If the user has a facility that they seldom use, that person may need to use this Facility Search screen.
- Once the facility is located click select



- The user has come to the first eviCore screen, with the pop-up that reminds the user to review the information for accuracy. Click OK.

The screenshot displays the 'Clinical Certification' form in the NantHealth NaviNet system. At the top, there is a navigation bar with 'NantHealth | NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is visible on the right. Below this is a 'Workflows' dropdown and a list of workflow types: 'Highmark Blue Shield', 'Auth Submission', 'Selection Form', 'Request Form', and 'Collection Form'. The main header area includes the 'eviCore healthcare' logo and a secondary navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The date and time 'Friday, October 26, 2018 1:17 PM' and a 'Log Off (SSO...)' button are also present.

The 'Clinical Certification' section features a progress indicator showing '30% Complete' with a bar chart. To the left of the form is a box labeled 'Provider and NPI (HIGHMARK)'. The form fields include:

- Provider's Name [?]
- Who to Contact [?]
- Fax [?]
- Phone [?]
- Ext. [?]
- Cell Phone
- Email

 At the bottom of the form are 'Cancel', 'Print', and 'Continue' buttons. A link for 'Click here for help or technical support' is provided below the buttons. The footer contains the copyright notice '© CareCore National, LLC. 2018 All rights reserved.' with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. The Highmark logo is in the bottom left corner, and the page number '35' is in the bottom right corner.

- If there are any changes that are needed for the contact information, it can be added here.
- Click continue

The screenshot displays the 'Clinical Certification' screen within the NantHealth Navinet application. At the top, the navigation bar includes 'NantHealth | Navinet' and 'Home | Help | Contact Support | Feedback'. Below this, a 'Workflows' dropdown menu is visible, with 'Highmark Blue Shield' selected. The main content area features the 'eviCore healthcare' logo and a navigation menu with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The date and time 'Monday, October 29, 2018 9:00 AM' and a 'Log Off (SSO)' button are also present.

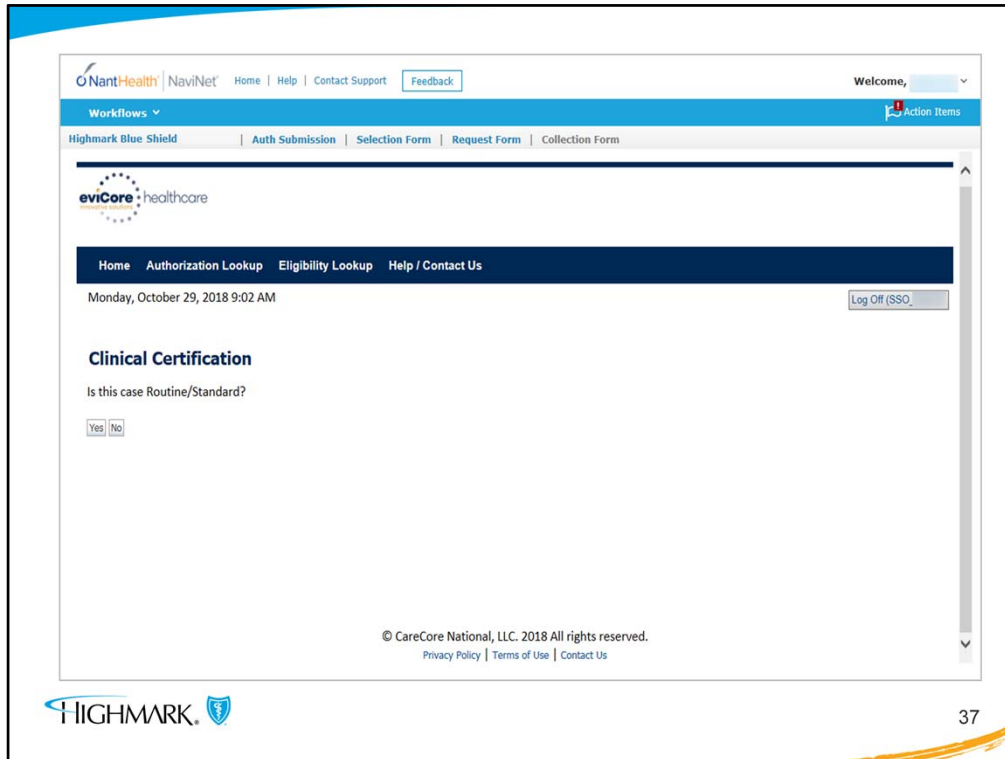
The 'Clinical Certification' section includes a progress bar showing '40% Complete' and a form with the following fields:

- Provider and NPI:** (HIGHMARK)
- Patient:** 7/24/1950
- Service:** 10/29/2018, SPINE SPINE SURGERY, R68.89 Other general symptoms and signs
- Site:** (blurred)

The 'Clinical Certification' text reads: "You are about to enter the clinical information collection phase of the authorization process. Once you have clicked 'Continue,' you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing. In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National." Below the text are buttons for 'Cancel', 'Back', 'Print', and 'Continue', and a link for 'Click here for help or technical support'.

