

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.

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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.

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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.

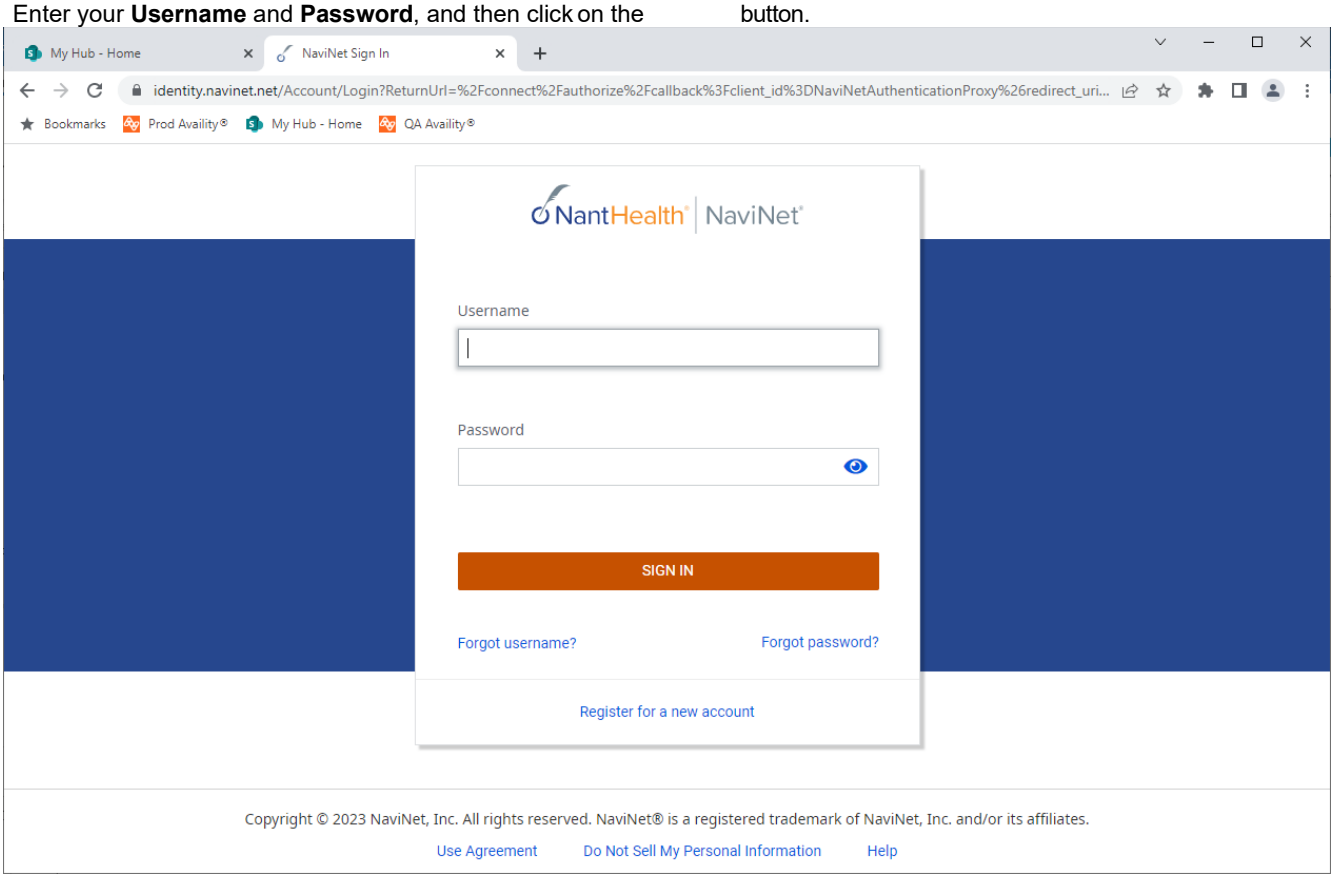
The person at your facility or office who is responsible for managing all NaviNet users (your NaviNet "Security Officer") will provide you with a username and password. Your NaviNet Security Officer will also assign permission to users in your office for the NaviNet transactions they need.

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

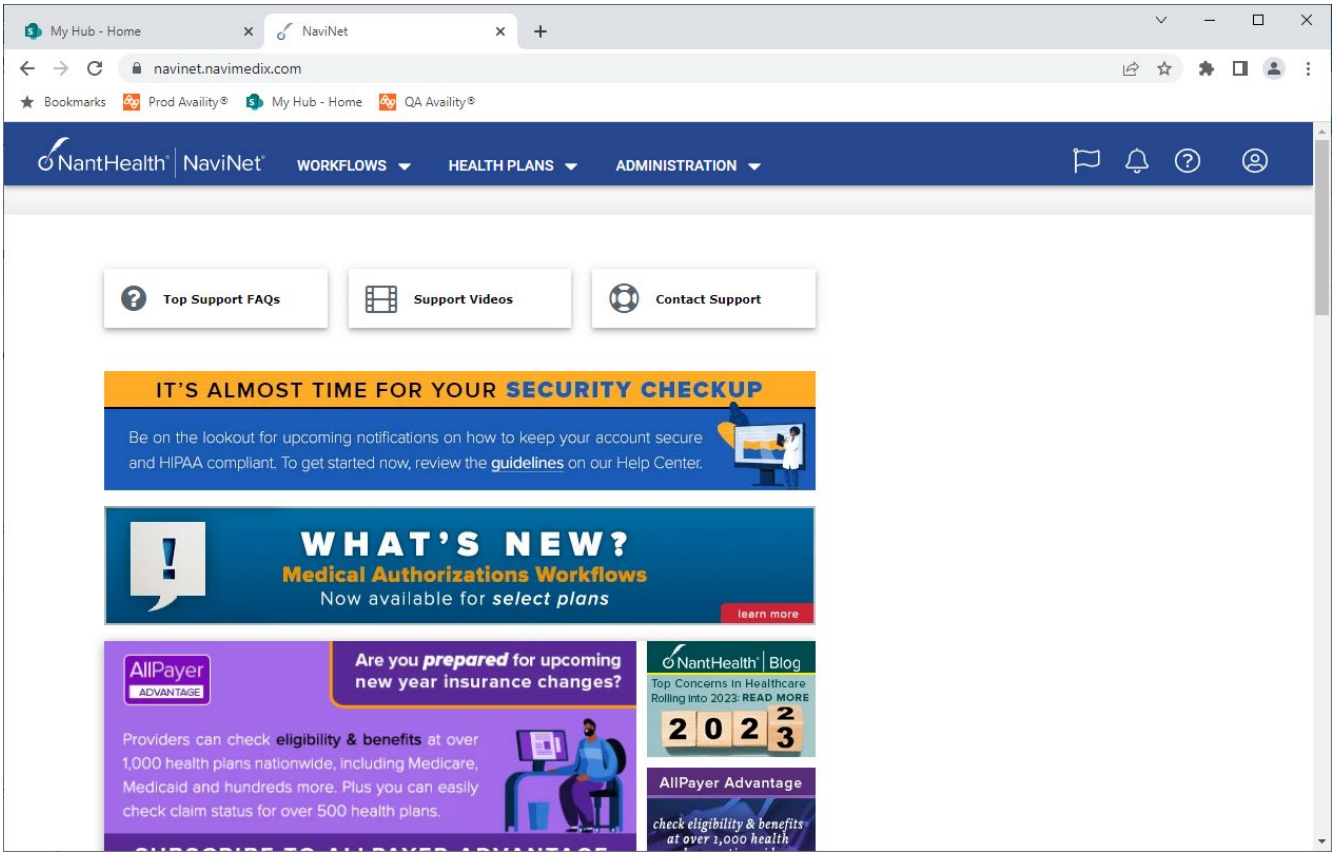


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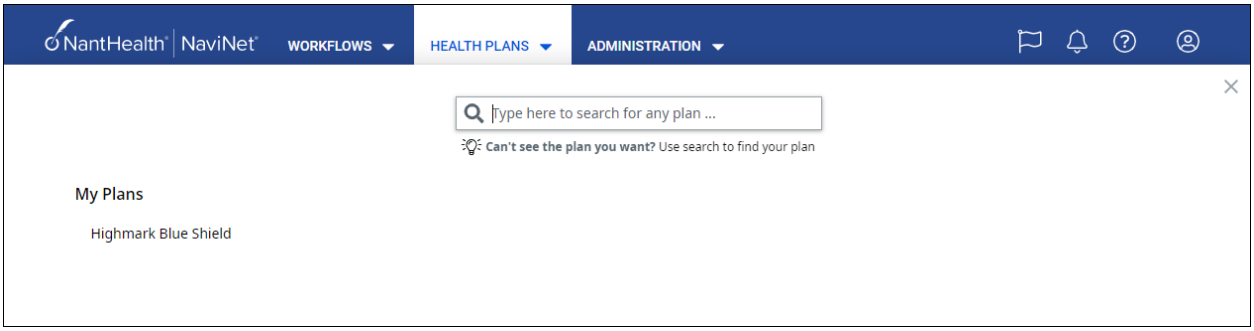
SECTION 2: NAVINET SIGN IN, Continued

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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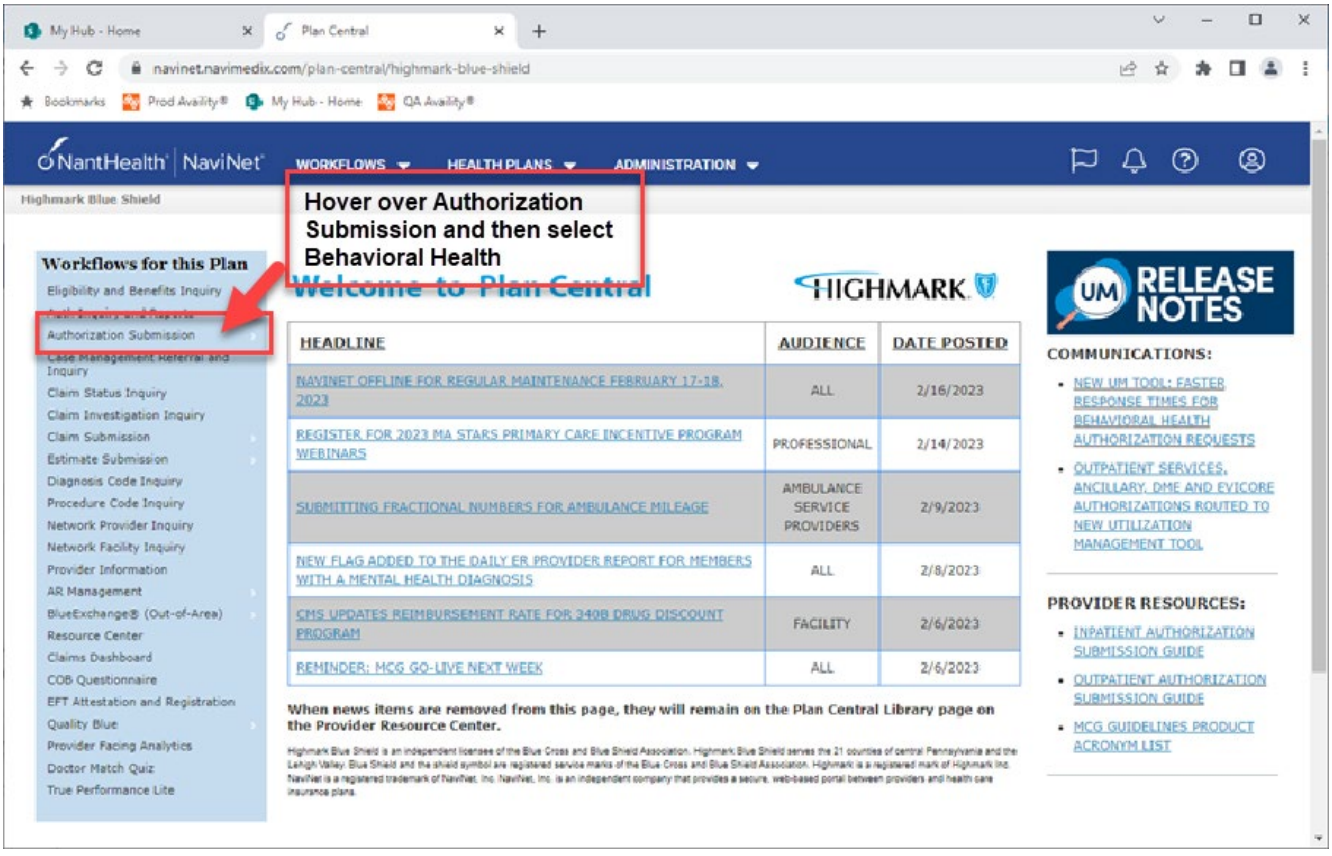
SECTION 2: NAVINET SIGN IN, Continued

