

Novologix Provider Support

Thank you for joining us! We will begin momentarily.



Please observe these tips for a more enjoyable learning experience...

- Use the “**Mute**” icon on the next to your participant name (if available) or on your phone to eliminate background sounds.
- Please do not place your phone on “**Hold**” during today’s meeting. Doing this could result in all attendees hearing recorded music or messages.
- Please avoid multi-tasking and give your undivided attention as we want to ensure you get the most from this session.

Thank You



The Novologix Prior Authorization system makes your entry of authorizations simple and fast

- Enter all your Prior Authorization information on one screen (*note: applies only Medicare Part B Rx in a professional setting not dispensed by the pharmacy*)
- Receive notification for the outcome of a Prior Authorization request directly in Novologix.
- The Member Prior Authorization History section is available within the authorization (saving time for users that would like to view authorizations in the system for a Member).

How to Access Novologix

<https://www.cloverhealth.com/en/pre-auth-request>

Pre-authorization request and lookup

Start a new request, or check to see if a pre-authorization request is required.

NOTICE: Please consider the risk of performing the requested procedure at this time with an ongoing COVID-19 Situation. CMS Released a [Recommendation](#) to limit Adult Elective Surgeries, Non-Essential Medical, Surgical, and Dental Procedures During COVID-19 Response. See here for [CMS guidelines](#)

Check if a pre-authorization request is required

1/5

Is this an inpatient ER Notice of Admission? ⓘ

Yes

No

What is the type of service?

Inpatient

Outpatient

What codes are associated with the request?

Can't find a code? [Check our pre-authorization list.](#)

Code or description ⓘ

Units ⓘ

Type code or description

1

+ Add code

Start Request

How to Access Novologix

Pre-authorization request and lookup

Start a new request, or check to see if a pre-authorization request is required.

NOTICE: Please consider the risk of performing the requested procedure at this time with an ongoing COVID-19 Situation. CMS Released a [Recommendation](#) to limit Adult Elective Surgeries, Non-Essential Medical, Surgical, and Dental Procedures During COVID-19 Response. See here for [CMS guidelines](#)

Check if a pre-authorization request is required 1

Is this an inpatient ER Notice of Admission? ?

Yes
No

What is the type of service?

Inpatient
Outpatient

What codes are associated with the request?

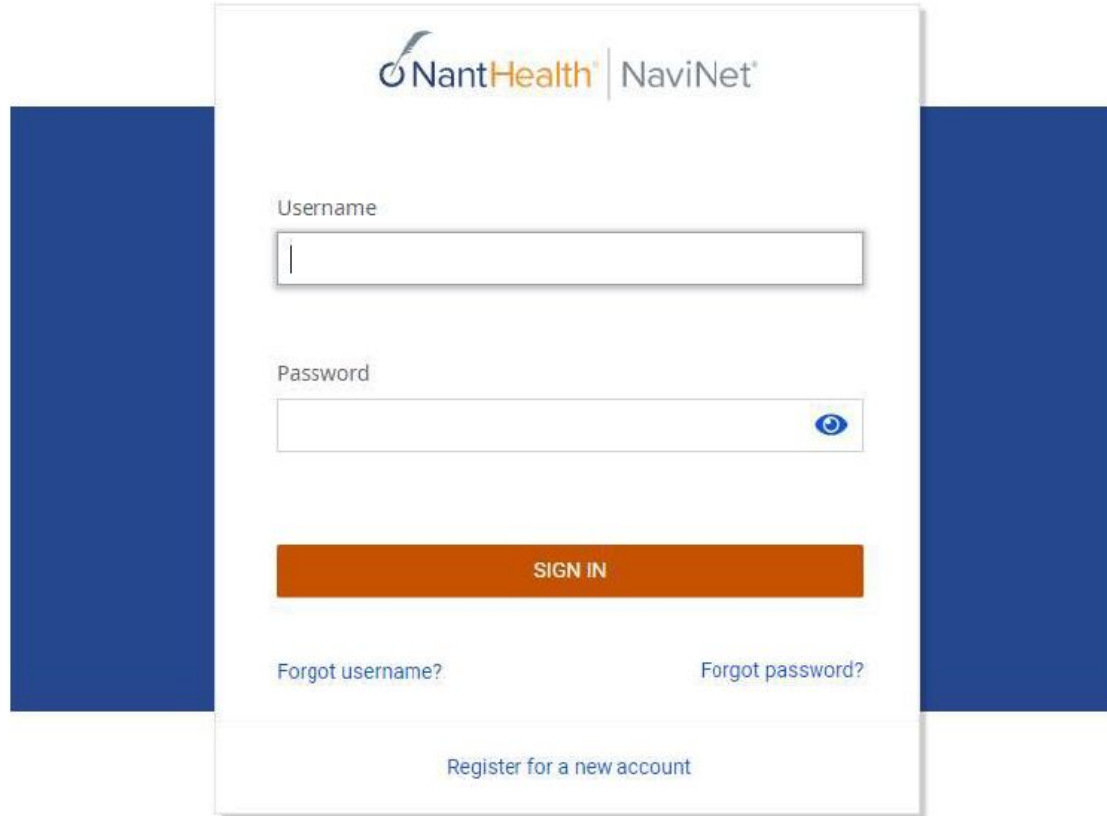
Can't find a code? [Check our pre-authorization list.](#)

Code or description ?	Units
J3490 - Drugs unclassified injection	1

 Authorization required via CVS-Novologix

Please submit authorization directly to CVS-Novologix at <https://navinet.navimedix.com> or by phone at 1-800-932-7013

How to Access Novologix

The image shows a login form for NantHealth NaviNet. The form is white and centered on a blue background. At the top, there is a logo for NantHealth NaviNet. Below the logo, there are two input fields: one for Username and one for Password. The Password field has a blue eye icon to its right. Below the input fields is a large orange button labeled "SIGN IN". At the bottom of the form, there are two links: "Forgot username?" and "Forgot password?". Below these links is a link that says "Register for a new account".

NantHealth NaviNet

Username

Password

SIGN IN

[Forgot username?](#) [Forgot password?](#)

[Register for a new account](#)

Use [Forgot username?](#) or [Forgot password?](#) links if you need help logging in.

How to request access or set up user in Clover NaviNet Provider Portal

How to set up a user in Navinet. This has to be done by the office's security officer.

A NaviNet Security Officer is the primary contact between your office and NaviNet. Security Officers are responsible for adding and deactivating users from their offices, as well as setting access permissions for specific health plan features. If you are not the appropriate person in your office to be the Security Officer, please ask that person to register.