At the bottom, the footer contains '© CareCore National, LLC. 2018 All rights reserved.' with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. The Highmark logo is in the bottom left, and the page number '36' is in the bottom right.

- The Clinical Certification screen appears next. If changes for the request are needed, there is a back button, otherwise, click continue.

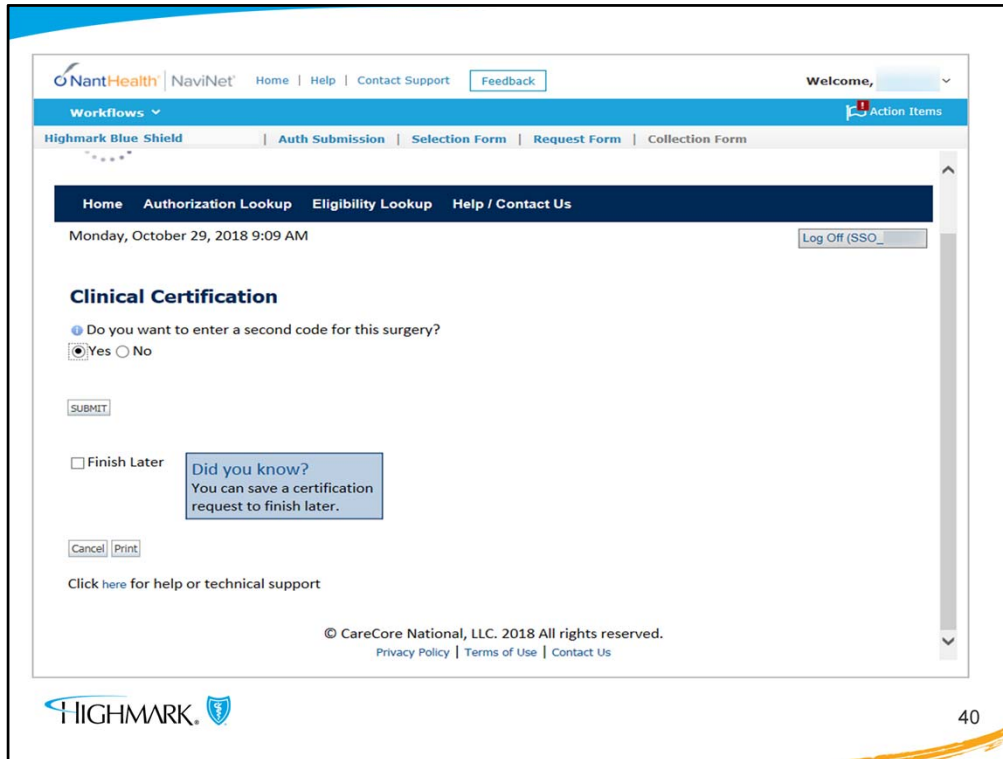


- Just as with the earlier IPM request, if the user clicks NO when asked if the case is routine or standard, it is an **urgent** request and the screen will prompt the user to upload or enter more information in order to complete the authorization request.
- If the user selects YES, it indicates that the request is routine and the request will progress to the next screen.

