Utilization Management Request Tool Tutorial
For Behavioral Health Providers

February 2020
What is the utilization management tool?

- The Utilization Management Request Tool, is a self-service method to perform the following functions easily and securely online through NaviNet®.
  - Submit treatment authorization requests
  - Submit treatment pre-determination requests
  - Verify the status of previously submitted authorization or pre-determination requests
• Our Prior Authorization Procedure Search Tool allows you to enter a CPT or HCPCS code and select a place of service (e.g., inpatient, outpatient, office, home) to determine if the particular service provided in the selected service setting requires a prior authorization.

* To determine if a patient is fully insured or part of an ASO group, please refer to the back of the member’s ID card. Fully-insured members’ cards will state: “Insured by Horizon Blue Cross Blue Shield of New Jersey.” ASO members’ cards will state: “Horizon Blue Cross Blue Shield of New Jersey provides administrative services only and does not assume financial risk for claims.” For more information, or if you have questions, please contact your Network Specialist.
How to access

• Sign on to NaviNet and navigate to the Horizon BCBSNJ plan central page under My Health Plans.

When submitting a request for a Horizon BCBSNJ member please select the Horizon BCBSNJ option. Request for BCBSNJ members can not be submitted using the NJ Health option.
How to access

- If you are new to NaviNet for Horizon Blue Cross Blue Shield of New Jersey, you must share your email using the Horizon BCBSNJ Email Share transaction above. Please enter your email address in all lower case and click Submit. Once completed, please log out of NaviNet and log back in again. You will then be able to access the appropriate transactions.

Mouse over **Referrals and Authorization**.

Select **Utilization Management Requests**.
Main Menu

- A variety of actions can be performed from the Main Menu:
  - Request an authorization or pre-determination
  - Check the status of an authorization or pre-determination.

A session is limited to 30 minutes. A message will appear that the session is about to close. Incomplete requests cannot be saved.
Identifying the Member

It is recommended that you search for a member by using the member’s Horizon BCBSNJ ID number.

– By member ID type: You **must** click on the *Lookup* icon to open the Member ID search dialog box and select Member ID type.

– By member’s name: Member ID type must be set to None. You **must** enter member’s Name and DOB.
Member search option - only one is required.

- **Member ID type:**
  - Select **CCID** (customer card ID) for Horizon BCBSNJ.
  - Select **FEP** for FEP members.
  - Select **HNJH ID** for Horizon NJ Health.

- **Member name:**
  - Member ID Type must be (None)
  - You can enter a partial name with the wildcard asterisk (*).
  - Minimum number of characters in **Last Name** field before wildcard is four.
  - Minimum number of characters in **First Name** field before wildcard is three.

**Birth Date:**
- You can also enter the DOB with the members name
Authorization Request
Authorization Request

- Authorization request is used for any procedure that requires pre-certification which includes surgical procedures, PT/OT, and inpatient admissions.
- From the Utilization Management Request Tool’s main menu, select New button next to Authorization Request.
Requesting Type of Service

- Under the **General Information** section click on the **Request Type Lookup** icon to open the Request Type Selection search dialog box.
  - **HINT:** Do not enter information in this box.

- Then click **Search** to get the list of available request types.

- Select the appropriate service type.
  - Example shows 63 records to choose from within the 7 pages of results.
Plan Valid for Service from and to

- Use 90 day date range of when services will be provided.
- Click on the appropriate plan selection.
Adding Requester Information

- Verify contact information shown is accurate.
- Click on the Lookup icon next to the appropriate box.
  - *Requesting Provider/Facility* should be used when the requester is a provider or a facility.
  - *Requesting Group* should be used when the requester is a group practice.

**HINT:** Once the user does the initial search for either the group/facility/provider that option will save as a favorite and the full search will not need to be completed. The user is able to type the name directly in the green box.
Identifying Provider Location for individual

- From the Provider Location Search screen, choose Individual Provider Search.
- From the ID Type drop down menu, select NPI.
- Enter your selected ID number in the ID box.
  - Do not type anything in the name fields.
- Results will show all provider locations associated with the entered TIN.
- Select the appropriate location that has an active network and the correct specialty.

HINT: Refine your search by clicking on any of the column headers. You can sort by ascending or descending order.
Identifying Provider Location for group or facility

- From the Provider Location Search screen, choose Institutional Provider Search.
- From the ID Type drop down menu, select TIN, NPI, TINSuffix or Medicare ID
- Enter your selected ID number in the ID box.
- If you do not have a suffix, add a “0” to the end of your TIN if selecting TIN suffix.
  
  Do not type anything in the name fields.

- Results will show all provider locations associated with the entered TIN. Select the appropriate location that has an active network and the correct specialty.

HINT: Refine your search by clicking on any of the column headers. You can sort by ascending or descending order.
Entering a Diagnosis

- Enter the requested diagnosis (DX) code in the Code box and then tab out of the field. If more than four DX codes are being requested they can be added to the Notes page.