NantHealth Help Center: <https://helpcenter.nanthealth.com/s/>

- Create new users in NaviNet
- Supported systems and browsers
- Add a health plan to your office
- Add a tax ID and its providers

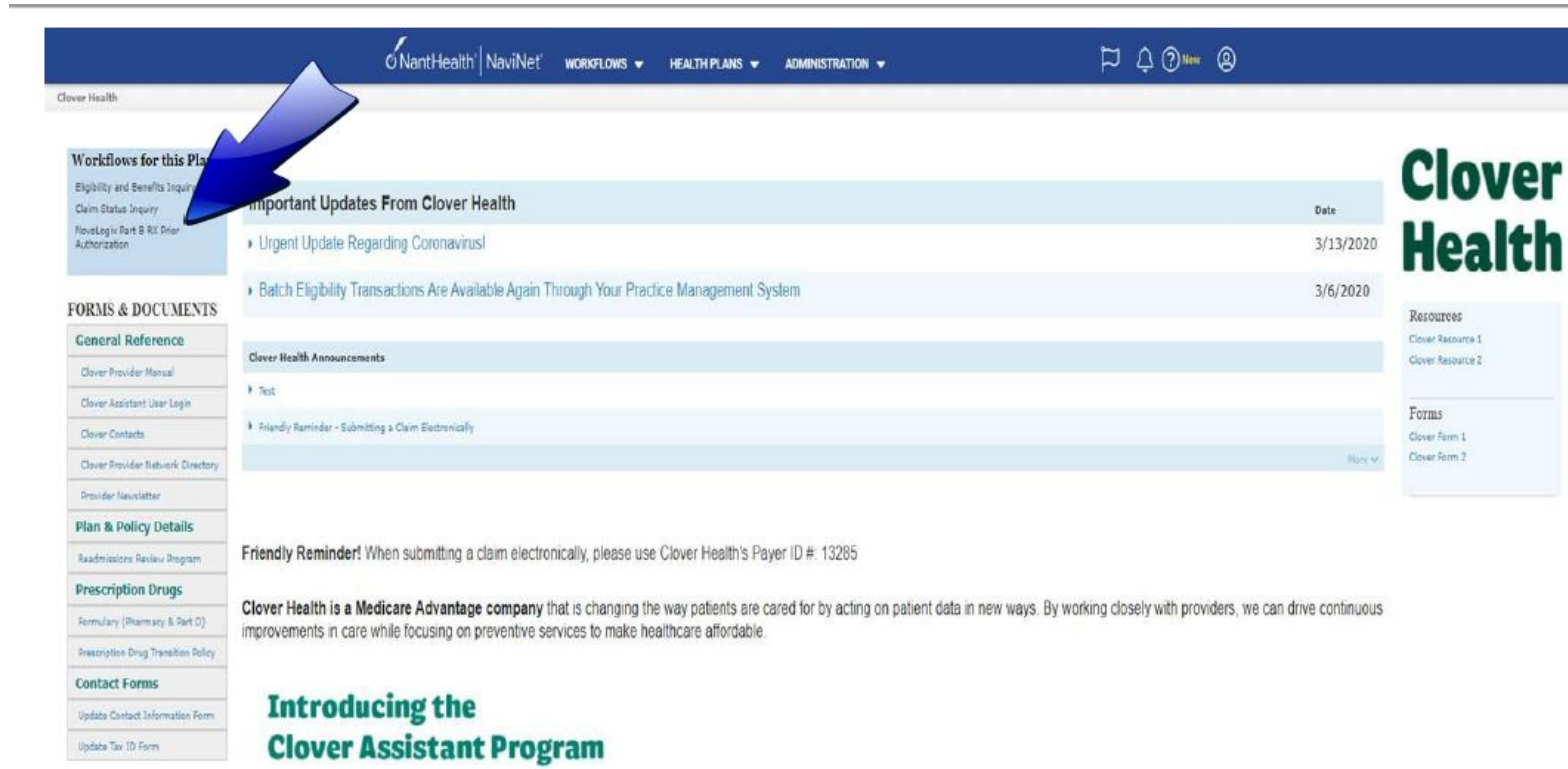
How to Sign up for NaviNet:

<https://helpcenter.nanthealth.com/s/article/How-do-I-sign-up-for-NaviNet>

Call NantHealth at (888) 482-8057

Phone support is available: Mon-Fri: 8am - 11pm EST Sat: 8am - 3pm EST

How to Access Novologix



The screenshot shows the NantHealth NaviNet portal. The top navigation bar includes the NantHealth NaviNet logo, menu items for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION, and utility icons for flags, notifications, help, and user profile. The left sidebar contains a 'Workflows for this Plan' section with links like 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Novologix Part B RX Prior Authorization', and a 'FORMS & DOCUMENTS' section with categories like 'General Reference', 'Plan & Policy Details', 'Prescription Drugs', and 'Contact Forms'. The main content area features a 'Important Updates From Clover Health' table with two entries: 'Urgent Update Regarding Coronavirus!' dated 3/13/2020 and 'Batch Eligibility Transactions Are Available Again Through Your Practice Management System' dated 3/6/2020. Below this is a 'Clover Health Announcements' section with links to 'Test' and 'Friendly Reminder - Submitting a Claim Electronically'. A 'Friendly Reminder!' text states that users should use Clover Health's Payer ID # 13285 when submitting claims electronically. At the bottom, there is a section titled 'Introducing the Clover Assistant Program' with a brief description of Clover Health as a Medicare Advantage company. The right sidebar includes the 'Clover Health' logo, 'Resources' (Clover Resource 1, Clover Resource 2), and 'Forms' (Clover Form 1, Clover Form 2).

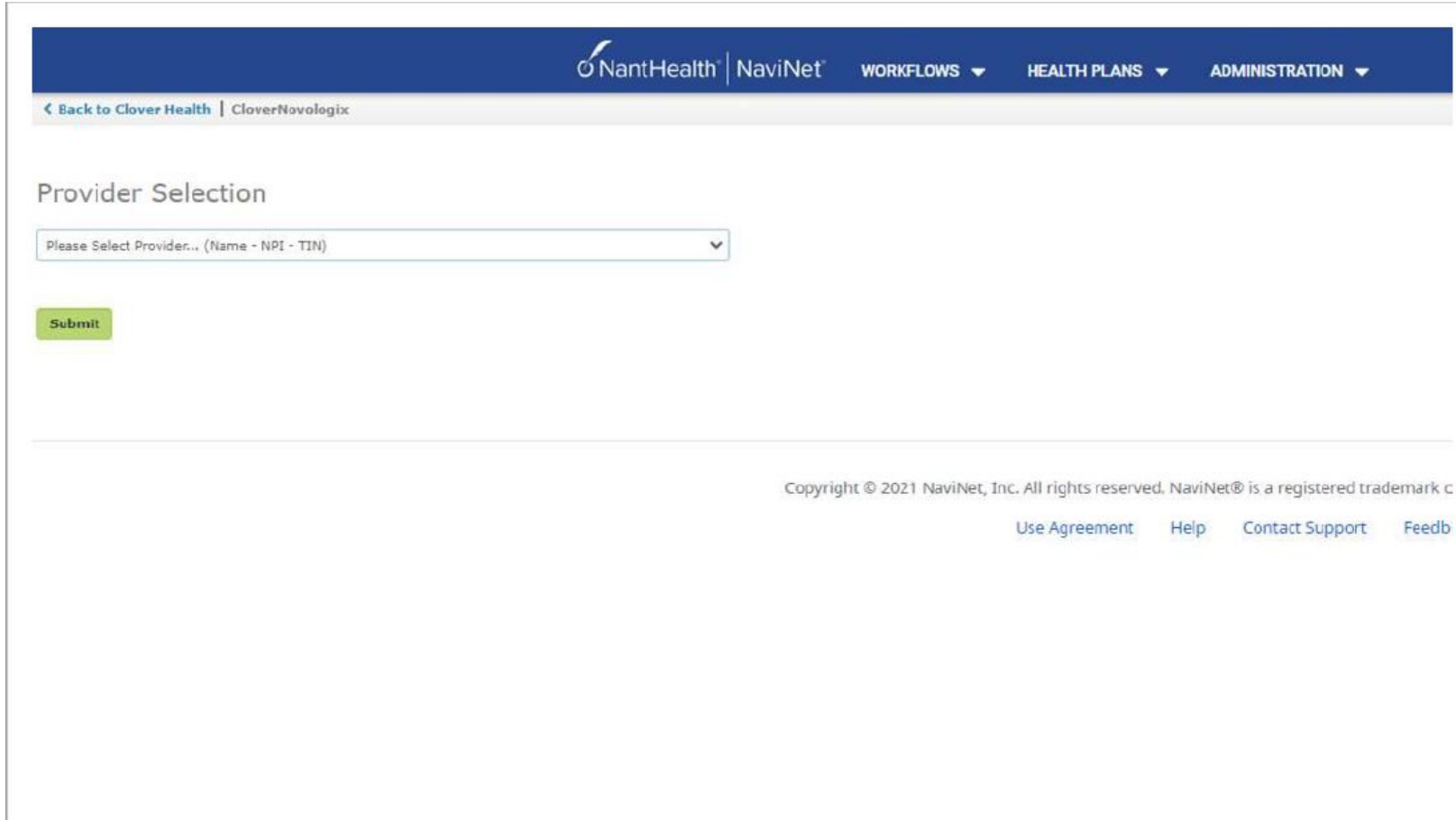
Important Updates From Clover Health	Date
Urgent Update Regarding Coronavirus!	3/13/2020
Batch Eligibility Transactions Are Available Again Through Your Practice Management System	3/6/2020