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



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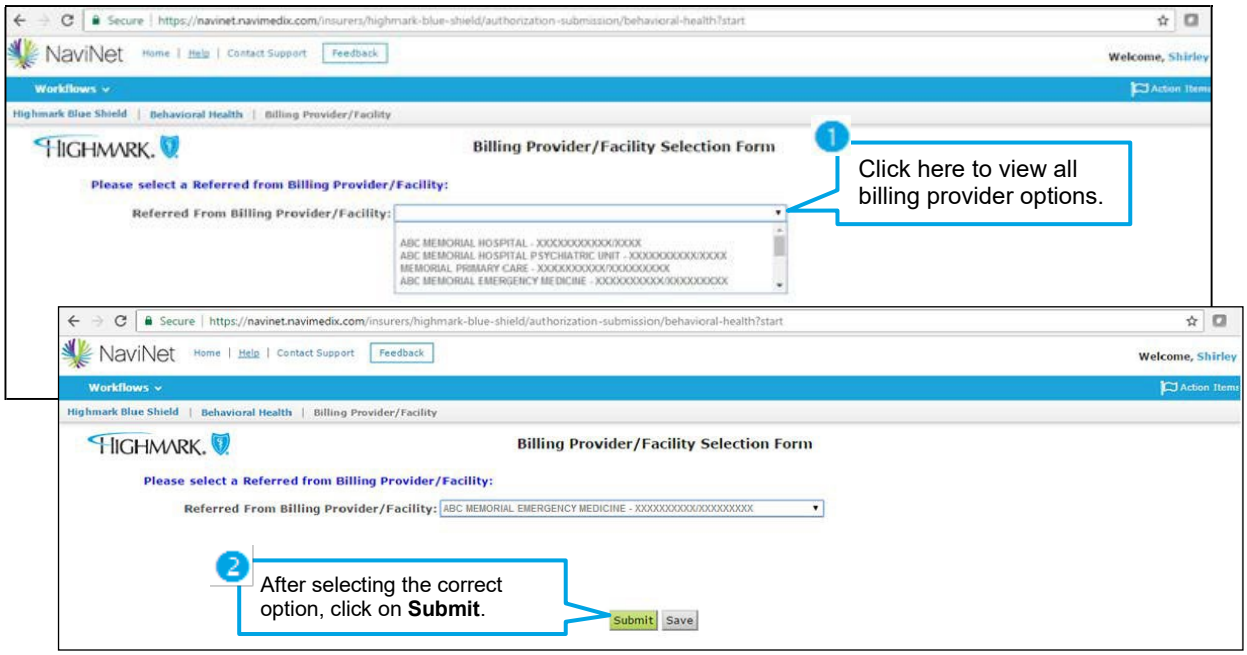
SECTION 2: NAVINET SIGN IN, Continued

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

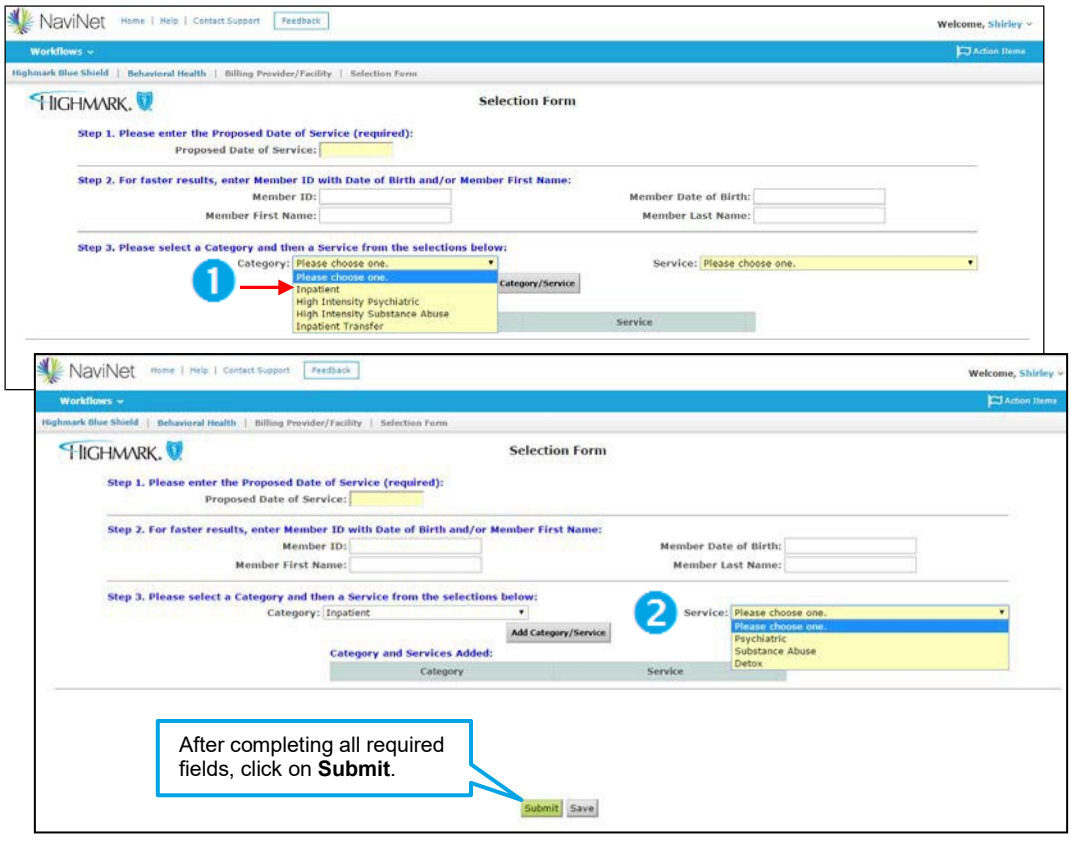
Overview

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**.



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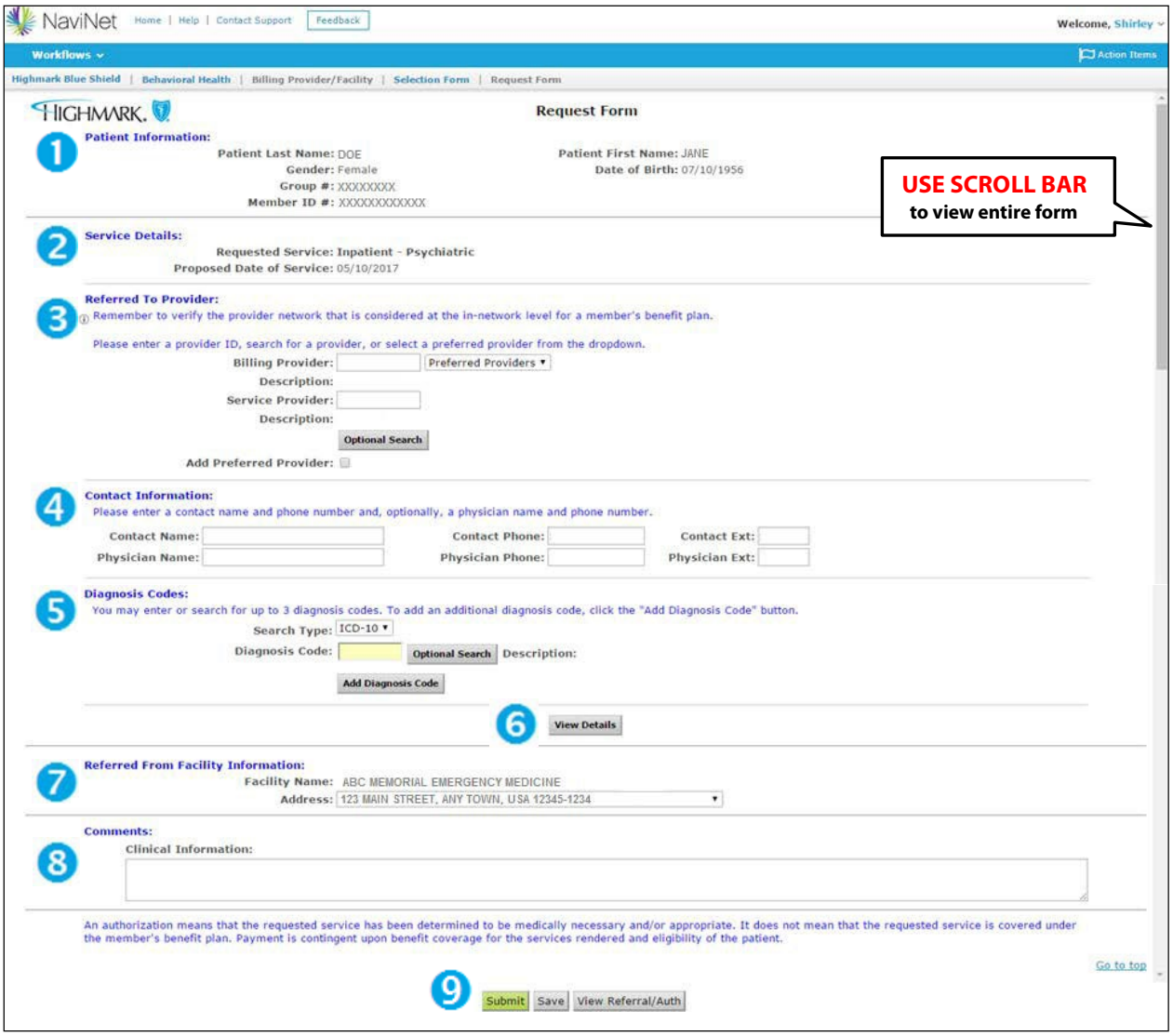
SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

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**.



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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.

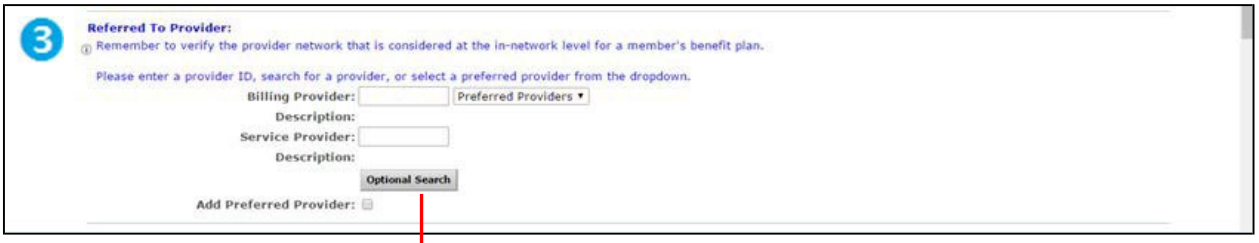
Service Provider:
This is the individual practitioner who will be treating the patient; enter the practitioner's provider number if known.

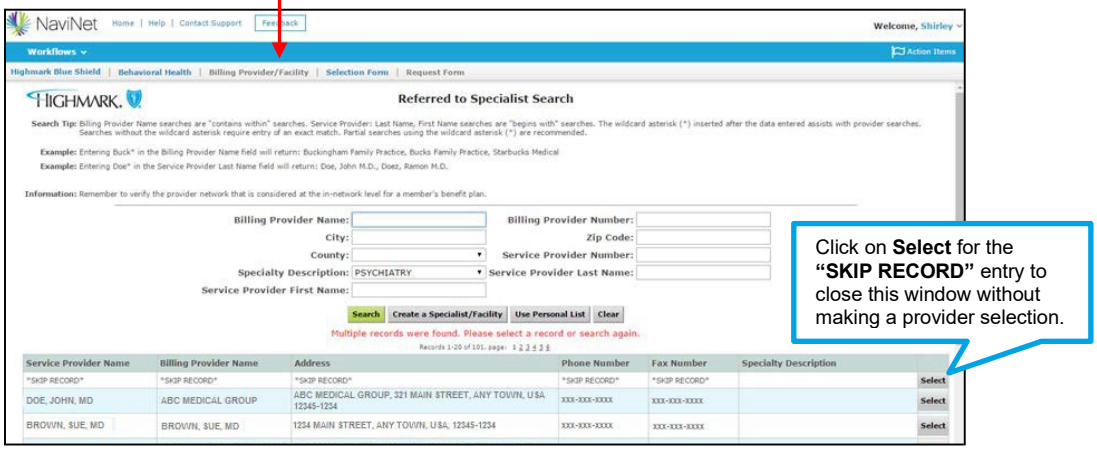
To confirm that the provider numbers you have entered are correct, click on the **View Details** button (6)on the form to populate the **Description** fields with the Billing and Service Provider names.

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.



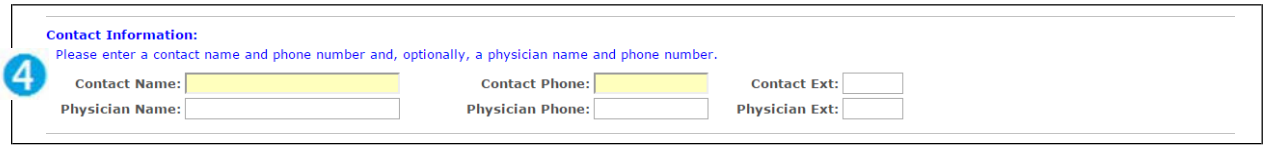


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SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

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.