**HINT:** If you do not have a DX code, click on the Lookup icon and under the Diagnosis Search dialogue box. Enter a specific description followed by an asterisk (*) and then select Search.
Adding a service

• Click Service 1 in the Authorization Request box in the upper left side of the page.
• Select the dates of service by clicking in box and accessing the calendar.
  - Duration for an outpatient procedure can be entered as a 90-day date span.
  - Service dates must be between the plan selection dates that were placed on the main tab or you will get the below error.

| Service(1) To Date must be between the plan selection dates : 10/22/2017 and 11/16/2017 |
| Authorizations |

• Choose a provider type.
  - Individual Provider Search for individual provider.
  - Institutional Provider Search for group practices or facility.

• From the ID Type drop down menu, select NPI or None when searching by name for individual provider.
• From the ID Type drop down menu, select NPI, TIN, Medicare ID or None when searching by name for group practice or facility.
1. Once a procedure value is selected, that field label becomes a link.
2. Click the hyperlinked procedure to open the Procedure Details dialog box, which displays detailed information for that particular procedure.
   • Enter only one procedure code for each service box

  HINT if there is a procedure low and procedure high box the CPT code should be the same in both boxes.

Procedure modifiers are only to be used in authorization requests for Horizon NJ Health members.
If adding an additional type of service continued

• CPT® procedure codes must be entered. Select a favorite value from the dropdown list, or select the Lookup icon.
• Enter the Quantity.
• Select
  - Days
  - Hours
  - Minutes
  - Units
  - Visits

Enter only one CPT code for each service being requested.
• **Click on the word Copy in the Service 1 panel.**

  This will open up a copy of the last service.

  Delete the populated information for Procedure (Low and/or High) and then add the new service information.

• **Click the Add Service link to open up a new blank Service screen.**

  **Hint:** only 4 CPT codes for inpatient request and 12 CPT codes for outpatient services can be added to the service area, all additional codes can be added to the notes section.
• Click on Notes from the Authorization Request panel.

• The Notes page also displays when the authorization request record has a status of:
  - Certified in total
  - Contact payer
  - Modified
  - Pended
• If needed, attach external files, such as current clinical documentation, which will help with processing of the authorization request in a timely manner.

• Select Attachments from the Authorization Request panel to open the attachments page.

• Click Add File to open a browser dialog box and select file(s).

Attachments can be either a Word, Excel or PDF document.
Attachments continued

- Click the expand/collapse arrow to the left of the file name to expand the row. A Description field is available for entering a description.

- Select Upload Files to upload the file.

- A status of Attached appears when files have been uploaded successfully.
A red text message will be displayed in the Status column if there are problems uploading the file.

Click on the *Error Uploading* link to open a message dialog box with information about the error.

Up to five files can be attached at once. Up to a maximum of 100MB total. If an attempt is made to attach a file larger than 100MB, an error will be presented indicating that the webpage cannot be displayed.
Submitting

• When all sections of the authorization request are complete, click **Submit**.
• A confirmation dialog box appears after clicking the **Submit** button.
• Click Yes to submit the request.
• You will receive a reference number for the pended authorization.
• Use the reference number when checking for status.
Status

- The *Status* module allows quickly and easily locate an existing authorization or pre-determination request to check the status.

- You can check the status of an authorization or pre-determination if affiliated with:
  - The requesting provider on the authorization case.
  - The servicing provider on the authorization case.
  - PCP of the member on the authorization case.

Please remember to check the status of your requests on a regular basis.
• Enter the Reference # of the authorization request.
• Searches can also be completed by:
  - Requesting provider ID
  - Place of service
  - Service begin date from/to
  - Submission date from/to
  - Requested provider name or ID
  - Requested facility name or ID
• Remember to check the Notes section when looking for the status of an authorization request.
• To edit the authorization request, click the *Edit* button.
• Click the *Print* icon to print a summary of the authorization request.

• Authorizations cannot be modified via CareAffiliate unless they are pending electronic submission or pend additional information requested.
• If a change needs to be made to an existing request please contact Horizon via the phone.
The summary of the authorization or pre-determination request will be displayed and printed.
• If user sees there is an attachment on the request, that is a letter, you are able to click on the link and view the letter instead of having to wait for a copy to be mailed.
Status continued

• The first time the letter is accessed, user will get a pop-up confirming they are viewing the letter.
• If the status indicates Cancelled, this means one of the following:
  - No authorization was required for this service.
  - This was a duplicate authorization request.
  - Authorization request was withdrawn because the procedure was cancelled.
• Check the Notes page for additional information.
Pre-Determination Request

• Pre-Determination requests are submitted through the same process.

• Select Referral Request and use the previous slides as the guide.
What should I do if I have trouble accessing NaviNet?

• If there is an issue specific to NaviNet, please contact NaviNet directly at 1-888-482-8057.

• If you can get into NaviNet but are having issues with the tool:
  - Email: Provider_portal@horizonblue.com
  - Call: 1-888-777-5075.
For more information on the Horizon behavioral health program, including a copy of this training document and links to your network relations contacts, visit:

For Horizon BCBSNJ

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