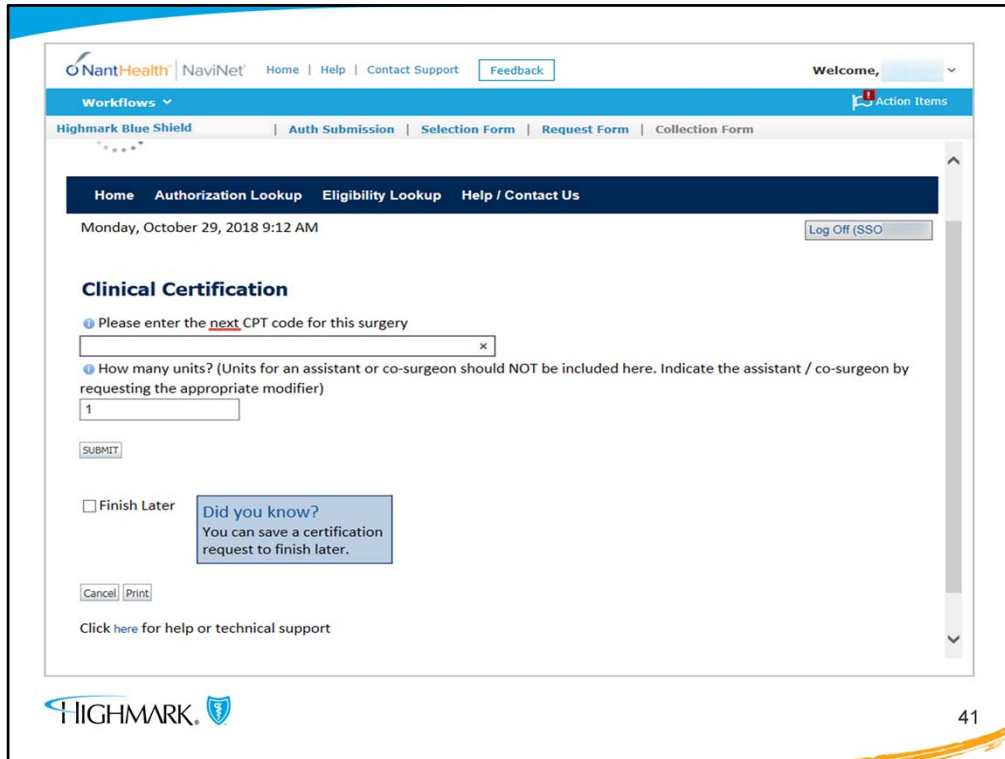
- On this screen the user will enter the **primary CPT code** for the surgery and indicate the region of the spine and then click submit.
- **If there is more than 1 code that needs to be entered, they must be entered separately**, which will be demonstrated in a few screens. This is unlike the IPM example where additional codes are automatically included after answering a few questions.

The screenshot shows a web application interface for NantHealth NaviNet. At the top, there is a navigation bar with 'NantHealth | NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is visible on the right. Below this is a 'Workflows' dropdown menu with options: 'Highmark Blue Shield', 'Auth Submission', 'Selection Form', 'Request Form', and 'Collection Form'. The main content area features the 'eviCore healthcare' logo and a secondary navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The date and time 'Monday, October 29, 2018 9:07 AM' and a 'Log Off (SSO)' button are also present. The primary section is titled 'Clinical Certification' and contains a radio button selection for 'Place of Service'. The options are: 11 - Office, 19 - Off Campus-Outpatient Hospital, 21 - Inpatient Hospital, 22 - Outpatient Hospital, and 24 - Ambulatory Surgical Center. A 'SUBMIT' button is located below the radio buttons. A 'Finish Later' checkbox is also present, with a callout box stating: 'Did you know? You can save a certification request to finish later.' At the bottom of the form, there are 'Cancel' and 'Print' buttons, and a link for 'Click here for help or technical support'. The footer includes the copyright notice '© CareCore National, LLC, 2018 All rights reserved.' with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. The Highmark logo is in the bottom left corner, and the page number '39' is in the bottom right corner.