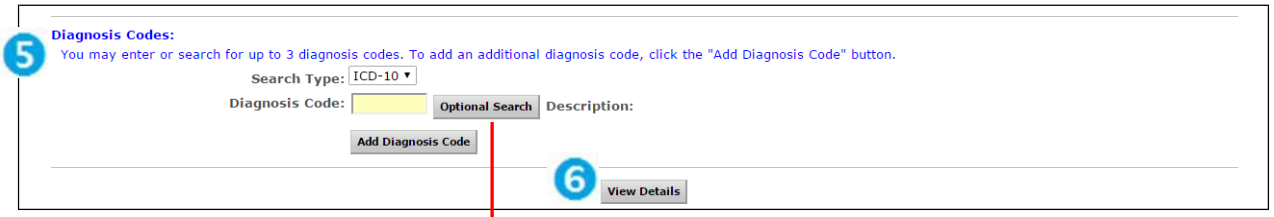


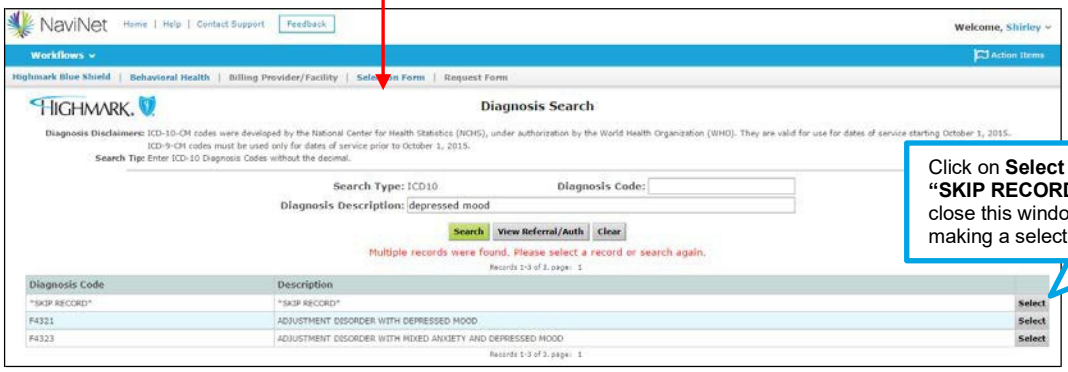
5 Diagnosis Codes

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.





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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.



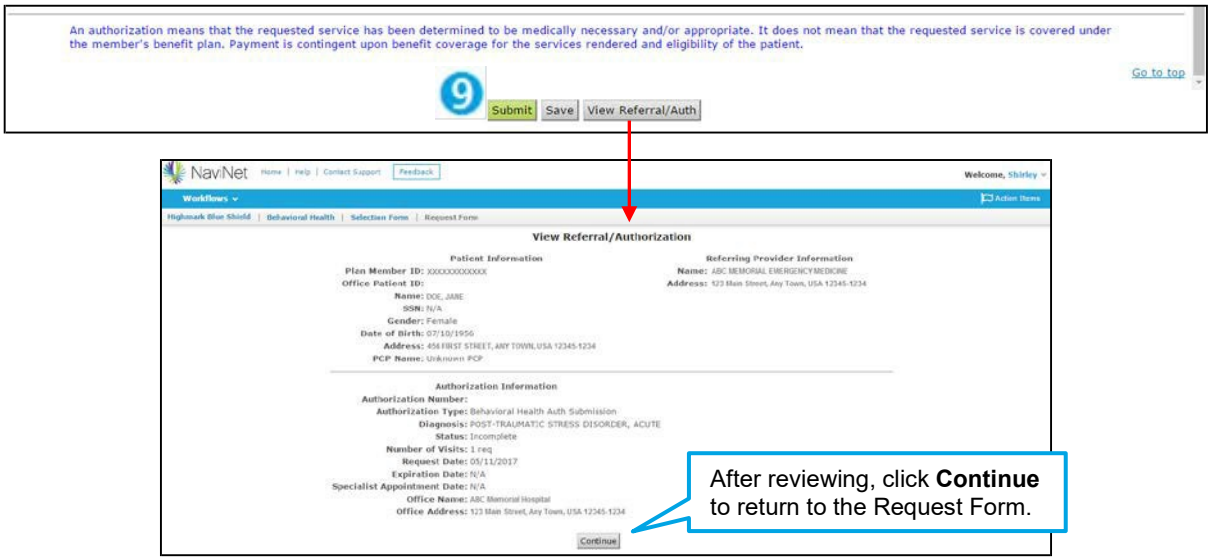
9 Submit, Save, and View Referral/Auth

The buttons at the bottom of the Request Form provider 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.

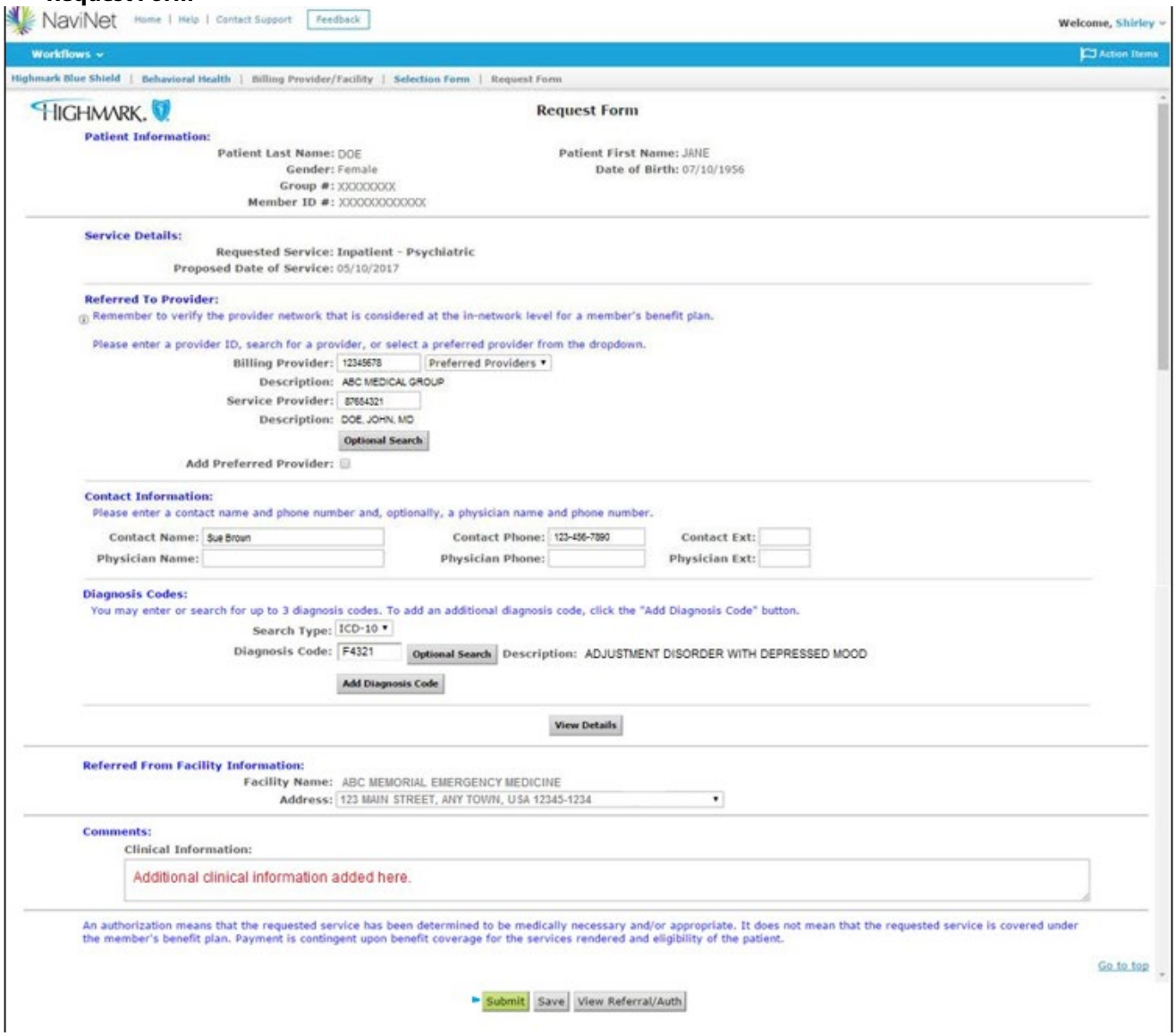


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SECTION 3: NAVINET FORMS FOR INPATIENT ADMISSION, Continued

Completed Request Form

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



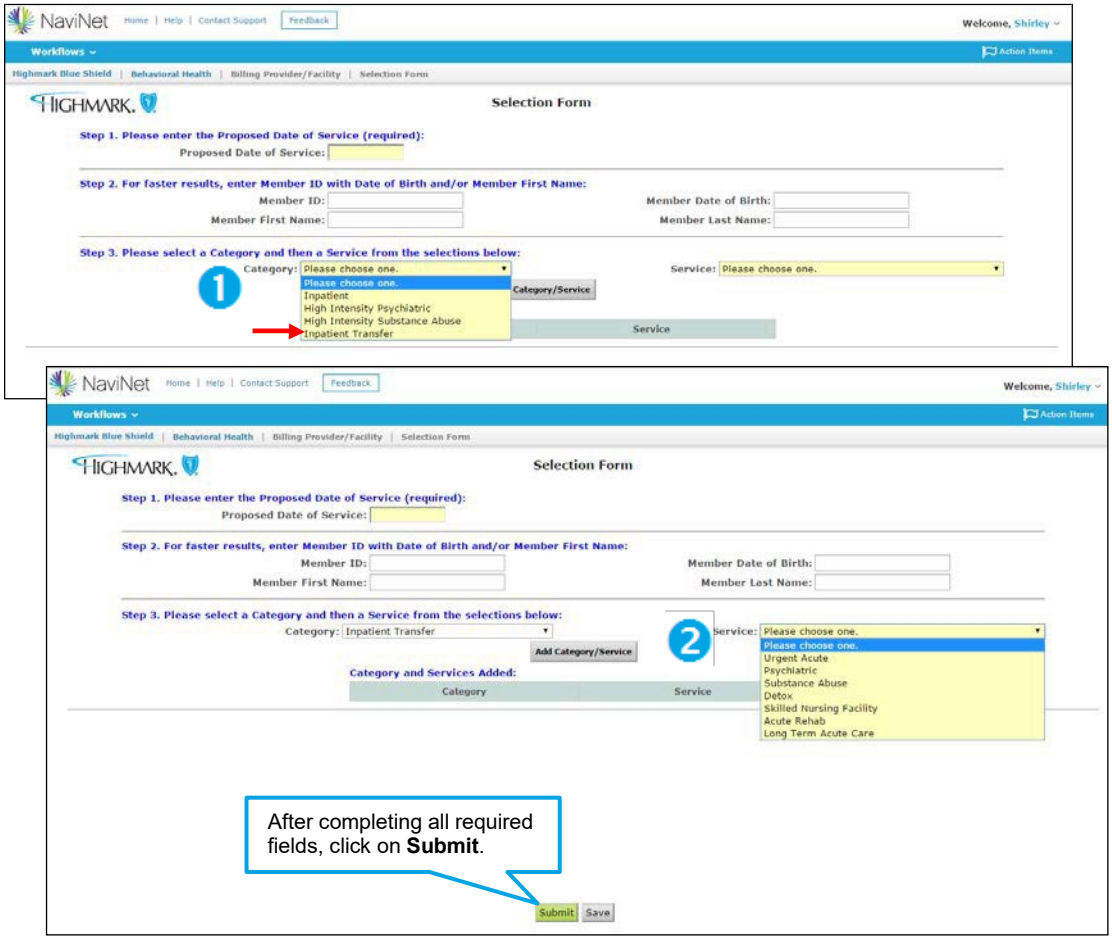
SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER

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**.	