Friendly Reminder! When submitting a claim electronically, please use Clover Health's Payer ID #: 13285

Introducing the Clover Assistant Program

Clover Health is a Medicare Advantage company that is changing the way patients are cared for by acting on patient data in new ways. By working closely with providers, we can drive continuous improvements in care while focusing on preventive services to make healthcare affordable.

How to Access Novologix



The screenshot displays the NantHealth NaviNet interface for provider selection. At the top, a dark blue header bar contains the NantHealth NaviNet logo and navigation links for WORKFLOWS, HEALTH PLANS, and ADMINISTRATION. Below the header, a light gray bar shows a breadcrumb trail: < Back to Clover Health | CloverNovologix. The main content area is titled "Provider Selection" and features a dropdown menu with the placeholder text "Please Select Provider... (Name - NPI - TIN)". A green "Submit" button is positioned below the dropdown. At the bottom of the page, a footer section includes the copyright notice "Copyright © 2021 NaviNet, Inc. All rights reserved. NaviNet® is a registered trademark c" and links for "Use Agreement", "Help", "Contact Support", and "Feedb".

NantHealth | NaviNet® WORKFLOWS HEALTH PLANS ADMINISTRATION

< Back to Clover Health | CloverNovologix

Provider Selection

Please Select Provider... (Name - NPI - TIN)

Submit

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Use Agreement Help Contact Support Feedb

How to Create a Prior Authorization

The screenshot displays the CVS Health Prior Authorization system interface. At the top, the navigation bar includes links for Home, Authorizations, Administration, and My Account. A user greeting 'WELCOME ADRIENNE USER' is visible on the right. The main content area is divided into a left sidebar and a central workspace. The sidebar shows a tree view of work items, including 'My Work Items - (1)' and 'Shared Work Items - (175)'. The central workspace features a 'WORKBOX ITEMS' section with a table of tasks. A dropdown menu is open over the 'Authorizations' link, showing options: 'Find Authorization', 'Quick Search', and 'Create Authorization'. The 'Create Authorization' option is highlighted with a red rectangle.

Find Authorization
Quick Search
Create Authorization

WELCOME ADRIENNE USER
New Screen | LOG OUT

Welcome Adrienne User

WORKBOX ITEMS

Concurrent:	Drug Name:	Member Id:	Patient First Name:	Patient Last Name:	Patient State:	Priorit
Task	ID	LineOfBusiness	Plan	Provider	MemberId	Received Date
Incomplete	177822	Commercial	CVS NLX Demo	Provider Intake	AUTOSAN0009	12/5/2018 09:24

From the **User Home Page**, hover over **Authorizations** and click **Create Authorization**

How to Create a Prior Authorization

Create Authorization

SELECT A PLAN

CLOVER

Select Option to Begin New Authorization

QUICK START (Select Previous Authorization to copy)

Enter the patient's complete member ID or an authorization number.



SEARCH EXISTING PATIENT

Member ID*

Authorization Start Date*

10/20/2021



First Name*

Last Name*

Gender

Date of Birth*



Search

Enter the Member ID, and any other required information (denoted by a red asterisk), under the **Search for Existing Patient** field click **Search**. If there are multiple members under one Member ID, click to select the correct Patient.

How to Create a Prior Authorization

Home Authorizations Administration My Account ? GO TO CVS NLX NNE USER LOG OUT

Authorization Number: New Benefit Type: Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member Details

Patient Details

Last Name	AUTOLAST001	First Name	AUTOFIRST001	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)*	85	Preferred Language	English	Body Surface Area (BSA) (m2)	0
Height (cm)*		Secondary Phone Number	() - -		
Carrier	5049	Phone*	() - -		
Account	S123				
Group Name	33337890001				

Height (cm)*
Height (cm) is required

Addresses

Primary	123 5th Street	Anywhere	Alabama	12345
---------	----------------	----------	---------	-------

Insurance Details

Member ID	AUTOSAN0001	Relationship to Insured	Self	Plan	CVS NLX Demo
-----------	-------------	-------------------------	------	------	--------------

Membership Details

Insurance Group Number	12345	Effective Date	01/01/2017	Termination Date	01/01/2021
Line of Business	Commercial				

Authorization Details

Providers

Tune	NPI *	Name	Address
------	-------	------	---------

Enter all required information in each section. Any section and field missing required information will display a reminder in red.

How to Create a Prior Authorization

[Home](#) [Authorizations](#) [Administration](#) [My Account](#) [?](#)

WELCOME ADRIENNE USER
LOG OUT

Authorization Number: New **Benefit Type:** **Status: Incomplete** **Assigned User:**

[Authorization Details](#) [Transaction History](#) [Member's PA History](#)

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member Details

▼ Patient Details

Last Name

AUTOLAST001

First Name

AUTOFIRST001

Middle Initial

Date of Birth

10/12/1980 (38 years)

Gender

Male

Weight (kg)*

85

Preferred Language

English

Body Surface Area (BSA) (m2)

1.70

Height (cm)*

123

Secondary Phone Number

() - -

Carrier

5049

Phone*

(999) 999-9999

Account

S123

Group Name

33337890001

▼ Addresses

Primary

123 5th Street

Anywhere

Alabama

12345

▼ Insurance Details

Member ID

AUTOSAN0001

Relationship to Insured

Self

Plan

CVS NLX Demo

▼ Membership Details

Insurance Group Number

12345

Effective Date

01/01/2017

Termination Date

01/01/2021

Line of Business

Commercial

Authorization Details

Missing Information

▼ Providers

Type

NPI *

Name

Address

Once all required information in a section has been entered, the section will display a green check mark.