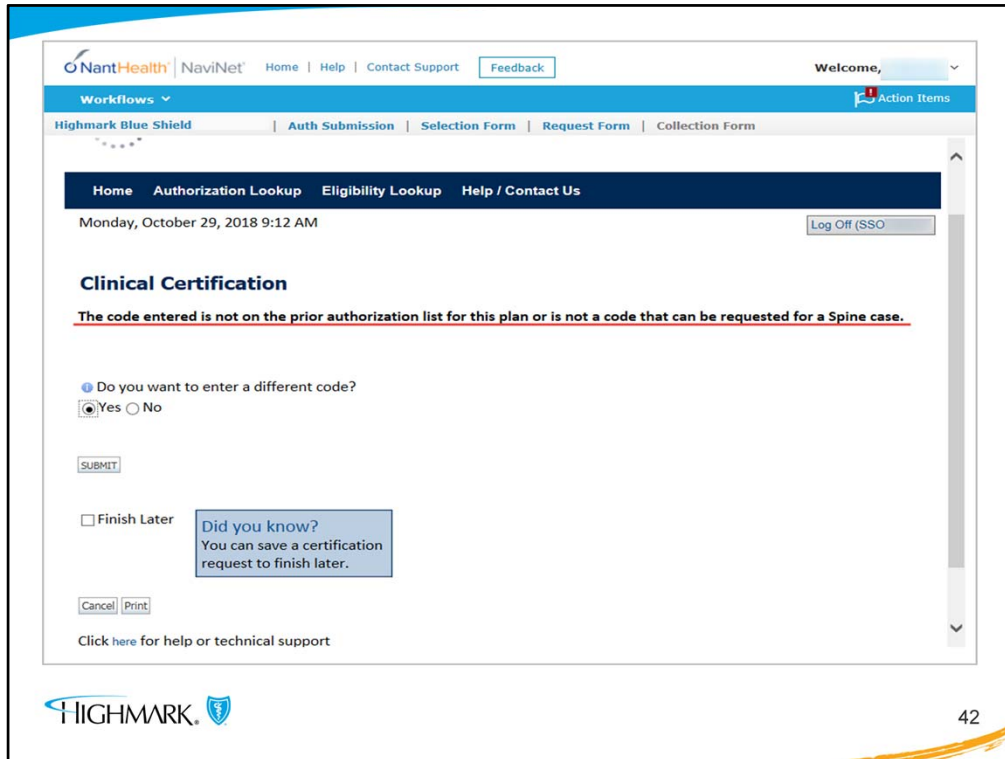
- On this screen the user will enter Place of Service. For this example it is 21 Inpatient Hospital.
- Then click submit.



- The user comes to the screen where additional codes can be added. If the user wants to add a code, they will select yes and it will take the user through the preceding steps that were just demonstrated.
- This will allow the user to continue the same process for each additional code that they wish to enter.



- If the user enters a code here that does not require authorization, and then clicks submit, the user is taken to the next screen with a message.



- The message that the user will see is underlined in red here.
- It states that the **code entered is not on the prior authorization list OR is not a code that can be requested for a Spine case.**

NantHealth | Navinet Home | Help | Contact Support | Feedback

Welcome, [User Name]

Workflows Highmark Blue Shield Auth Submission Selection Form Request Form Collection Form Action Items

evCore healthcare

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Monday, October 29, 2018 9:14 AM [Log Off (SSO_dpucel)]

Clinical Certification

Lumbar Decompression

What type of procedure will be performed?

Please indicate the lumbar levels that the procedure will be performed on: (Choose all that apply)

L1 - L2 L4 - L5
 L2 - L3 L5 - S1
 L3 - L4 Unknown levels

Please indicate the side that the procedure will be performed on:

Left side ONLY (unilateral)
 Right side ONLY (unilateral)
 Left AND Right sides (bilateral)

Is this the first lumbar decompression surgery at this level and side?

Yes No

Please indicate the reason for the requested procedure:

If Other, please specify:

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

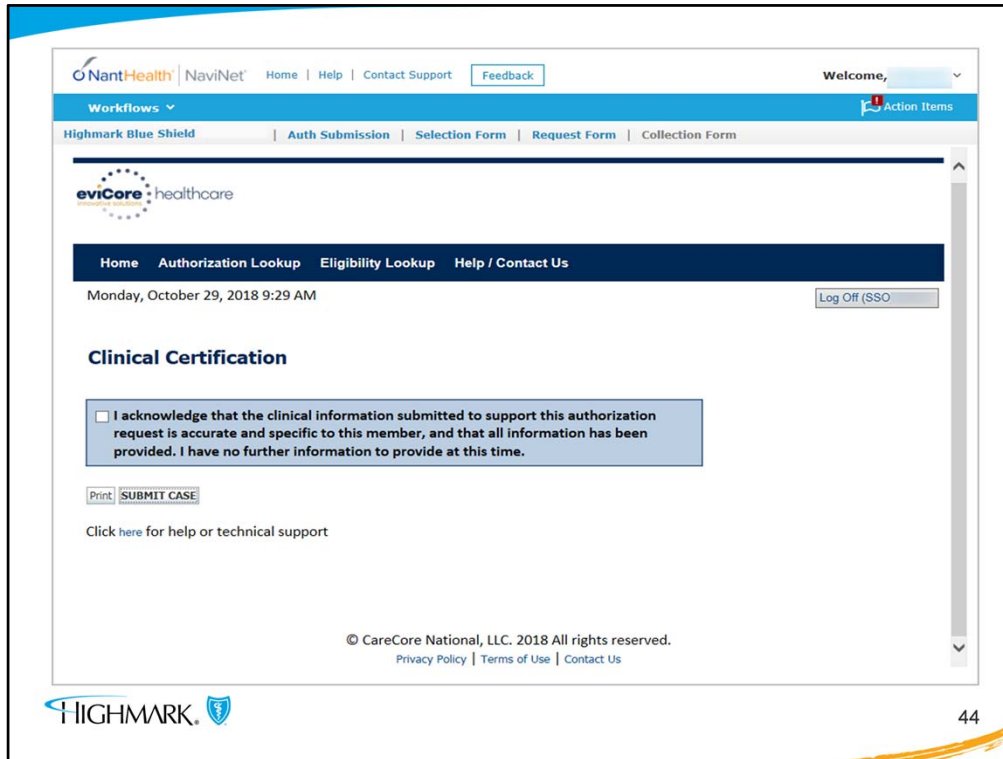
Click here for help or technical support