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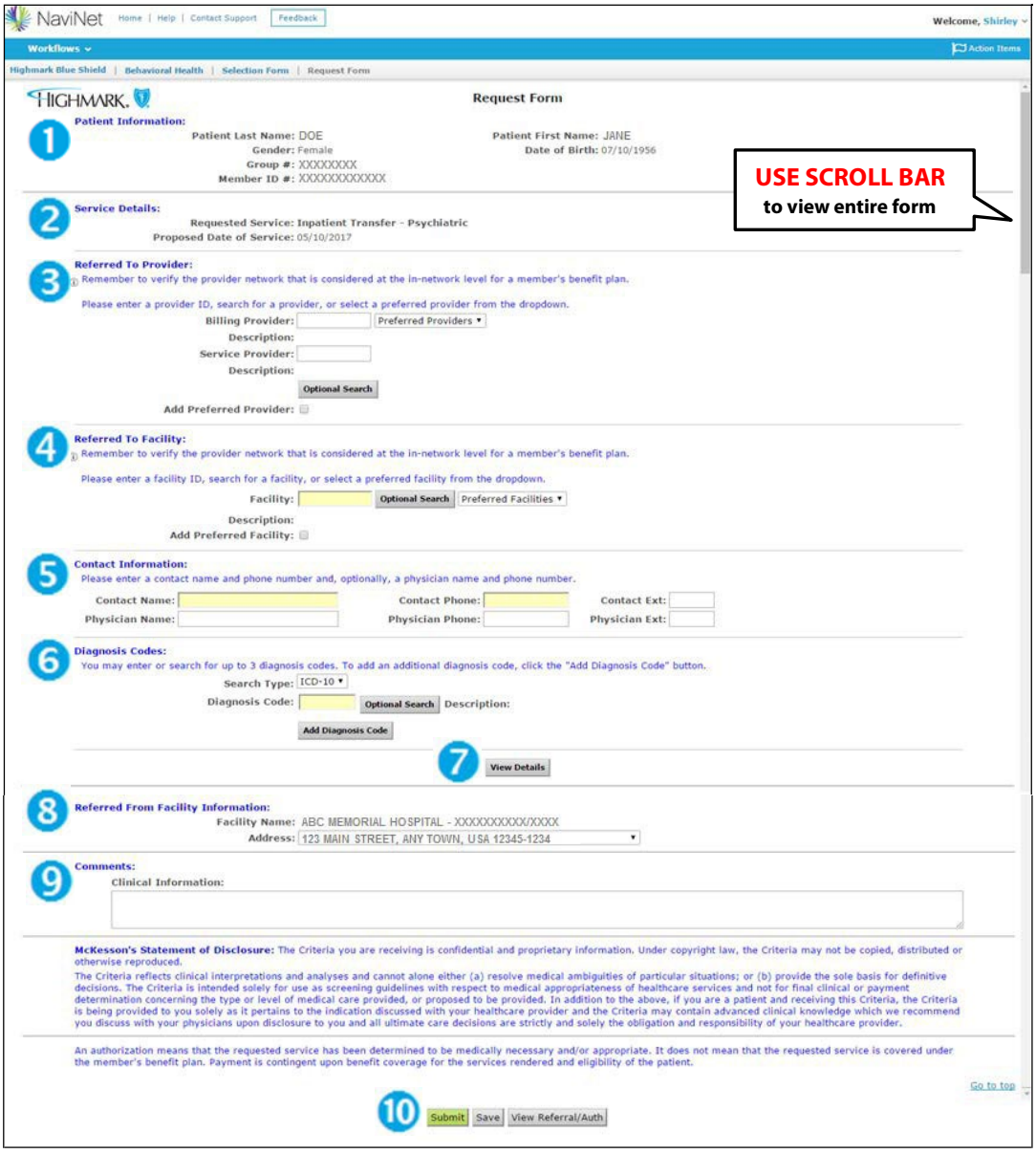
SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

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**.



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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.

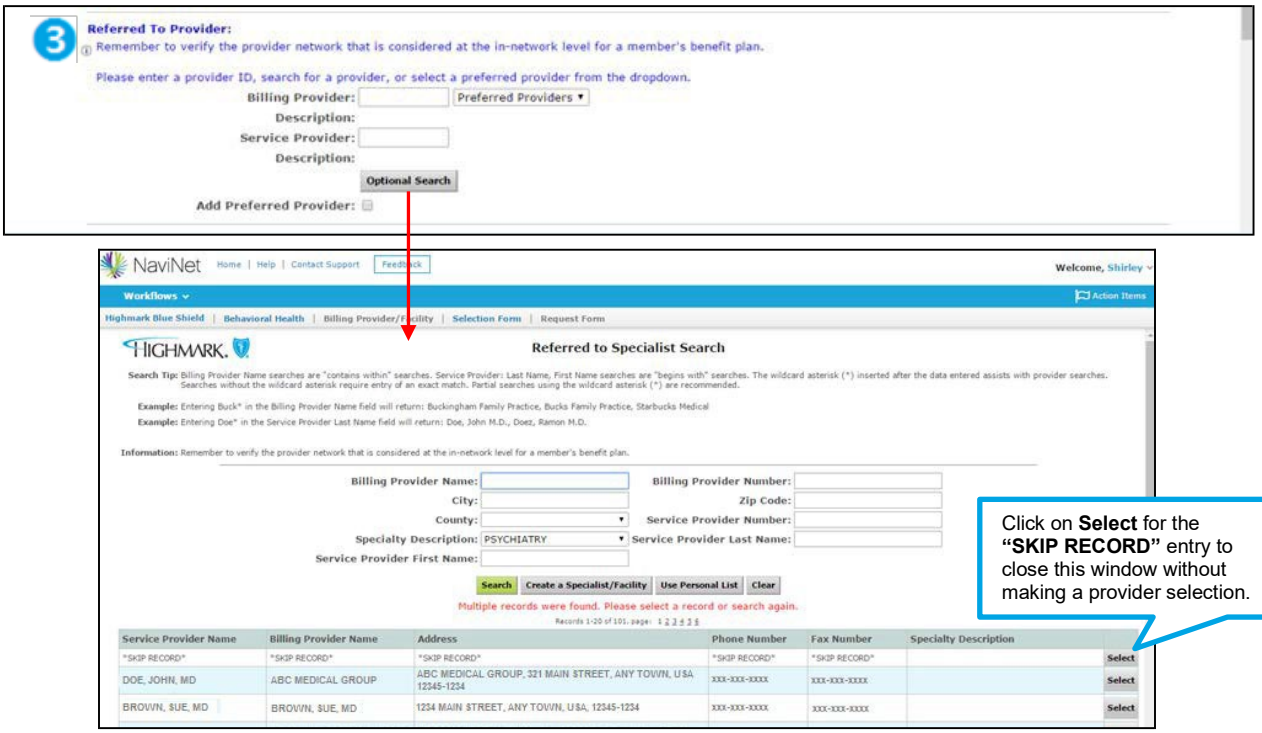
Service Provider:
This is the individual practitioner who will be treating the patient; enter the practitioner's provider number if known.

NOTE To confirm that the provider numbers you have entered are correct, click on the **View Details** button (7)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.

NOTE 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.



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SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

4 Referred To Facility

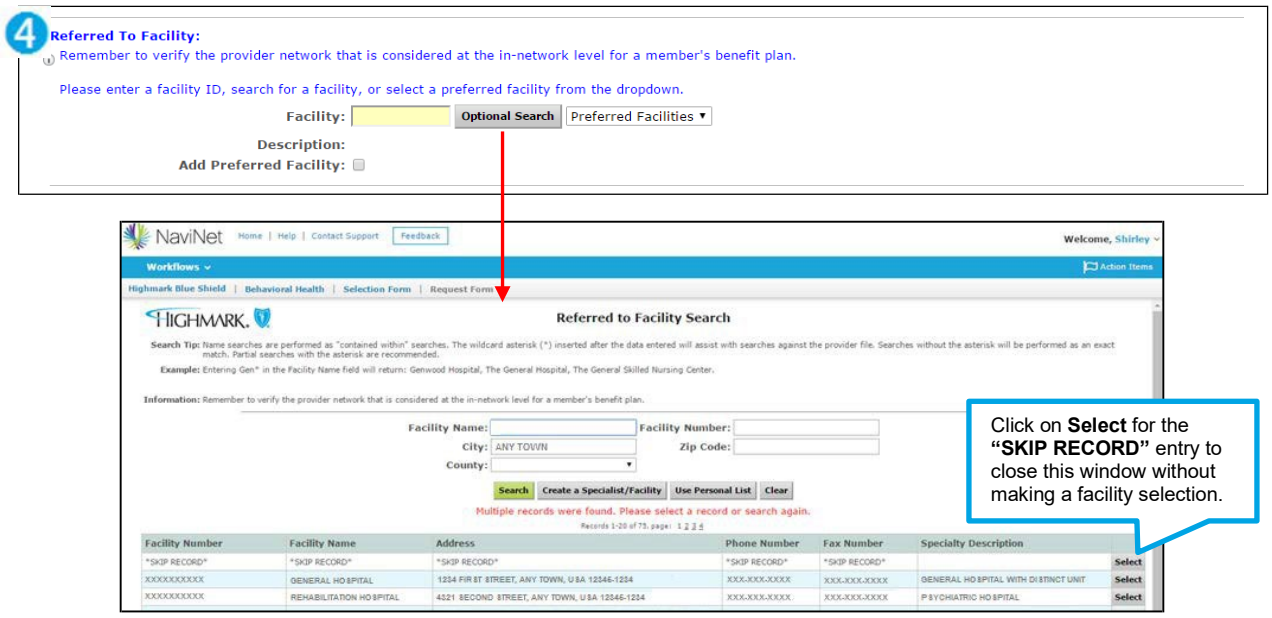
Facility:
If known, enter the provider number of the facility to which the member is being transferred.

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.

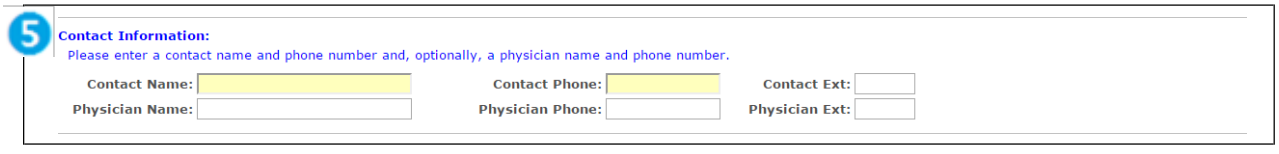
If this is a facility commonly used, you can add the facility to the **Preferred Providers** dropdown by checking the box for **Add Preferred Provider**.

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.



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.



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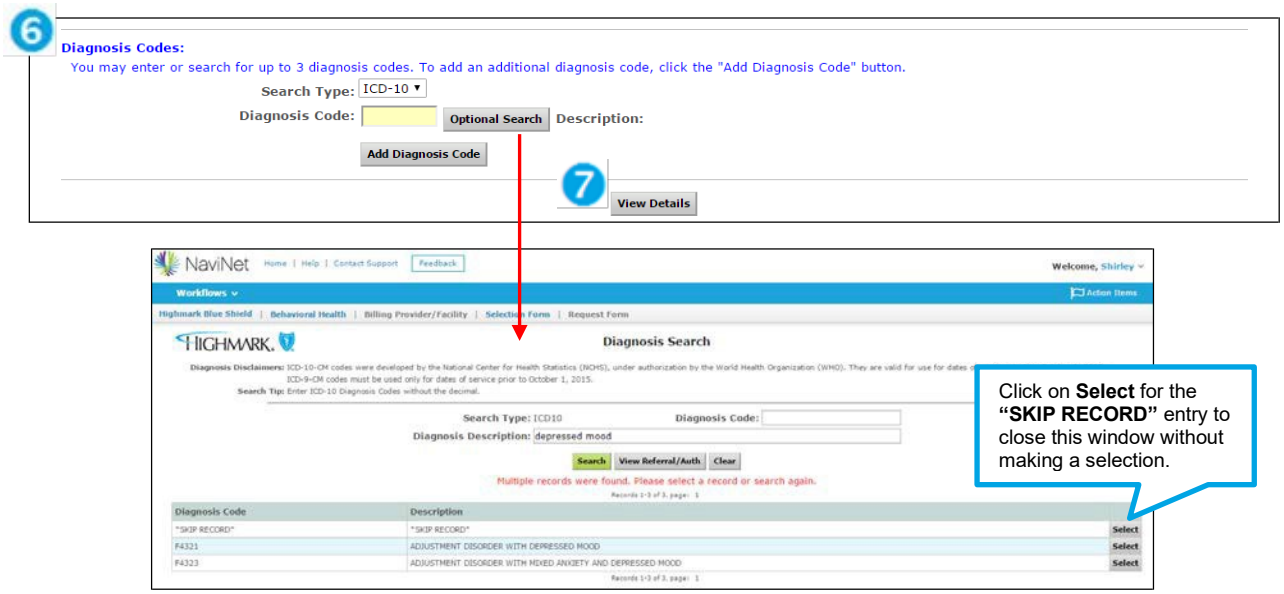
SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

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.



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.



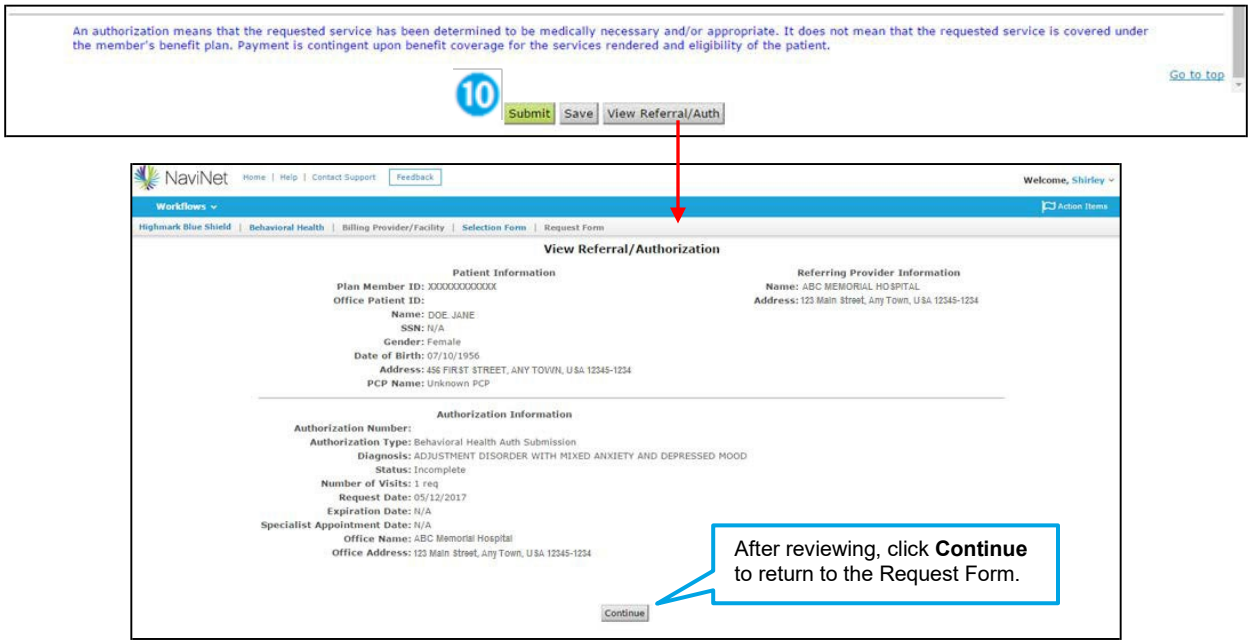
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SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

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.