How to Create a Prior Authorization

Clover Health

Authorizations ▾ Reports & Tools ▾ Administration ▾ My Account ▾ ?

GO TO CLOVER WELCOME ADRIENNE USER LOG OUT

Authorization Number : New

Benefit Type: **M P** Status: **Incomplete** Assigned User:

Authorization Details Member's PA History

Member Name: **FNAME LNAME** Member Id: **CLHCHMEDHMO7** Plan Name: **CLOVER** Gender: **Male** Date of Birth: **1/1/2001** (20 years) Line of Business: **Medicare**

Authorization Details

Providers

Type
Requesting

NPI *
1003227968

Name
WAGNER, LAUREN

Address
777 Hemlock St Macon, GA 31201

MD Office Contact Name*
Test

MD Office Contact Phone Number*
(111) 111-1111

MD Office Contact Fax Number*
(111) 111-1111

In Network
NA

MD Office Contact Email

Type
Rendering

NPI *
1003227968

Name
WAGNER, LAUREN

Address
777 Hemlock St Macon, GA 31201

Rendering Contact Name

Rendering Contact Phone Number
() - -

Rendering Fax Number
() - -

In Network
Y

Add Provider

Diagnosis

BACK

CANCEL

SAVE

SUBMIT

1. Complete the required fields for **Requesting & Rendering Provider** and any other required information in the **Authorization Details** section. *If the Requesting Provider field is not pre-populated, you can search by entering either the NPI or Provider name in the NPI field.*

How to Create a Prior Authorization

▼ Member Details [Missing Information](#) ⚠

▼ Patient Details

Last Name	ALLEN	First Name	ELIJAH	Middle Initial	D
Date of Birth	06/15/1971 (49 years)	Gender	Male		
Weight	<div>KG LB</div> <div><input type="text"/></div> <div>Weight (kg) is required</div>			Body Surface Area (BSA) (m2)	0
Height	<div>CM IN</div> <div><input type="text"/></div> <div>Height (cm) is required</div>				
Policy Issuing State	MA	Preferred Language	English		
Out Of Area	N	Phone	(617) 436-5821		
Product Line	HMO				
Product Offer Code	A008				

▼ Addresses

Complete any missing required fields.

How to Create a Prior Authorization

Authorization Number : New Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History Member's Claims History

Member Name:

Authorization Request Date: Authorization Priority*: Normal Benefit Type: Medical Channel*: Fax

Complete Clinical: [Missing Information](#) ⚠

Important

Please provide missing information before submitting the authorization for further processing.

Got It

▼ Authorization Lines

Line 1

Where will this drug be administered?*: Office

Date(s) of Service*: 07/14/2020 To 07/14/2020

Drug*: 57894003001


HCPCS Code	J1745	Drug Name	Remicade	Strength/Measure	100 MG
Route	IV	Pkg. Size	1 EA	Dosage Form	SOLR
Generic Name	inFLIXimab				
Refills		Sig			
DosingType*	<input type="radio"/> Loading <input type="radio"/> Maintenance				

BACK CANCEL SAVE SUBMIT

*If there is missing information, you will be asked to provide missing information in the pop up that displays.



How to Create a Prior Authorization


Channel: Online

▼ Authorization Lines 

Line 1

Place of Service*

Date(s) of Service*  To 

Drug* 

HCP Code	J9306	Drug Name	Perjeta	Strength/Measure	420 MG/14ML
Route	IV	Pkg. Size	14 ML	Dosage Form	SOLN
Generic Name	Pertuzumab				
Number of Visit	<input type="text"/>	Sig	<input type="text"/>		
Refills	<input type="text"/>				

[BACK](#) [CANCEL](#) [SAVE](#) [SUBMIT](#)

1. In the **Authorization Lines** section, select the place of service and enter the applicable start and end dates.
2. Enter requested drug name **or** NDC in the **Drug** field and select the requested drug from the resulting dropdown.

How to Create a Prior Authorization

Authorization Number: New Benefit Type: Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

MD Office Contact Name* Name MD Office Contact Phone Number* (999) 999-9999 MD Office Contact Fax Number* (999) 999-9999

[Add Provider](#)

Diagnosis

Primary Diagnosis* D59.5 Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli] (ICD-10)

Authorization Request Date* 12/11/2018 10:02 AM

Authorization Priority* Normal Authorization Date Type Unspecified

Authorization Lines

Line 1

Where will this drug be administered?* Home

Date(s) of Service* 12/11/2018 To 12/11/2018

NDC Code* 86733094823

HCPCS Code	J9055	Drug Name	Erbix	Strength/Measure	100 MG/50ML
Route	IV	Pkg. Size	50 ML	Dosage Form	SOLN
Refills		Sig			

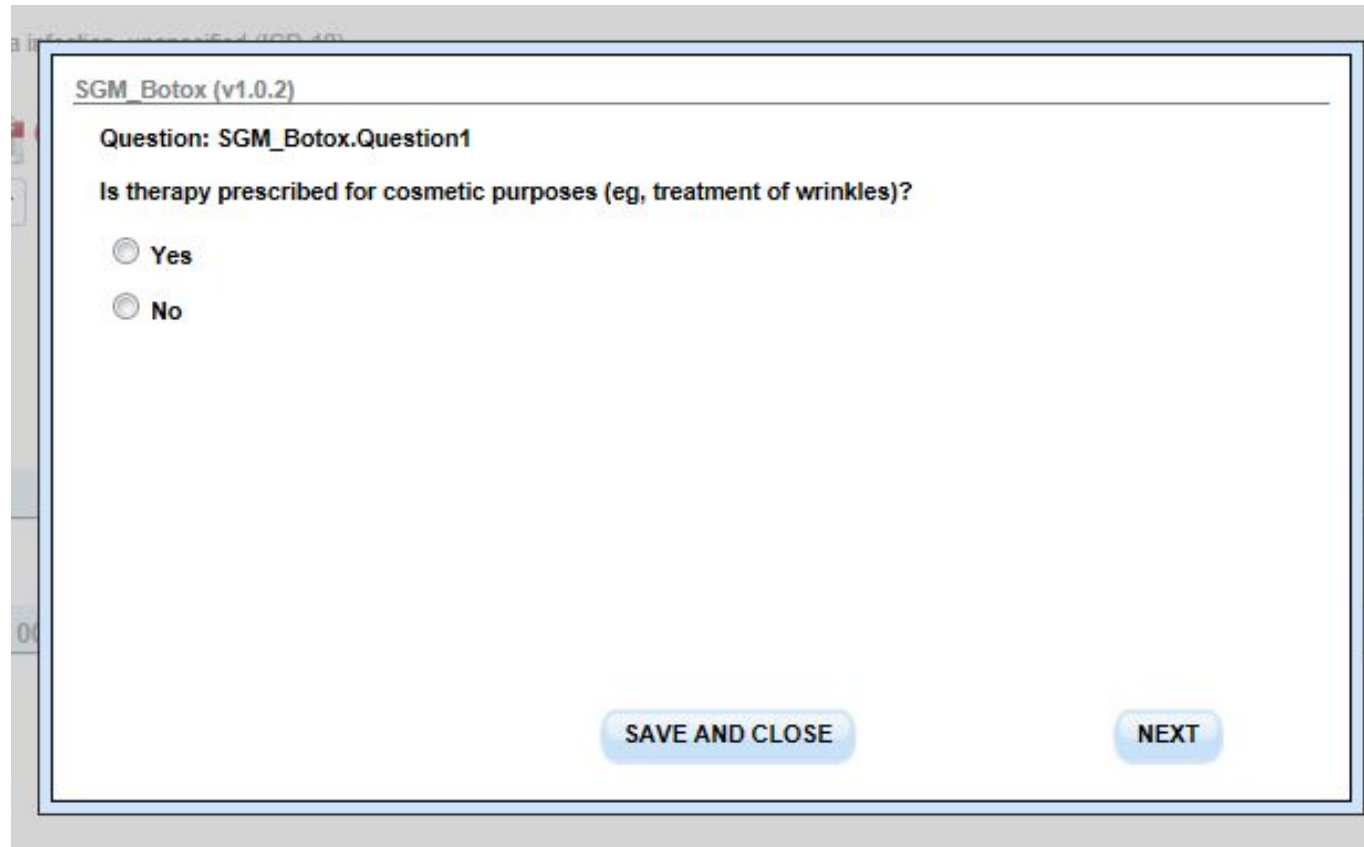
[BACK](#) [CANCEL](#) [SAVE](#) [SUBMIT](#)