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HIGHMARK

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- This screen begins a series of questions, just as in the example of the IPM request.
- Answer the questions and click submit to go to the next screen.



- The user will receive the acknowledgment box. Again, the box must be checked and the user must select “SUBMIT CASE”
- **If the user does not click Submit Case, the request will NOT go anywhere.**

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is visible on the right. Below this is a 'Workflows' section with a dropdown arrow and an 'Action Items' icon. A breadcrumb trail shows 'Highmark Blue Shield' > 'Auth Submission' > 'Selection Form' > 'Request Form' > 'Collection Form'. The main content area features the 'eviCore healthcare' logo and a dark blue navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The current date and time are 'Monday, October 29, 2018 9:32 AM', and there is a 'Log Off (SSO)' button. The main heading is 'Clinical Certification'. The text reads: 'Thank you for submitting a request for clinical certification. Would you like to:'. Below this is a single bullet point: 'Request another procedure for this member'. At the bottom of the main content area, there are 'Cancel' and 'Print' buttons, and a link: 'Click here for help or technical support'. The footer contains the copyright notice: '© CareCore National, LLC. 2018 All rights reserved.' with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'. The Highmark logo is in the bottom left corner, and the number '46' is in the bottom right corner.

- Again, the user may request another procedure for this **same member** from this screen.

Additional Walk Through Eligibility and Benefits



- Please continue to the next slide for a topic that was referenced about what to do when the MSK/IPM indicator states **NO**, but the request is still for INPATIENT

The screenshot displays the NantHealth NaviNet interface for a patient's eligibility and benefits. The page is titled "Eligibility and Benefits for" and shows the patient is a Highmark Blue Shield member. The status is "Active" from 01/01/2017 to 12/31/9999. The "INSURANCE DETAILS" section includes "Group Information" with the following details: Plan Area: 363, Alpha Prefix: PBM, Advanced Imaging Ind: NO, Radiation Therapy Management: NO, Physical Medicine Management: NO, Genetic Testing: NO, and Musculoskeletal Interventional Pain Management: NO (highlighted in a red box). The "PRIMARY CARE PROVIDER" section is empty. The "BLUE CARD Provisions" section includes links for "View Previous Coverage", "Additional Benefit Provisions", and "Benefit Accumulator". The page also shows a "Benefits" tab and "Health Benefit Plan Coverage" section.

- When you see that the MSK/IPM indicator is **NO**, this means that no **outpatient** procedures require prior authorization.
- However, if for example the MSK/IPM indicator is NO, but an inpatient admission is planned for a spinal surgery, the inpatient admission still needs to be authorized.

O NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User] | Action Items
 Workflows | Highmark Blue Shield | Auth Submission | Selection Form

Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: [Dropdown]
 Proposed Date of Service: 10292018

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

Member ID: [Text] | Member Date of Birth: [Text]
 Member First Name: [Text] | Member Last Name: [Text]

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

Category: Inpatient | Service: **Please choose one:**
 Planned Medical
 Planned Surgical
 Spine Surgery Procedures
 Large Joint Procedures

Category and Services Added:

Category	Service

Submit | Save

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- When the indicator says **NO**, but inpatient admission is planned, follow the business as usual process.
- The category is Inpatient and the Service will be **Planned Medical or Planned Surgery**
- **This is important for the authorization to be routed correctly.**



There are additional resources that go over certain parts of the authorization process in more detail.

Please refer to the following resources:

1. NaviNet Authorization Process
2. Entering Multiple Procedure Codes
3. eviCore Online Resources