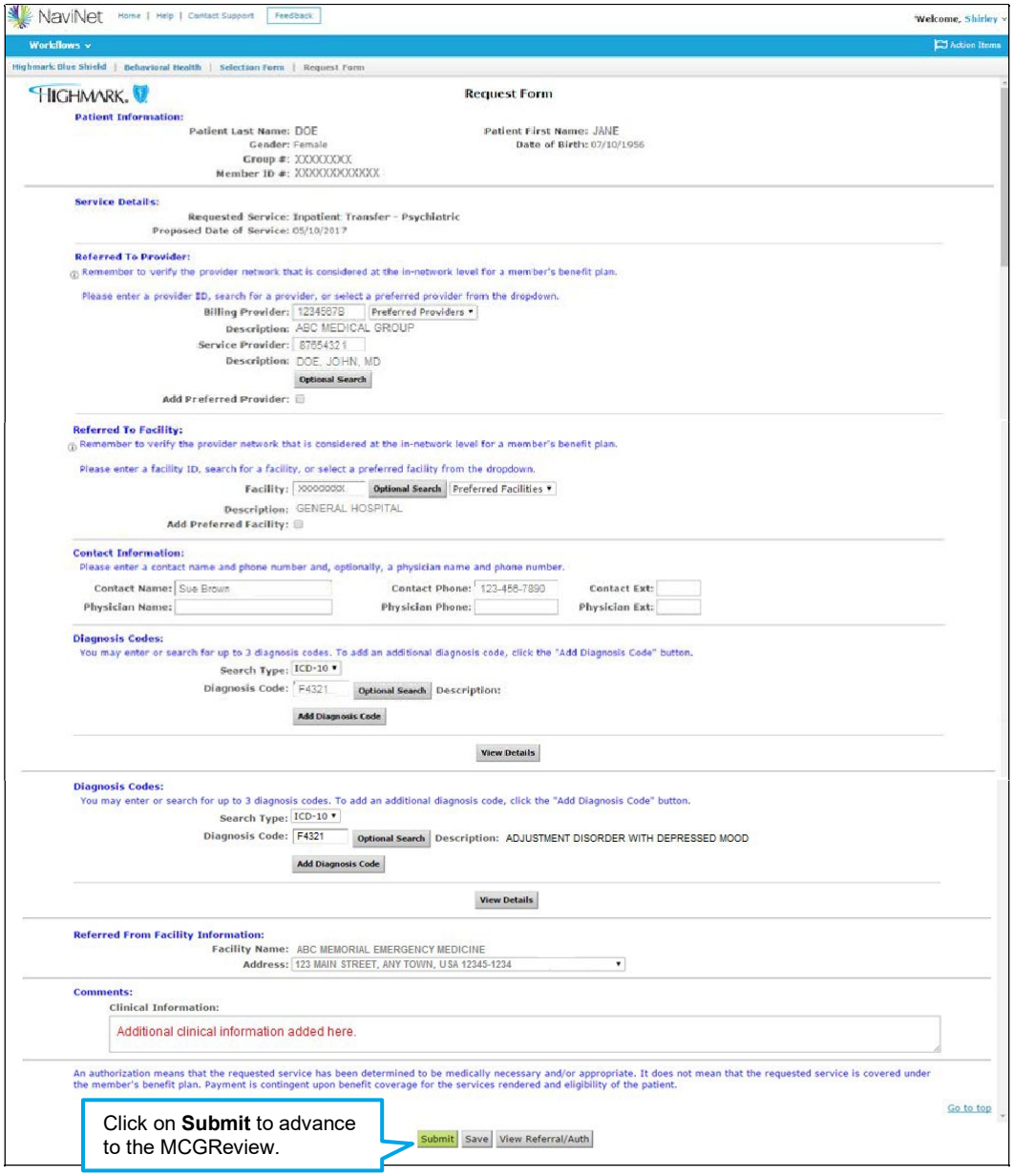


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SECTION 4: NAVINET FORMS FOR INPATIENT TRANSFER, Continued

Completed Request Form

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



SECTION 5: RESPONSE FORM FOR INPATIENT ADMISSIONS AND TRANSFERS

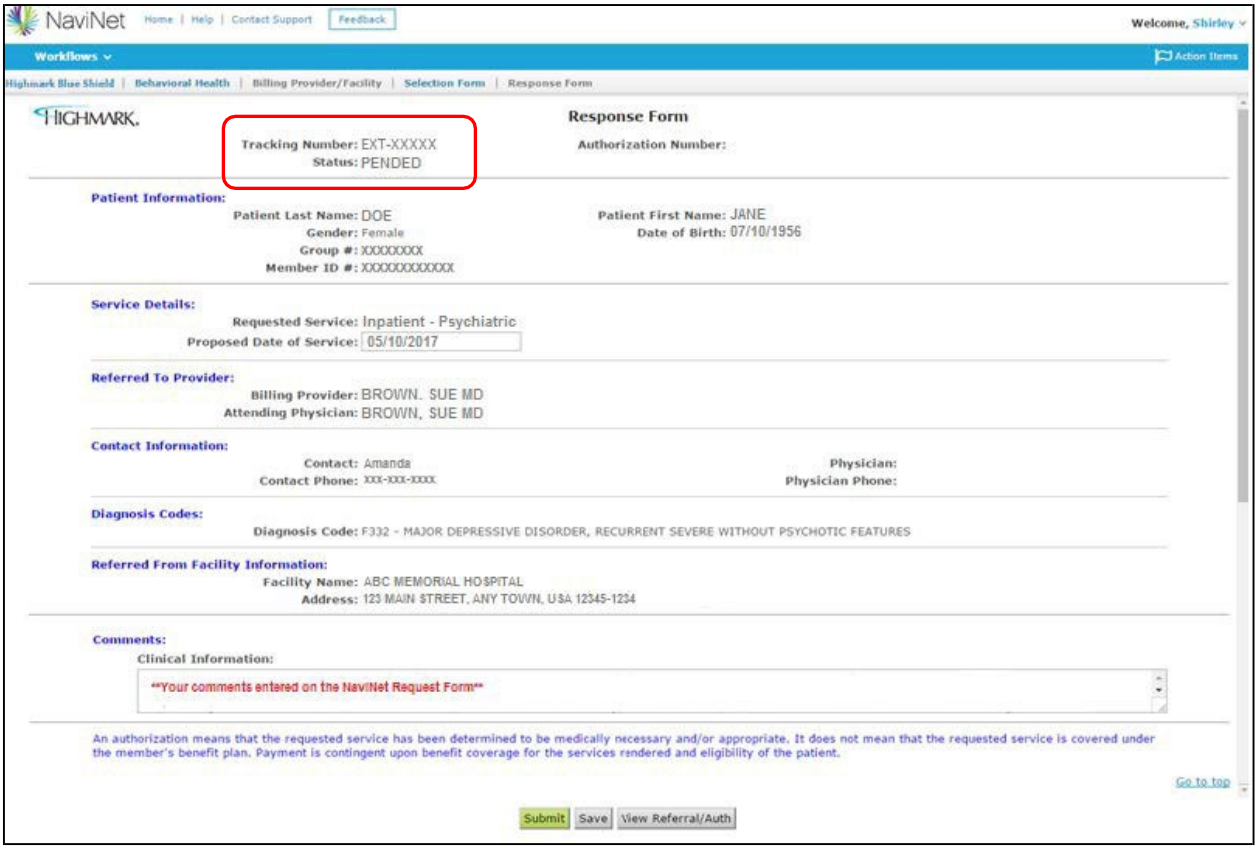
EXAMPLE: Response Form

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.



SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES

Overview

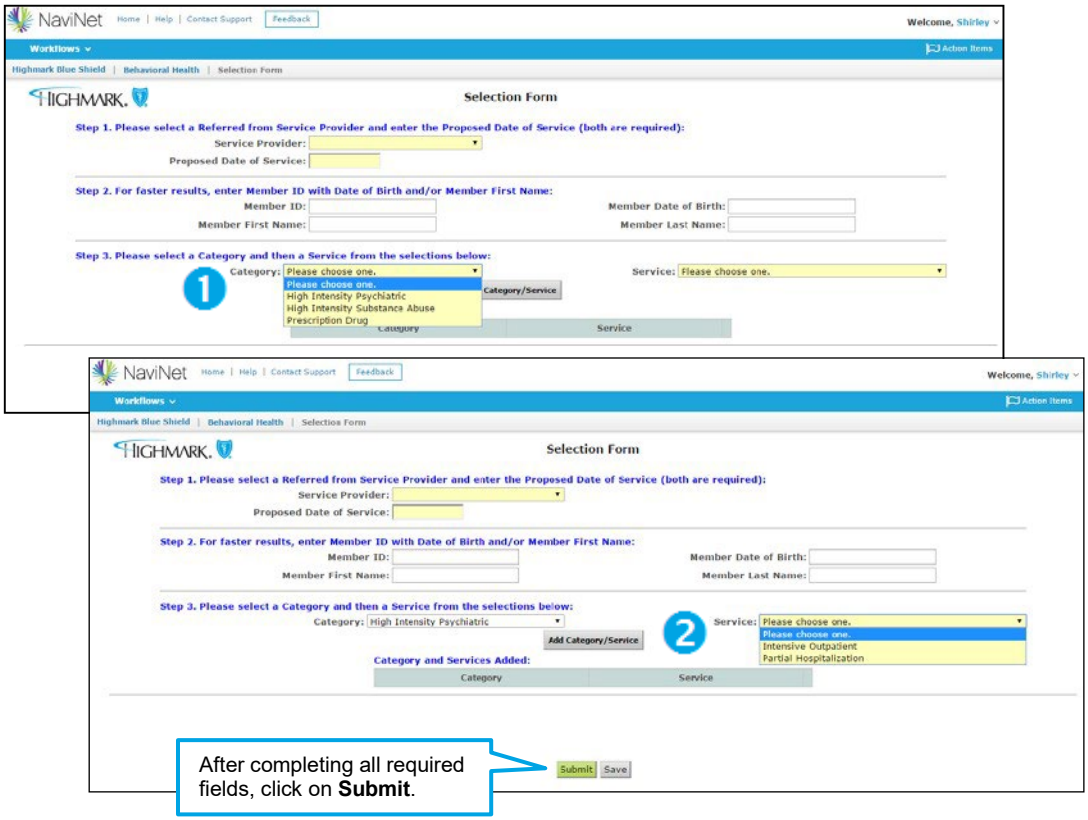
Authorization is required for **partial hospitalization** and **intensive outpatient services**. Automated Care Management (ACM) promotes an efficient and consistent process for requesting authorization for these outpatient services.

- **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**.	