Review information entered under the **Authorization Detail Screen**.
If no changes are needed, click **Submit**

How to Create a Prior Authorization

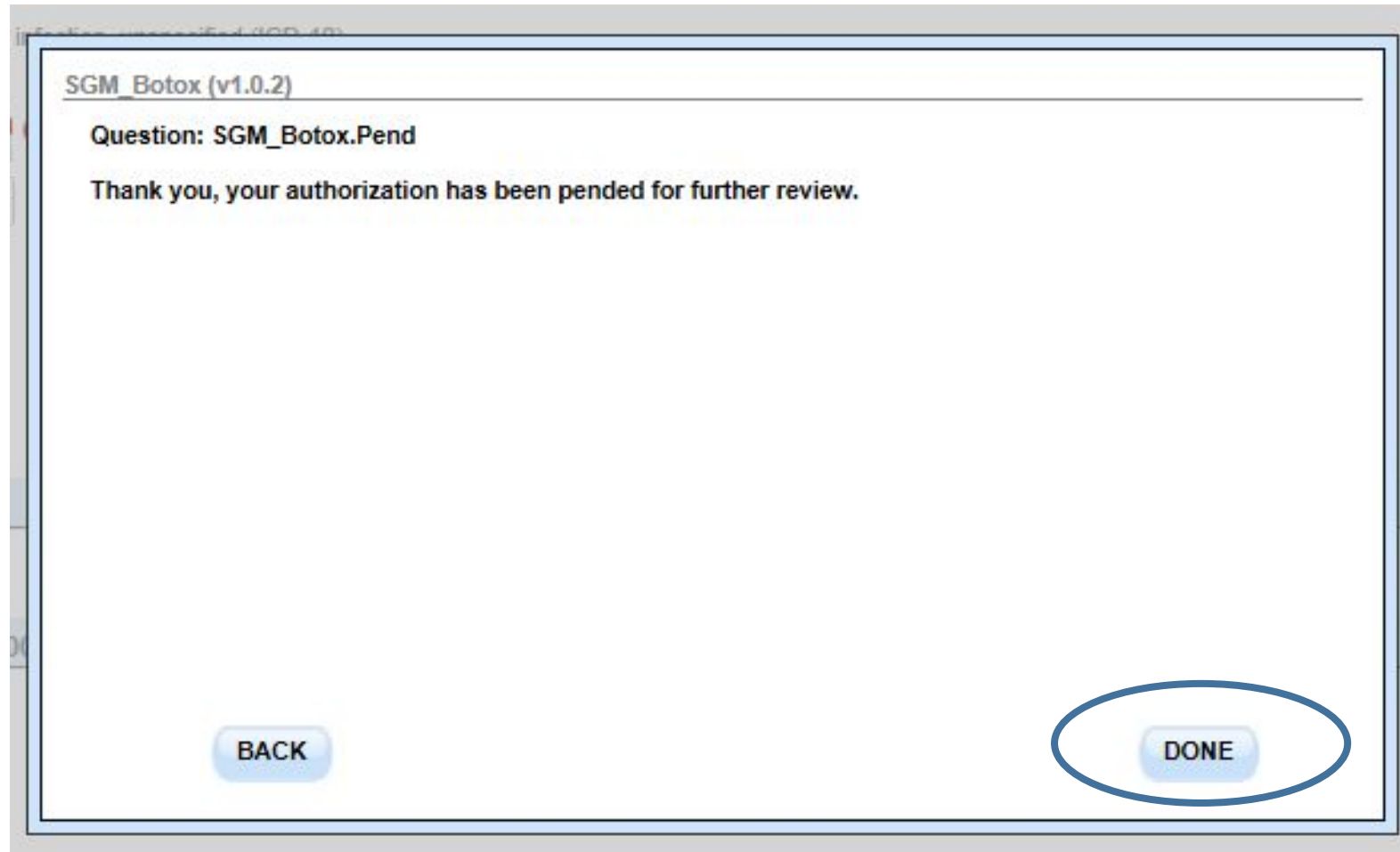
Upon clicking **Submit**, you will be brought through a series of required clinical protocol questions that will display on the screen.



The screenshot shows a pop-up window with a title bar that reads "SGM_Botox (v1.0.2)". Inside the window, the text "Question: SGM_Botox.Question1" is displayed. Below this, the question "Is therapy prescribed for cosmetic purposes (eg, treatment of wrinkles)?" is shown. There are two radio button options: "Yes" and "No". At the bottom of the window, there are two buttons: "SAVE AND CLOSE" on the left and "NEXT" on the right.

Answer all questions as they are presented in the pop-up screen that displays and click **Next** to move on to the next question.

How to Create a Prior Authorization



SGM_Botox (v1.0.2)

Question: SGM_Botox.Pend

Thank you, your authorization has been pended for further review.

BACK DONE

Once the clinical protocol questions are completed your authorization will either be auto approved, or released to the next party for review. Once the outcome is displayed on the last pop-up screen, click **Done**.

How to Create a Prior Authorization

Home

Authorizations

Administration

My Account

?

GO TO

CVS NLX

WELCOME ADRIENNE USER

LOG OUT

Authorization Number: 180643

Benefit Type:

Status: Tech Review

Assigned User:

Work

Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Your authorization is currently being reviewed. Please check your home page daily to confirm that no additional information is required to process your authorization.

