Utilization Management Request Tool
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 referral (pre-determination) requests
  - Verify the status of previously submitted authorization or referral (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.
Utilization Management Exceptions

Radiology Services

- Radiology services should continue to be submitted to eviCore healthcare® (formerly known as CareCore National, LLC) for Horizon BCBSNJ members and National Imaging Associates (NIA) for Horizon NJ Health members.
- Advanced radiology and sleep medicine services for members in select National Accounts:
  - Please contact AIM Specialty Health if the back of the member ID card displays Advanced Radiology & Sleep at 1-866-766-0250.

Magellan Rx Management

- Services for Horizon BCBSNJ members should continue to be managed by Magellan Rx Management (formerly known as ICORE) for the Medical Injectable Program.
The services listed below must be registered through Horizon Care@Home, which is administered by CareCentrix of New Jersey, Incorporated. For more information, call CareCentrix at 1-855-243-3324.

- Durable Medical Equipment
- Orthotics and Prosthetics
- Home Infusion Therapy Services
- Medical Foods (Enteral)
- Diabetic and Other Medical Supplies
How to access

- Sign on to NaviNet and select *Horizon BCBSNJ* from the *My Health Plans* menu.

*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 BCBSNJ, you must share your email using the Horizon BCBSNJ Email Share transaction. 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 referral
  - Check the status of an authorization or referral

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**: 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. Enter member’s Name and DOB.
Member ID (continued)

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

- **Authorizations** 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.
- Click the *search button* 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 or Service From and To

- Use a 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 Individual Provider Location

- 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 Institutional 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.
  - Elective inpatient procedures should be entered using one day.
  - 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

- 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.
• Once a procedure value is selected, that field label becomes a link.
• 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.
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.*
Adding Another Service

- 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.
• 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.
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 referral 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 referral request will be displayed and printed.

<table>
<thead>
<tr>
<th>Requester</th>
<th>Member</th>
<th>Service #1 - Surgical</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>2469533 - SCHMIDT XUAT, PAYNE</td>
<td>Status Reason: Meets Criteria / Guidelines</td>
<td>Begin Date: 09/17/2017</td>
</tr>
<tr>
<td>Contact Phone</td>
<td>SCHMIDT XUAT, PAYNE</td>
<td>Place of Service: Office</td>
<td>End Date: 11/16/2017</td>
</tr>
<tr>
<td>Requesting Provider</td>
<td>SCHMIDT XUAT, PAYNE</td>
<td>Servicing Provider: 1000654360-78498271 - SHELTON XUAT, FALTYSKI R</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address: 18 BALDWIN AVE, JERSEY CITY, NJ, 07304 - 3154</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure #1</th>
<th>Quantity</th>
<th>Procedure (Low/High)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Units</td>
<td>(CPT - 36478) - Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated</td>
</tr>
</tbody>
</table>
• 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

- Referral (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.
Thank you!