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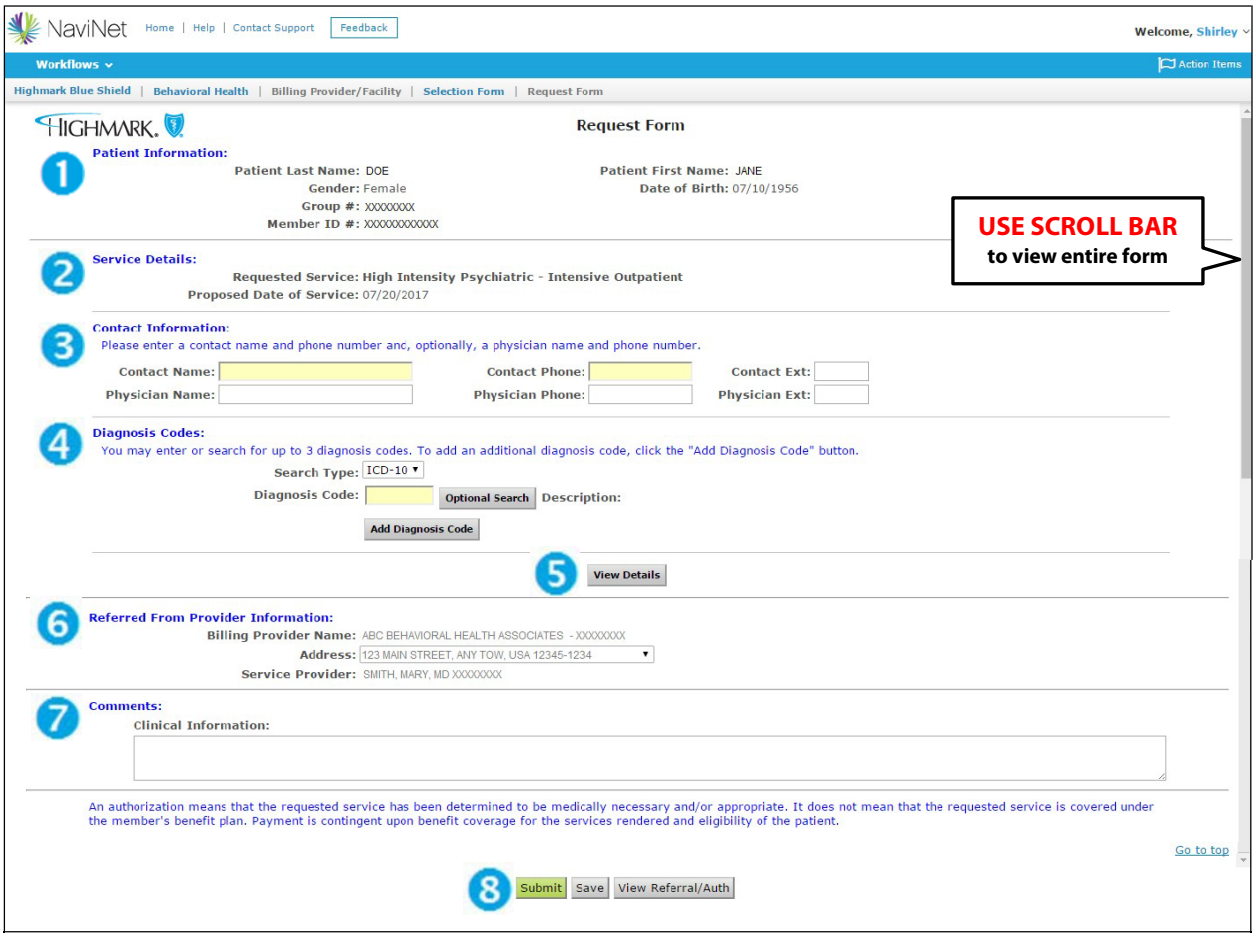
SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

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**.

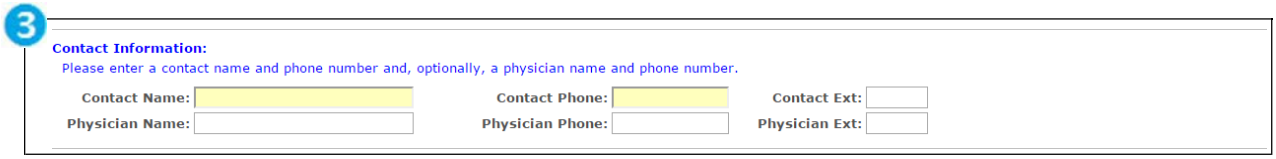


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SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

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.

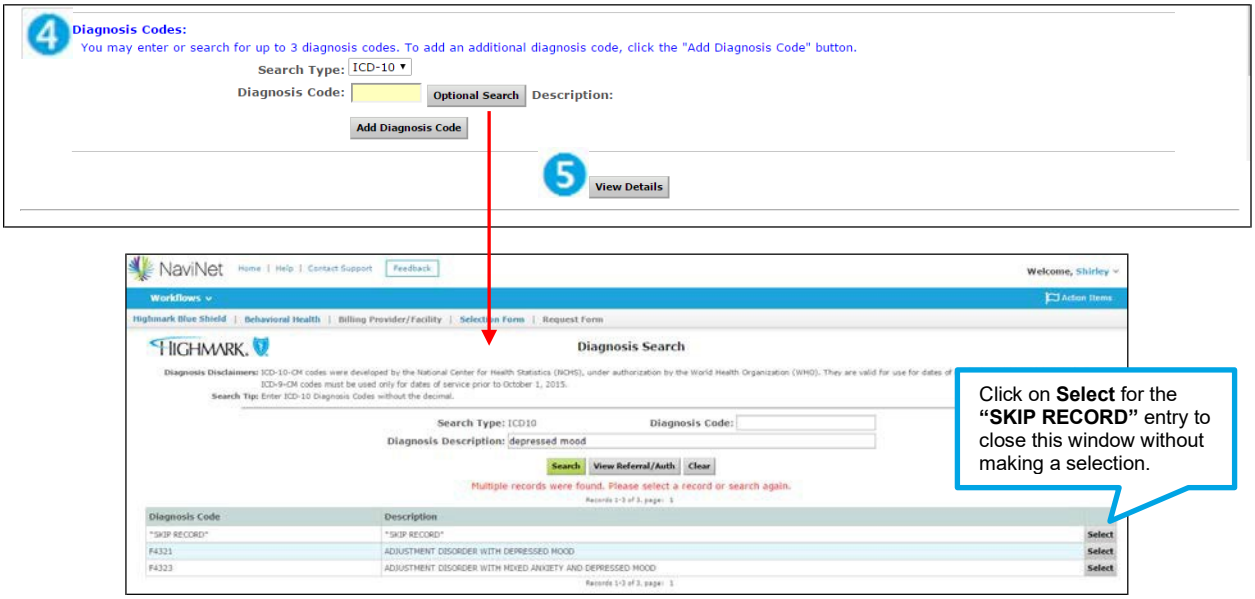


4 Diagnosis Codes

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.



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

7 Comments

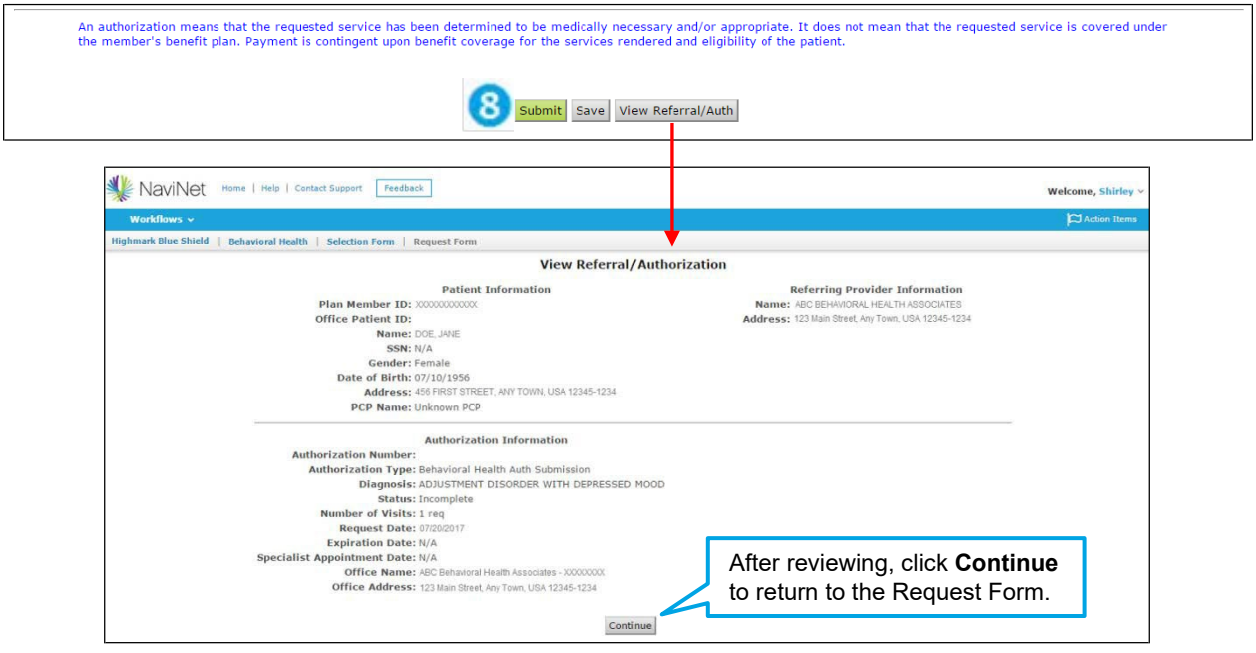
You may add any additional pertinent information in the **Comments** field that would be helpful to the Highmark reviewer. **Please see recommended information included later in this section.**



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.



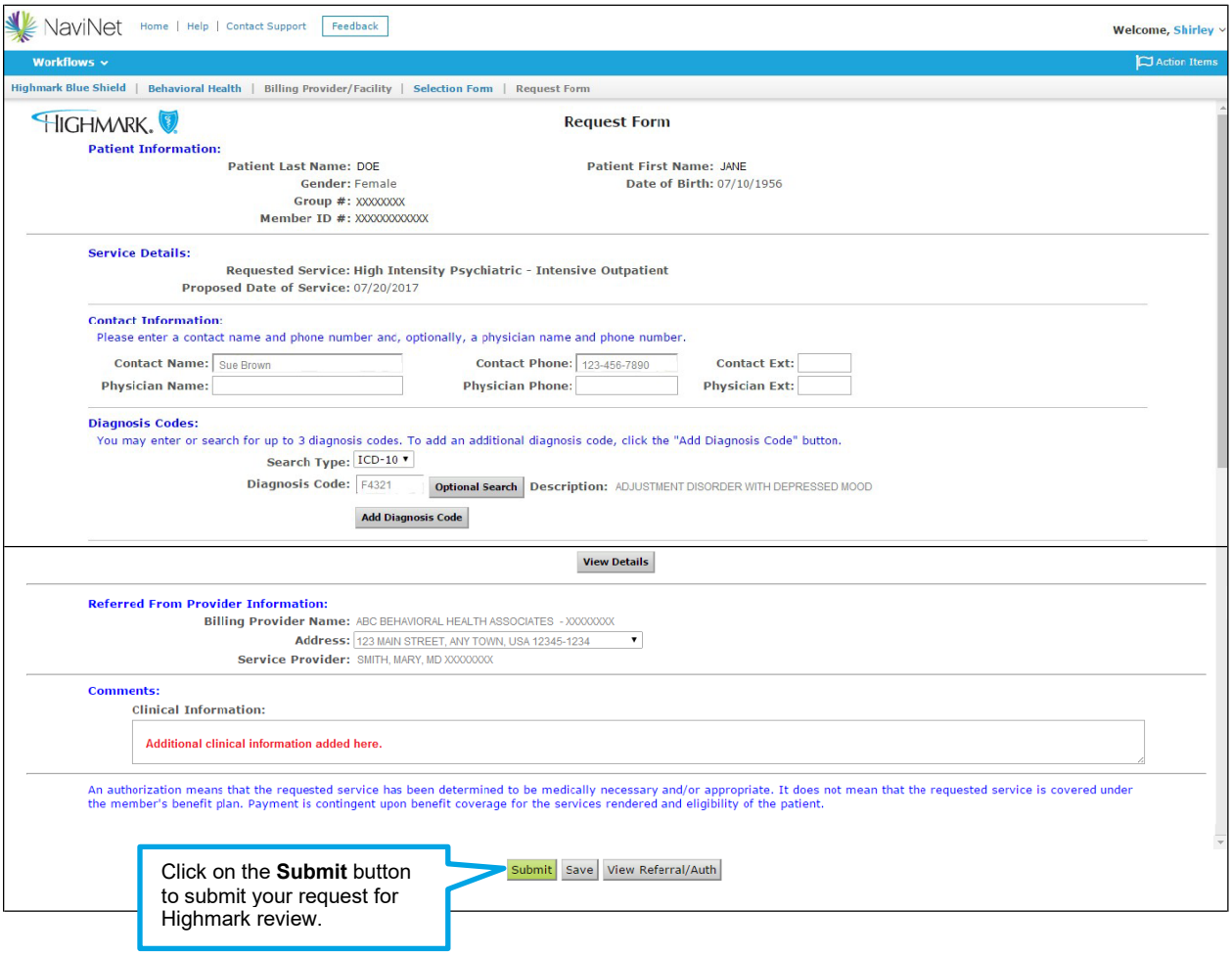
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SECTION 6: SUBMITTING AN AUTHORIZATION REQUEST FOR OUTPATIENT SERVICES, Continued

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**.