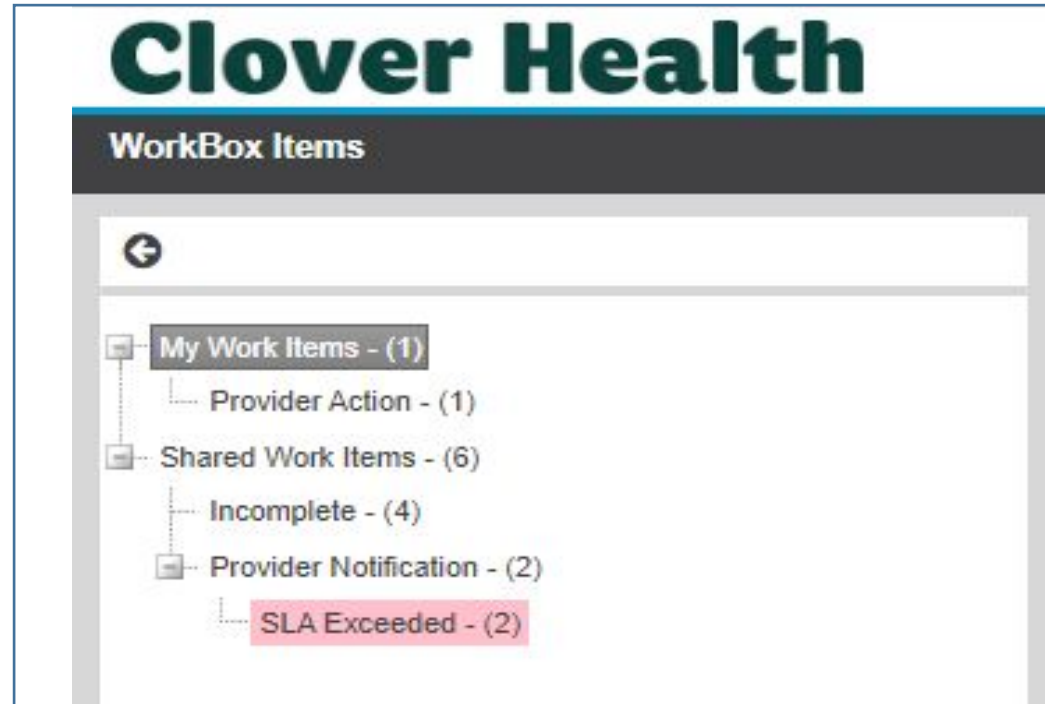
Member Details

Patient Details

Last Name	AUTOLAST001	First Name	AUTOFIRST001	Middle Initial	
Date of Birth	10/12/1980	(38 years)	Gender	Male	
Weight (kg)	85	Preferred Language	English	Body Surface Area (BSA) (m2)	1.72


The status / outcome of the authorization will be displayed at the top of the screen along with the authorization number assigned.


Provider Action & Provider Notification



If additional information is needed from the provider, those requests will live in the Provider Action queue. If a provider has incomplete authorizations waiting for submission, they are in the Incomplete queue. Once a determination is made, the Authorization will be sent back to your home page under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

Notes and Documents




Authorization Number: 154137 Benefit Type:  Status: Tech Review Assigned User: Workflow: CVS NLX Auth Create Provider v1

[Authorization Details](#) [Transaction History](#) [Member's PA History](#)

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Original Normal 9/27/2016 11:40:04 AM

▼ **Notes, Letters & Documents** 

▼ [Notes](#)

No Notes Found

0 to 0 of 0 [First](#) [Previous](#) [Page 0 of 0](#) [Next](#) [Last](#)

[Add Note](#)

▼ [Contact Attempts](#)

No Contact Attempts Found

0 to 0 of 0 [First](#) [Previous](#) [Page 0 of 0](#) [Next](#) [Last](#)

[Add Contact Attempt](#)

▼ [Letters & Documents](#)

No documents found


0 to 0 of 0 [First](#) [Previous](#) [Page 0 of 0](#) [Next](#) [Last](#)

[Add Document](#)

Once a request has been created, you can attach notes and documents directly to your Authorization.

Notes and Documents

Authorization Number: 154137

Benefit Type: 

Status: Tech Review

Assigned User:

Workflow:CVSNLX Auth Create Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: Lisa Test

