

Special Bulletin

For professional and facility providers

June 5, 2023

NEW! Enhanced Clinical Documentation for Continued Stay Review in NaviNet

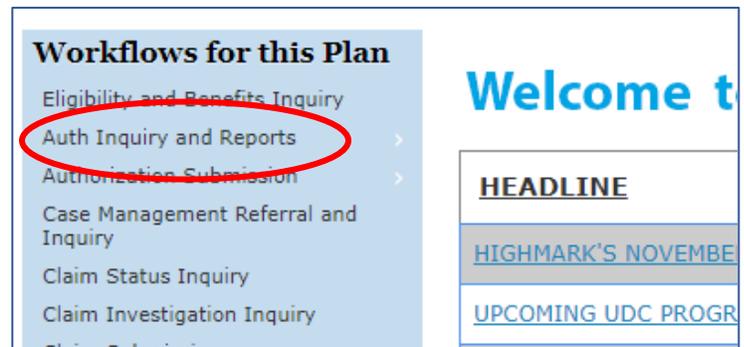
Providers can now check MCG® criteria for inpatient urgent submissions when initiating a continued stay review to Highmark via [NaviNet®](#). This will eliminate the need for providers to fax clinical documentation in support of these continued stay reviews. Providers are encouraged to check the appropriate clinical indications and use the text boxes to augment with patient-specific information to support the continued stay.

Earlier this year, Highmark incorporated MCG Health clinical guidelines into our criteria of clinical decision support, replacing Change Healthcare (InterQual).

Below is step-by-step guide for how to complete a concurrent review for inpatient urgent authorizations.

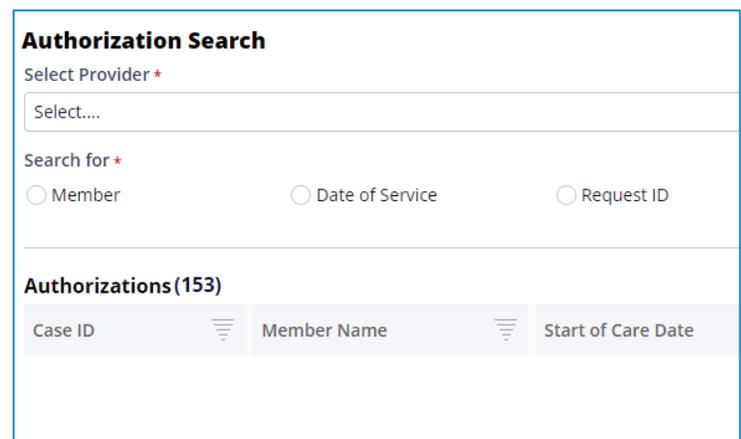
1. Log Into NaviNet

After logging into NaviNet and choosing the Highmark plan, select **Auth Inquiry and Reports**.



2. Search Authorizations

Search for authorizations previously submitted in the last 30 days.



3. Choose Authorization

Select the authorization that you would like to submit for concurrent review by clicking the Case ID (Auth) number.

***Concurrent review cannot be added to a pending authorization.**

predictal™ Auth Automation Hub

Authorization Search

Select Provider *

Search for *

Member Date of Service Request ID

From * 05/01/2023 Through * 05/02/2023 **Search**

Authorizations (175)

Case ID	Member Name	Start of Care Date	Service Type	Determination
AUTH-		05/02/2023	Surgical / Medical-Inpatient	Approved
AUTH-		05/02/2023	Diagnostic Medical / Medical-Outpatient	Approved
AUTH-		05/01/2023	Injectable Drug / Medical-Outpatient	Approved
AUTH-		05/01/2023	Diagnostic Medical / Medical-Outpatient	Approved

4. Choose Concurrent Review

Under Authorization Detail and Auth number, click **Concurrent**.

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Authorization Detail: AUTH- [REDACTED]

Concurrent **Discharge**

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

[Update Start of Care Date](#)

Case Information

Authorization Type	Medical-Inpatient	Start Of Care Date	05/02/2023
Service Type	Surgical	Last Covered Date	05/11/2023
Case Determination	Approved	Place of service	Inpatient Hospital
Discharge Date	05/07/2023		
Discharge Disposition	Home With Family/Significant Other		

5. Enter Continued Stay Reasons (New)

At the bottom of that screen, select the **Continued Stay Reasons**.

The screenshot shows the Predictal Auth Automation Hub interface. At the top, there is a header with the Predictal logo and 'Auth Automation Hub'. Below this is a 'Concurrent' section with a table of member information. The table has columns for Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The Case Type is 'Initial' and 'Concurrent', Authorization Type is 'Medical-Inpatient', Urgency is 'Urgent', and Service Type is 'Medical Care'. Below the table is an 'Add' button. The next section is 'Indicate Location of Clinical Information' with an 'Add' button. The 'Continued Stay Reasons' section is highlighted with a red circle and contains a list of checkboxes: Activity Change, Barriers to Discharge (checked), Diet Change, Discharge Planning, IV Medication and Rate, Labs, New/ Continued Interventions (checked), New/ Continued Medications, New/ Continued Treatments, Specialist Updates (checked), Summary of Image Studies, and Vital Signs. Below this is the 'Submitter Contact Information' section with fields for Contact Name (Test), Phone Number, and Ext. At the bottom right, there are 'Save' and 'Submit' buttons.

6. Enter Details Regarding Medical Necessity (New)

Explain in further detail the reason(s) for selecting the continued stay reasons you chose (i.e., relevant information about the member's clinical signs and symptoms, continuing treatment, discharge plans, etc.). **8,000-character limit.**

The screenshot shows the 'Continued Stay Notes' section. The 'Barriers to Discharge Notes' field is circled in red. Below it are three other text areas: 'New Continued Interventions Notes', 'Vital Signs Notes', and 'Please enter any additional information'. A red box on the right contains the text: 'Enter further patient specific detail regarding medical necessity reason(s) that the patient continues to require inpatient level of care.' A red bracket connects this box to the 'Barriers to Discharge Notes' field.

7. Review Details

After clicking submit, you will be returned to the Authorization Review screen to review all information and submit or save Concurrent request.

predictal Auth Automation Hub

Concurrent

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Prior Authorization	Medical-Inpatient	Non-Urgent	Surgical

Code Set Type	Code	Description	From	Through	Number of days	Requested Quantity	Type
⚠ CPT		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	06/14			1	Units

Submitter Contact

Contact Name	Phone Number
ME	(111) 111-1111 ext.

Provider Details

Requesting provider **SUBMITTED BY THIS PROVIDER**

Provider ID	Provider Name
[REDACTED]	ALLEGHENY GENERAL HOSPITAL

Provider ID	Provider Name
[REDACTED]	ALLEGHENY GENERAL HOSPITAL

Performing Provider

Provider ID	Provider Name
[REDACTED]	[REDACTED]

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

8. Confirmation

You will receive a message that your request has been submitted.

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Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Prior Authorization	Medical-Inpatient	Non-Urgent	Surgical

Thank you.

Your request for AUTH-141020 has been submitted and is pending review. You will receive notification of a determination or if additional information is required.

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.

[Exit](#)

9. Check Approval Status

Go back to the Authorization Search to view the authorization status in the determination column.

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Authorization Search

Select Provider *

Search for *

Member Date of Service Request ID

Member UMI *

Member UMI * From * Through * **Search**

Authorizations (3)

Case ID	Member Name	Start of Care Date	Service Type	Determination
			Diagnostic Lab / Medical-Outpatient	Cancelled
			Surgical / Medical-Inpatient	In-Progress
			Surgical / Medical-Inpatient	Cancelled

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