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

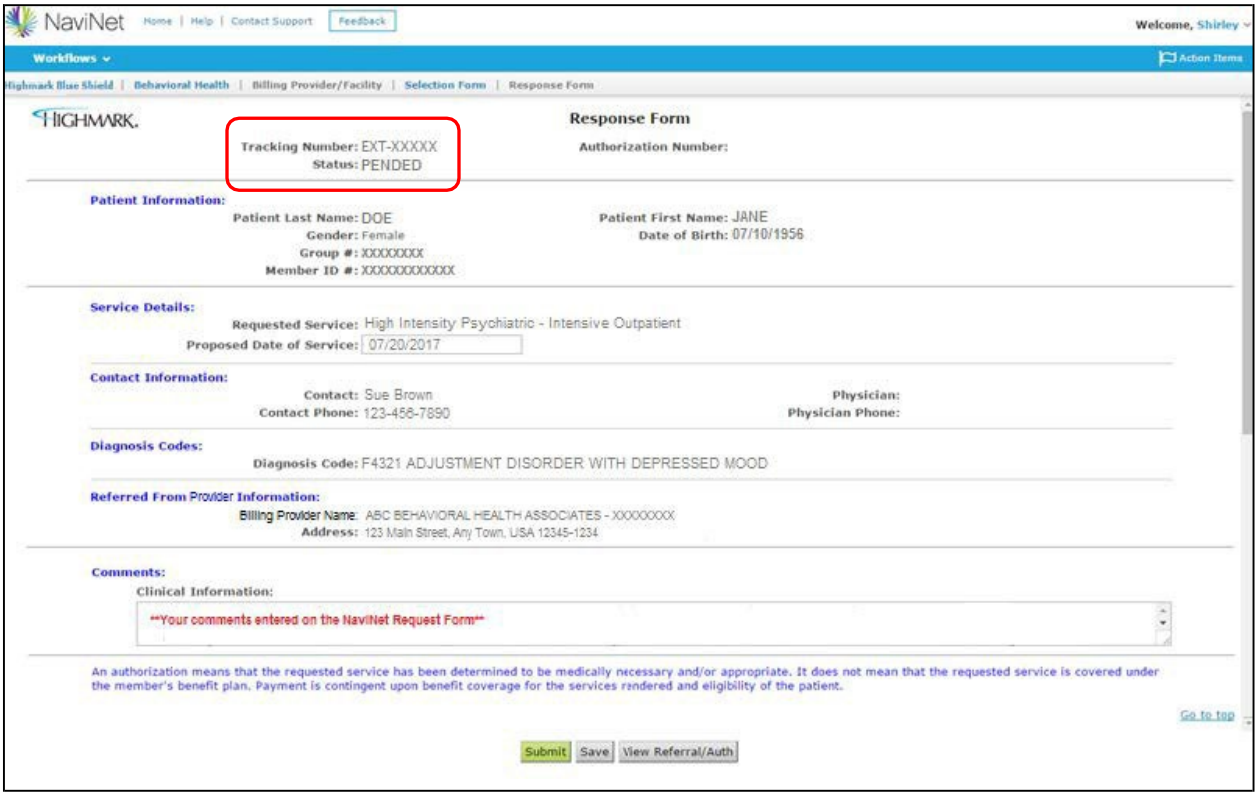
Response Form

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.



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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 HOSPITALIZATIONPRECERTIFICATION:

- 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 engagingin 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

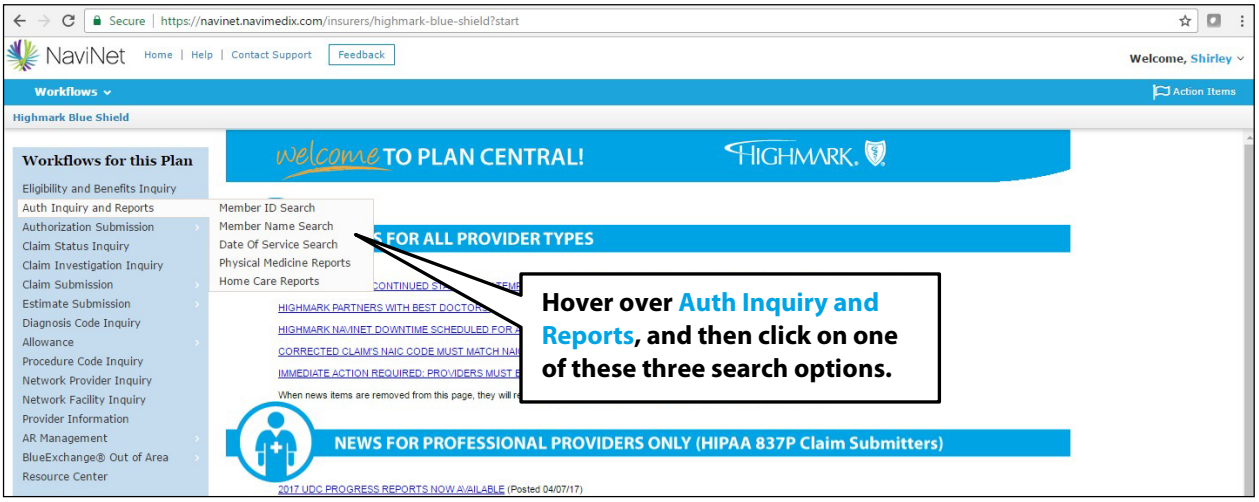
The Referral/Auth Inquiry transaction function in NaviNet® allows you to:

- 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



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SECTION 7: NAVINET REFERRAL/AUTH INQUIRY, Continued

Referral/Auth Inquiry

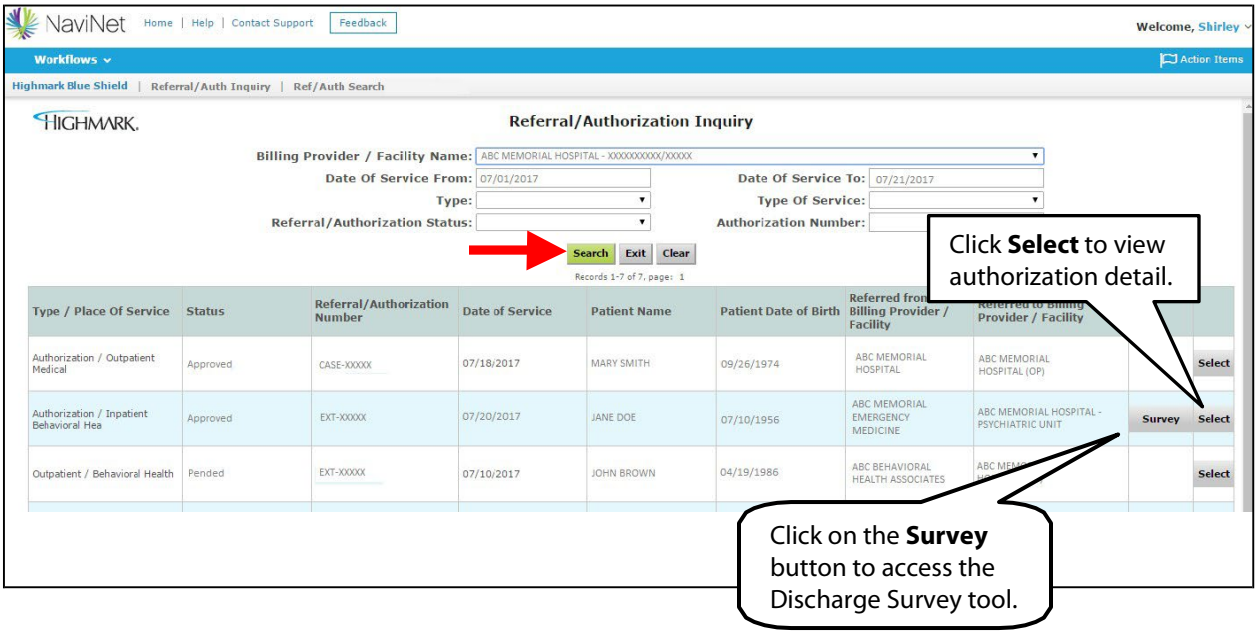
On the **Referral/Authorization Inquiry** screen, enter the necessary search criteria based on the search option you chose; and then click on the **Search** button (*see red arrow*).

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.

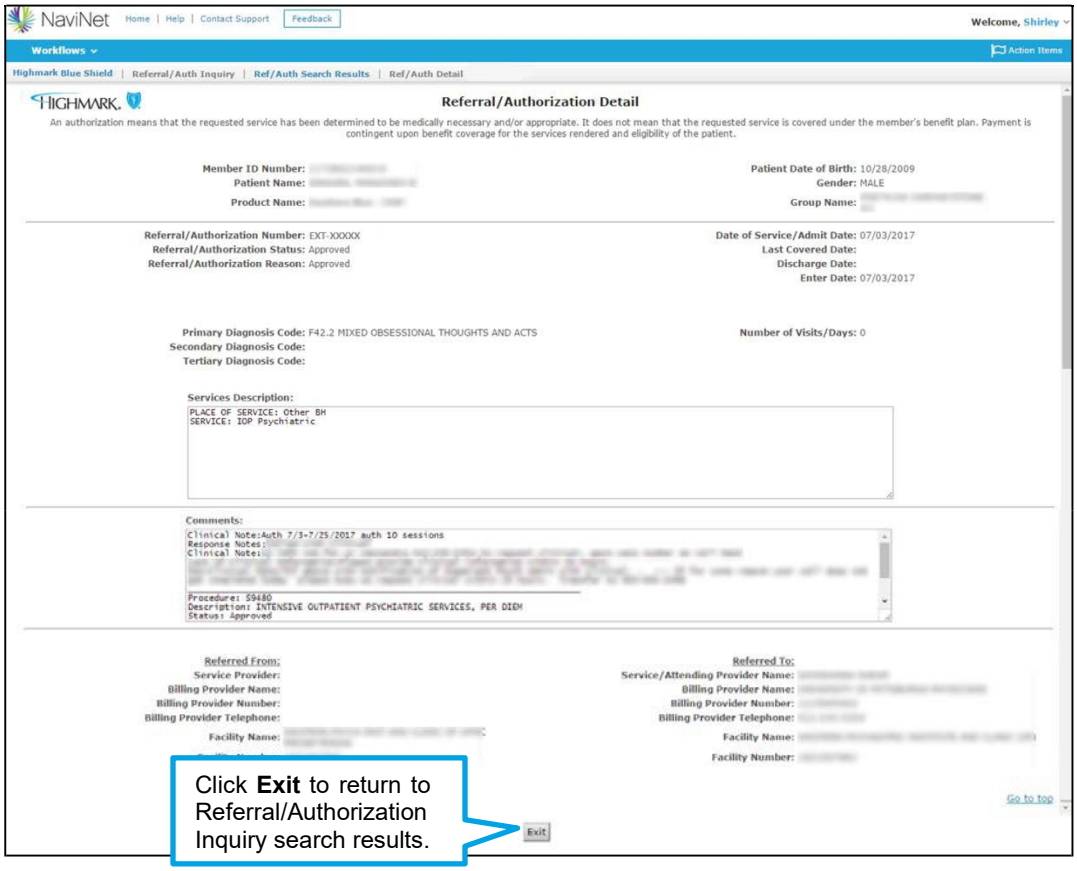


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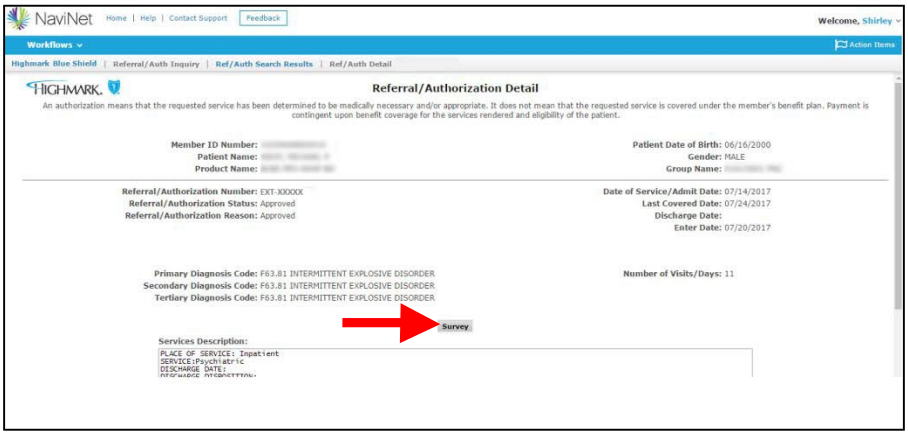
SECTION 7: NAVINET REFERRAL/AUTH INQUIRY, Continued

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.