Member Id: 44434756796

Plan Name: CVS NLX Demo

Gender: Female

Date of Birth: 10/4/1932

Line of Business: Medicare

Original

Normal

9/27/2016 11:40:04 AM

▼ Notes, Letters & Documents

✓

▼ Notes

No Notes Found

0 to 0 of 0

First

Previous

Page 0 of 0

Next

Last

⊕ Add Note

▼ Contact Attempts

No Contact Attempts Found

0 to 0 of 0

First

Previous

Page 0 of 0

Next

Last

⊕ Add Contact Attempt

▼ Letters & Documents

No documents found

0 to 0 of 0

First

Previous

Page 0 of 0

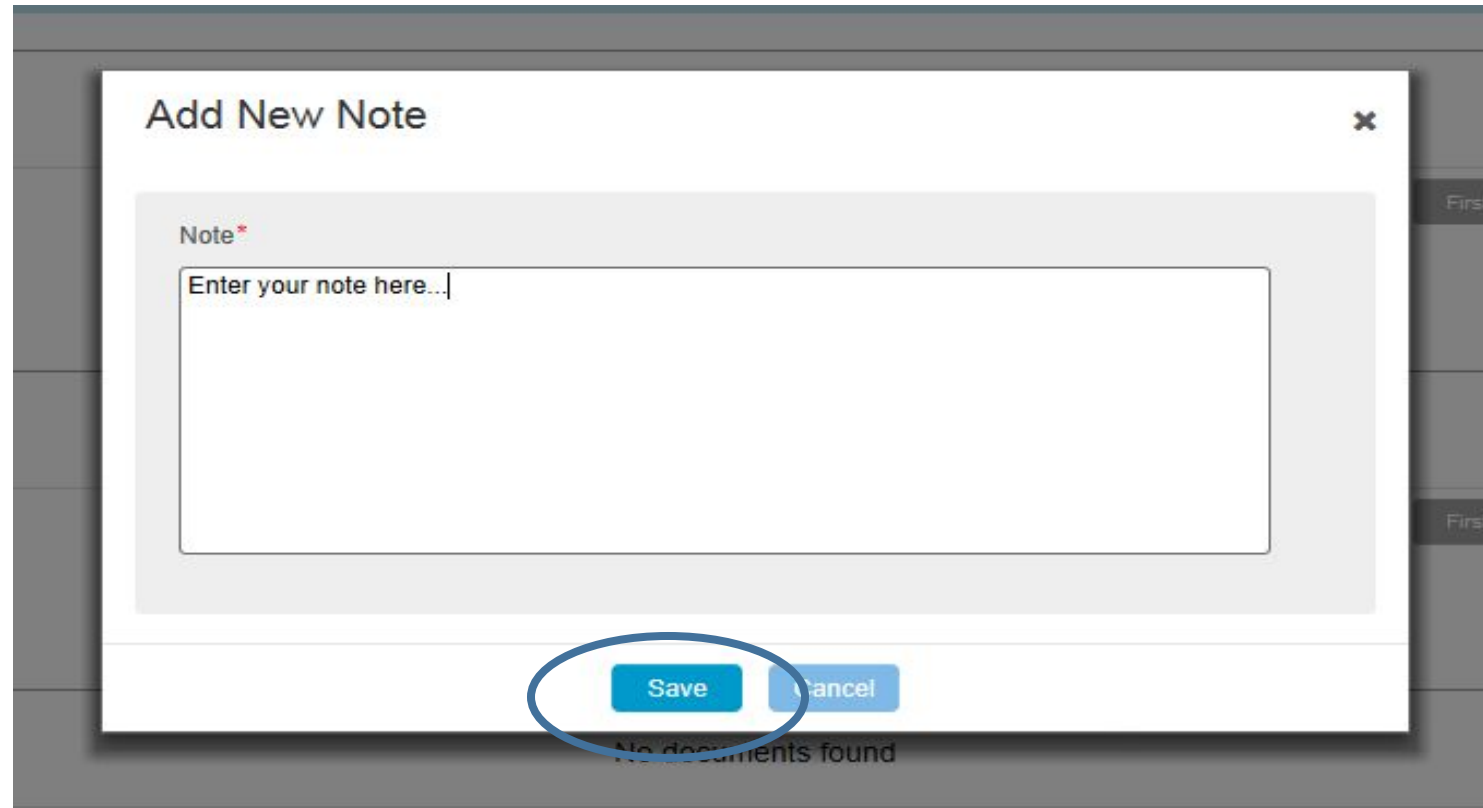
Next

Last

⊕ Add Document

To add a note, click Add Note in the Notes section of the Authorization detail.

Notes and Documents

A screenshot of a web application interface showing a modal dialog box titled "Add New Note" with a close button (X) in the top right corner. Inside the dialog, there is a label "Note*" followed by a large text input area containing the placeholder text "Enter your note here...". At the bottom of the dialog, there are two buttons: "Save" and "Cancel". The "Save" button is highlighted with a blue oval. The background of the application shows a sidebar with "First" buttons and a main area with the text "No documents found".

Add New Note

Note*

Enter your note here...



Save Cancel

No documents found

Enter your note in the pop up that displays and click **Save**.

Notes and Documents

Authorization Number: 154137

Benefit Type:  

Status: Tech Review

Assigned User:

Workflow:CVSNLX Auth Create Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Original

Invalid

9/27/2018 11:40:04 AM

▼ Notes, Letters & Documents

✓

▼ Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2 First Previous Page 1 of 1 Next Last

➕ Add Note

▼ Contact Attempts



No Contact Attempts Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Your note will then be saved under the Authorization’s **Notes, Letters & Documents** section. To view a note, click on the note **Description** in blue.

Notes and Documents

Authorization Number: 154137

Benefit Type:  

Status: Tech Review

Assigned User:

Workflow:CVSNLX Auth Create Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Original Normal 9/27/2018 11:40:04 AM

Notes, Letters & Documents

Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2 First Previous Page 1 of 1 Next Last

Add Note

Contact Attempts

No Contact Attempts Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Contact Attempt

Letters & Documents

No documents found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Document

To attach a document to the Authorization, from the **Notes, Letter & Documents** section, select **Add Document**.

Notes and Documents

Add Document

* Title: Document

Upload a File Select from History

+ Choose

test.docx 11.385 KB

Upload Cancel

No documents found

Name your document
Browse through your directories to locate the desired file.
Select **Document** and rename the document.
Click **Upload** to attach.

Notes and Documents

Authorization Number: 154137

Benefit Type:

Status: Tech Review

Assigned User:

Workflow:CVSNLX Auth Create Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: Lisa Test

Member Id: 44434756796

Plan Name: CVS NLX Demo

Gender: Female

Date of Birth: 10/4/1932

Line of Business: Medicare

Original

Normal

9/27/2018 11:40:04 AM

▼ Notes, Letters & Documents

✓

▼ Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2

First

Previous

Page 1 of 1

Next

Last

➕ Add Note

▼ Contact Attempts

No Contact Attempts Found

0 to 0 of 0

First

Previous

Page 0 of 0

Next

Last

➕ Add Contact Attempt

▼ Letters & Documents

Date Attached	Type	Title (click to view)	Applies To	Added By	Actions	Delivery Status
9/27/2018		Document	Entire Authorization	Adrienne Provider		

1 to 1 of 1

First

Previous

Page 1 of 1

Next

Last

➕ Add Document

Your document will then be saved in the **Documents** section of the Authorization detail. To view a document, click on the **Document** title in blue.

Member Prior Authorization History

You also can access the complete history of authorizations for a Member directly from the authorization screen.

Home

Authorizations



Administration

My Account

?

WELCOME ADRIENNE USER
LOG OUT

Authorization Number: 175973

Benefit Type:  

Status: Approved

Assigned User: Adrienne User

Workflow:CVSNLX Auth Create Provider v1

Authorization Details

Transaction History

Member's PA History

Member Name: RAKESH SAN0002 GHOSALFIRST002 Member Id: AUTOSAN0002 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member Details

Patient Details

Last Name	GHOSALFIRST002	First Name	RAKESH SAN0002	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)	120	Preferred Language	English	Body Surface Area (BSA) (m2)	1.81
Height (cm)	98	Secondary Phone Number	(111) 111-1111		

To access the Member’s prior authorization history, click the **Member’s PA History** tab at the top of the screen.

Member Prior Authorization History

Every authorization in the system for that particular member will be displayed.

[Home](#) [Authorizations](#) [Administration](#) [My Account](#) [?](#)

GO TO CVS NLX WELCOME ADRIENNE USER [LOG OUT](#)

Authorization Number: 175973 **Benefit Type:** M P **Status: Approved** **Assigned User: Adrienne User** **Workflow: CVS NLX Auth Create Provider v1**

[Authorization Details](#) [Transaction History](#) [Member's PA History](#)

Member Name: RAKESH SAN0002 GHOSALFIRST002 Member Id: AUTO SAN0002 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member's PA History

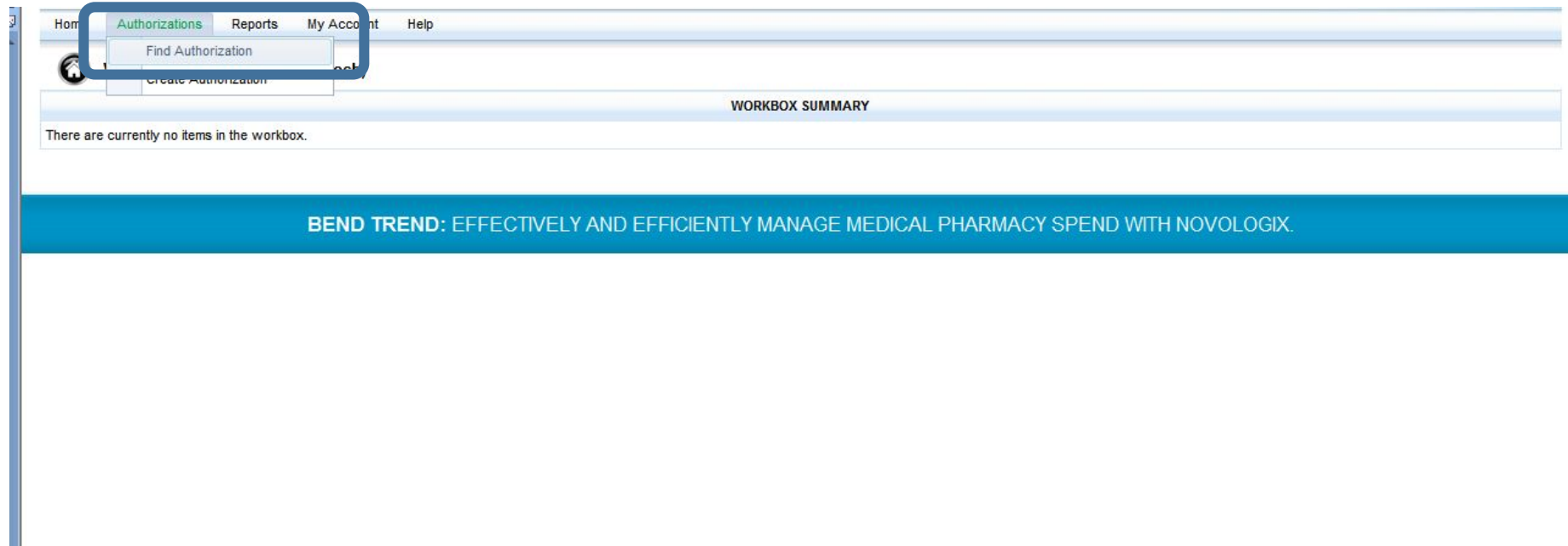
Records per page: 25 [Export](#)

Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
175102	N...	A00.0	Botox	09/07/2072	09/07/2072	11/29/2018	Provider Action Mod	Multiple	Multiple
174932	N...	A00.0	Botox	06/17/2085	06/17/2085	11/28/2018	Approved	Multiple	
174931	N...	A00.0	Botox	11/14/2084	11/14/2084	11/28/2018	Approved	Multiple	
174926	N...	A00.0	Botox	04/03/2072	04/03/2072	11/28/2018	Provider Action Mod	Multiple	Multiple
174925	N...	A00.0	Entyvio	05/14/2086	05/14/2086	11/28/2018	Void	Multiple	
174922	N...	A00.0	Botox	12/13/2072	12/13/2072	11/28/2018	Void	Multiple	
174919	I O	A00.0	Entyvio	07/15/2080	07/15/2080	11/28/2018	Provider Action		

On hover, users can view diagnosis descriptions.

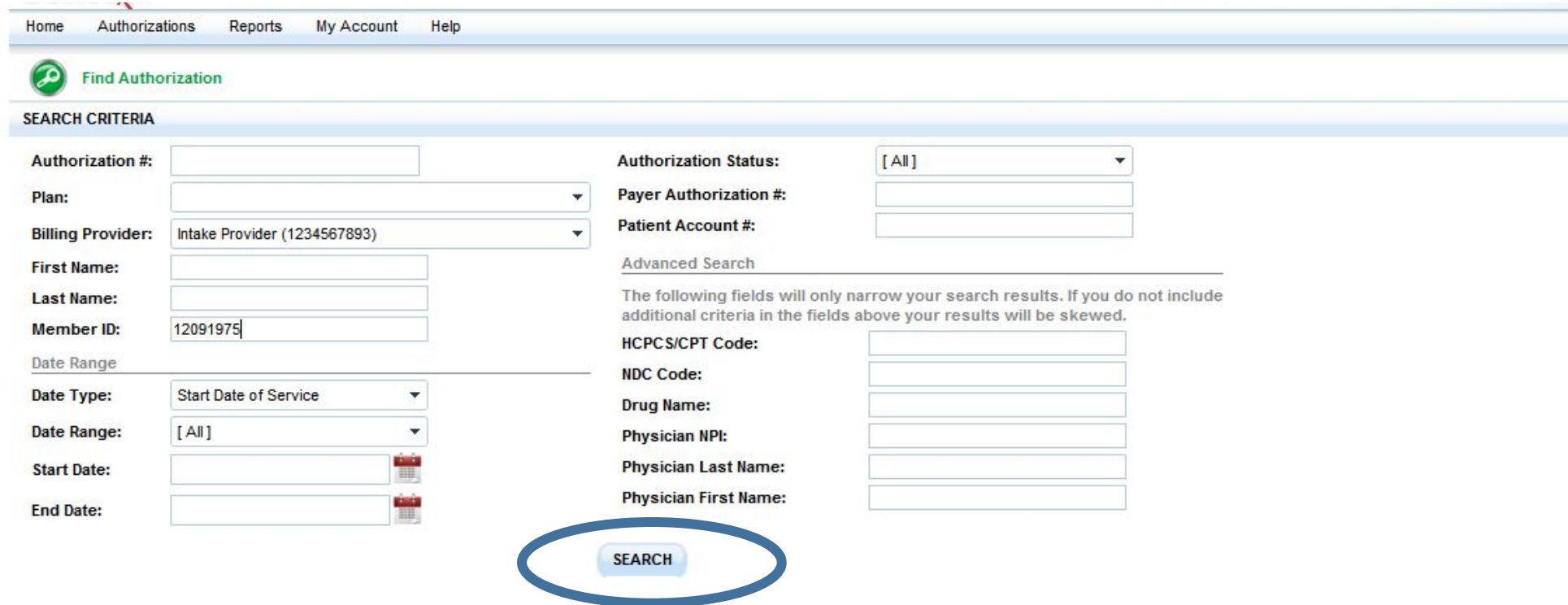
Users can view, open and copy documents and notes directly associated with a particular Authorization

How to Find a Prior Authorization




1. From the Home page select **Find Authorization** from the **Authorizations** tab in the top navigation menu.

How to Find a Prior Authorization



The screenshot shows a web application interface for finding prior authorizations. At the top is a navigation bar with links: Home, Authorizations, Reports, My Account, and Help. Below this is a green key icon and the text 'Find Authorization'. The main section is titled 'SEARCH CRITERIA' and contains two columns of input fields. The left column includes fields for Authorization #, Plan, Billing Provider (set to 'Intake Provider (1234567893)'), First Name, Last Name, Member ID (containing '12091975'), and a Date Range section with Date Type (set to 'Start Date of Service'), Date Range (set to '[All]'), Start Date, and End Date. The right column includes Authorization Status (set to '[All]'), Payer Authorization #, Patient Account #, and an 'Advanced Search' section with a warning: 'The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.' This section contains fields for HCPCS/CPT Code, NDC Code, Drug Name, Physician NPI, Physician Last Name, and Physician First Name. A blue 'SEARCH' button is located at the bottom center and is circled in blue.

Home Authorizations Reports My Account Help

 Find Authorization

SEARCH CRITERIA

Authorization #:

Plan:

Billing Provider: Intake Provider (1234567893)

First Name:

Last Name:

Member ID: 12091975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: [All]

Payer Authorization #:

Patient Account #:

Advanced Search

The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:


Physician First Name:

SEARCH

2. Enter **Search Criteria**
3. Click **Search**

How to Find a Prior Authorization

Home Authorizations Reports My Account Help

 Find Authorization

SEARCH CRITERIA

Authorization #:

Plan:

Billing Provider: Intake Provider (1234567893)

First Name:

Last Name:

Member ID: 12091975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: [All]

Payer Authorization #:

Patient Account #:

Advanced Search

The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:


Physician First Name:

SEARCH

AUTHORIZATION SEARCH RESULTS

Max Records 100

1 Page size: 25 1 records in 1 pages

Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Copy
8452	Nathan	Doe	12091975		Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved	✓		

4. Select the authorization from the search results presented at the bottom of the screen, by clicking on the **Auth #** in blue.

Questions?