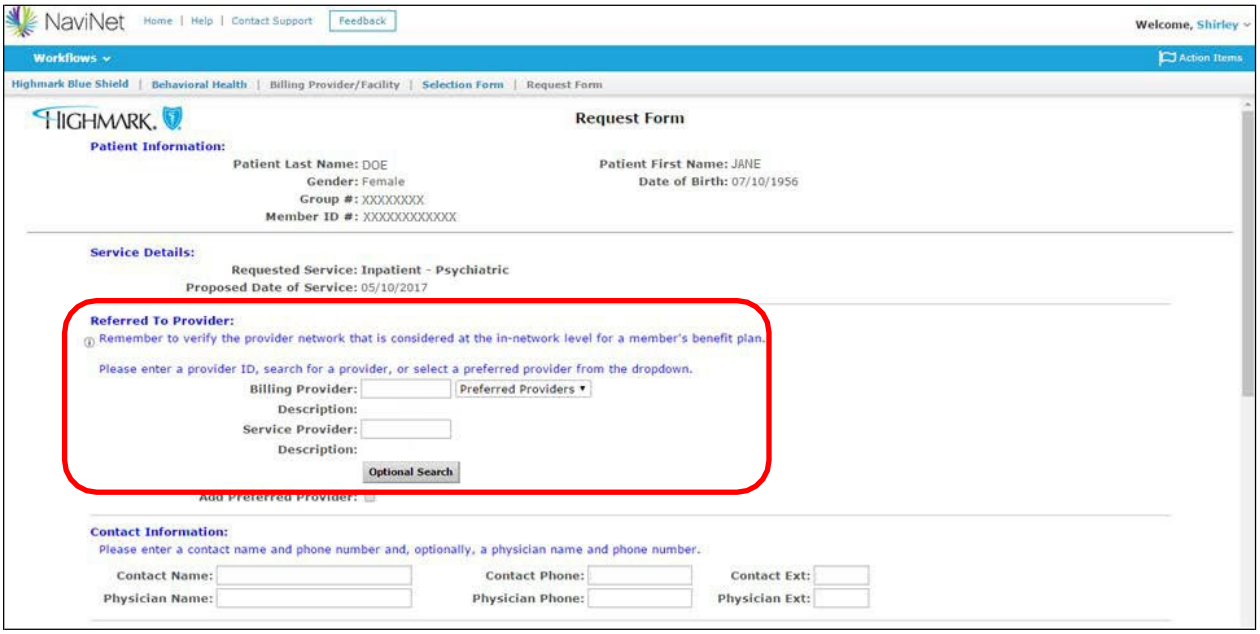
SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET

Overview

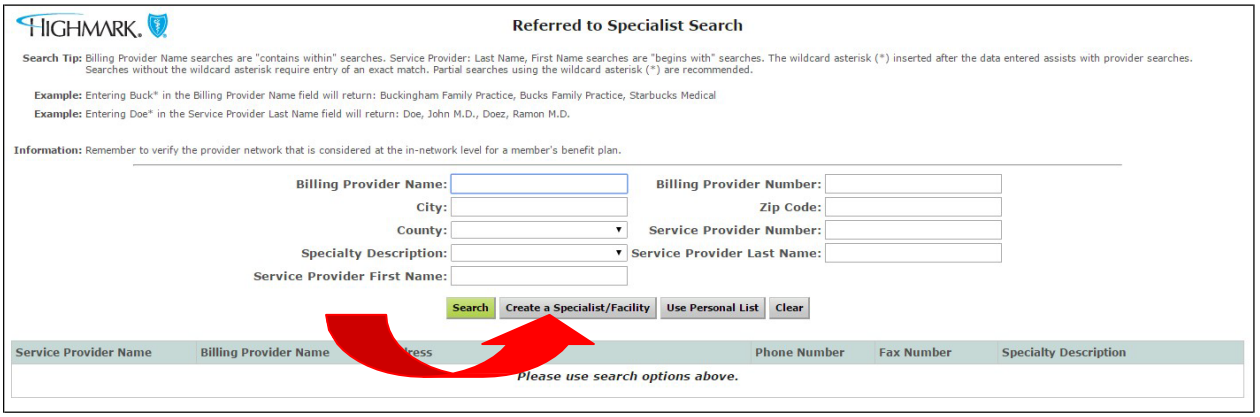
When submitting an authorization request through NaviNet,® you are asked to select the "Referred to Provider" on the **Request Form**. If the provider is not in the dropdown options for "Preferred Provider," you can create a record for the provider that will be available for future submissions.

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.



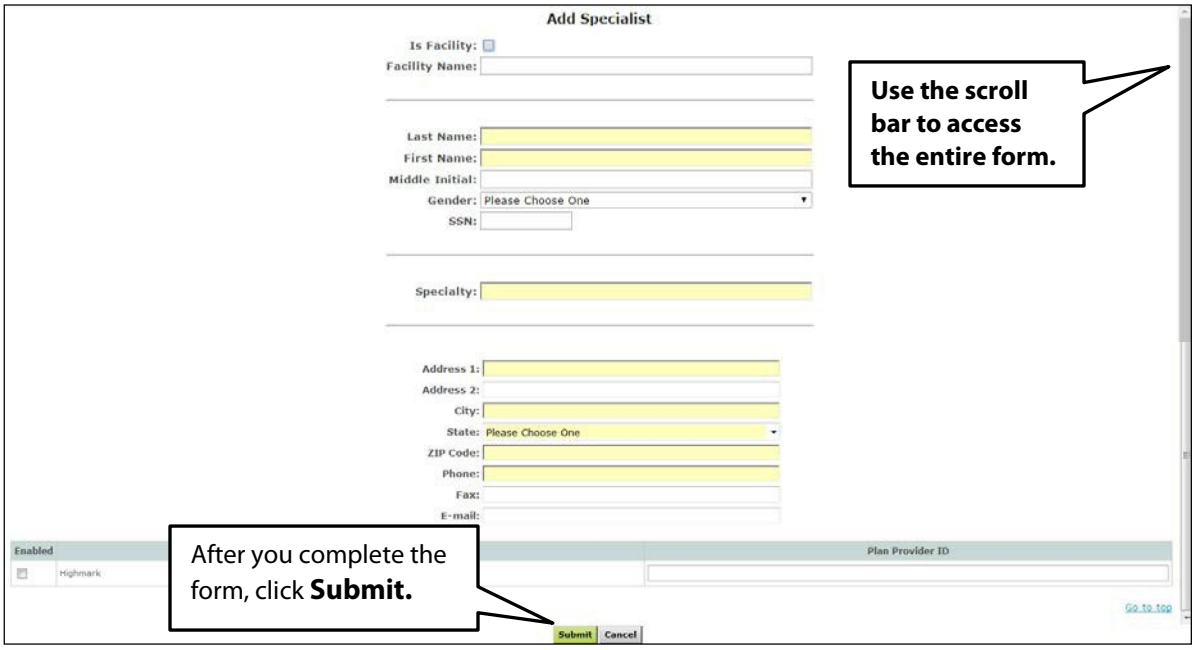
STEP 2: Click on the **Create a Specialist/Facility** button to access the **Add Specialist** form.



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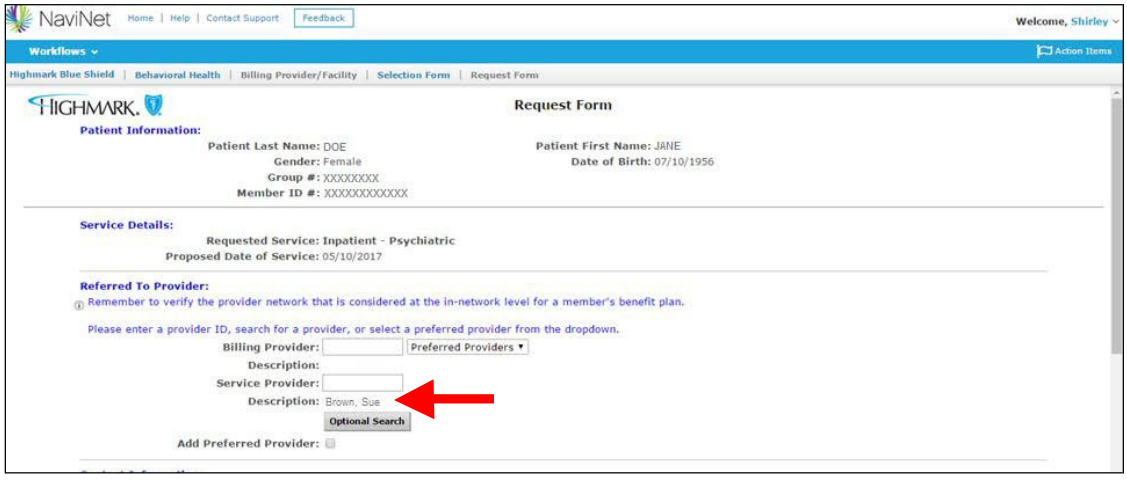
SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET,
Continued

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.

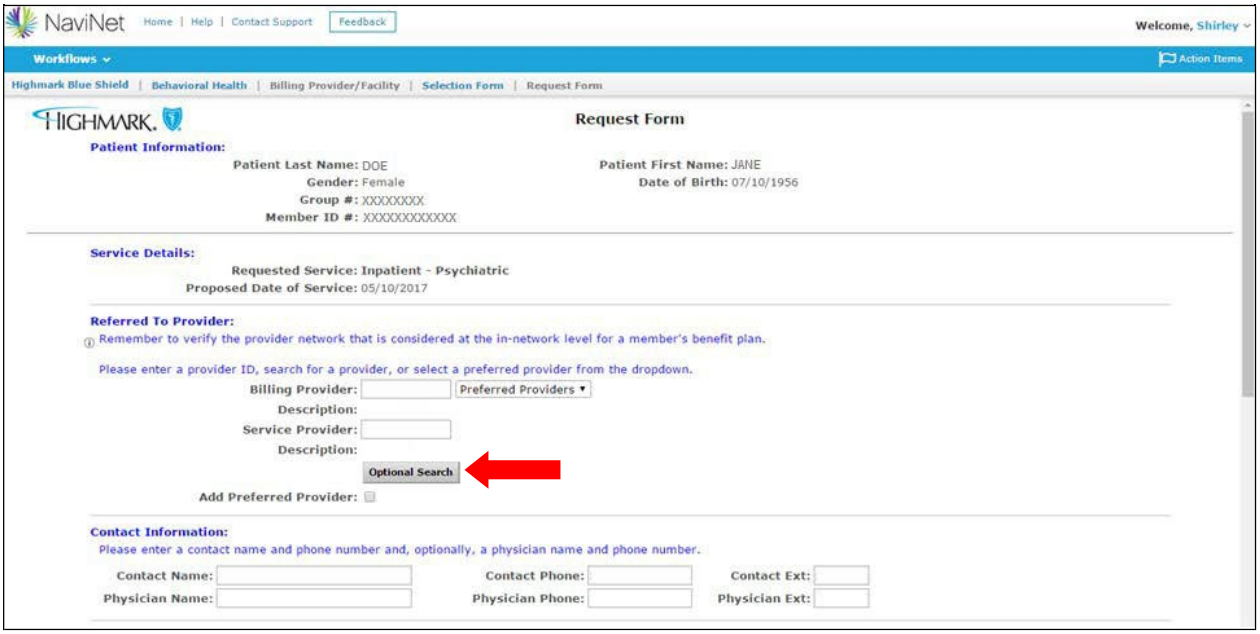


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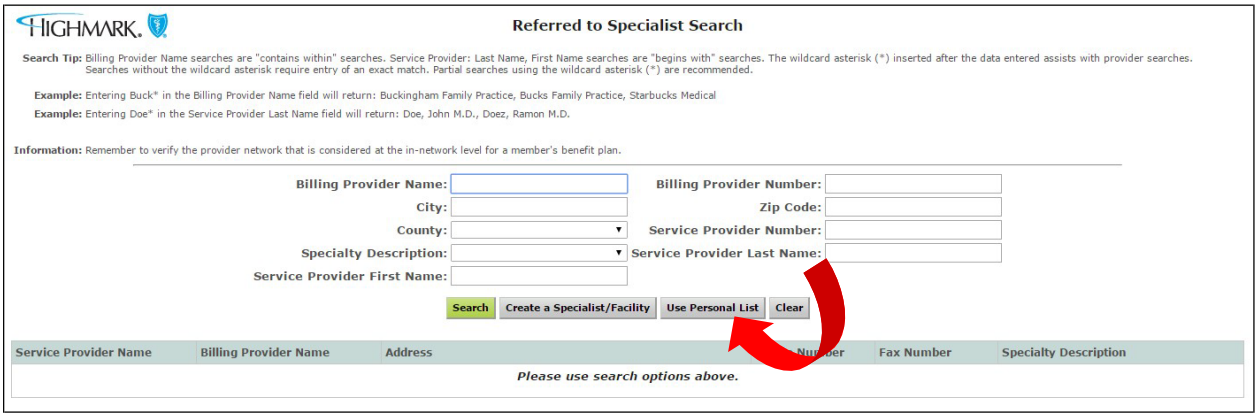
SECTION 8: CREATING A SPECIALIST/FACILITY IN NAVINET,
Continued

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.**



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



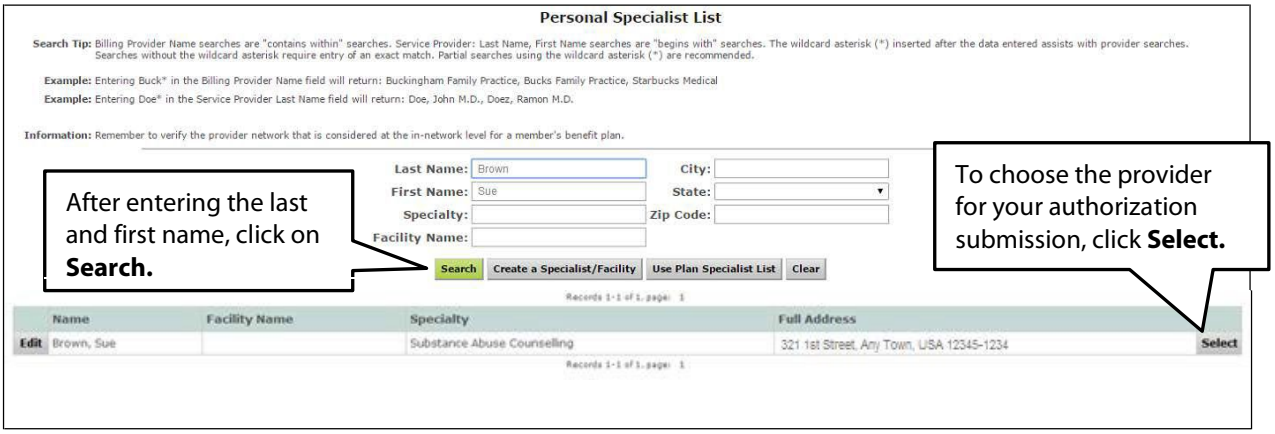
Continued on next page

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.



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