

Reminder: Use Online Tools for Prior Authorization Information and Status

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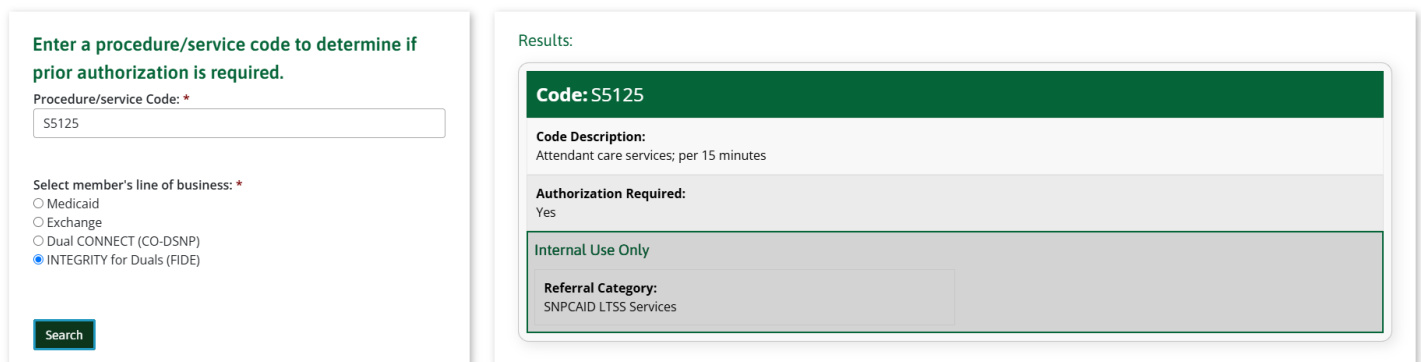
Neighborhood Health Plan of Rhode Island (Neighborhood) reminds providers to use our online self-service tools to review prior authorization requirements and check the status of submitted authorization requests.

These tools provide convenient access to prior authorization information and can help reduce the need to contact Provider Services.

Prior Authorization Requirements

To determine whether prior authorization is required, visit Neighborhood's [Prior Authorization page](#) and use the Prior Authorization Search Tool. The recently redesigned page provides a step-by-step process for reviewing authorization information, including specialty- and vendor-specific requirements, and an improved procedure code search experience.

Please remember that if a procedure code is not found in the Prior Authorization Search Tool, this does not necessarily mean that prior authorization is not required. Providers should follow the guidance displayed on the page and review applicable policies and delegated vendor requirements.



The screenshot displays the Prior Authorization Search Tool interface. On the left, the 'Enter a procedure/service code to determine if prior authorization is required.' section includes a text input for 'Procedure/service Code:' with 'S5125' entered, and a radio button selection for 'Select member's line of business:' with 'INTEGRITY for Duals (FIDE)' selected. A 'Search' button is at the bottom. On the right, the 'Results:' section shows 'Code: S5125' in a green header, followed by 'Code Description: Attendant care services; per 15 minutes', 'Authorization Required: Yes', and an 'Internal Use Only' section with 'Referral Category: SNPCAID LTSS Services'.

Prior Authorization Status

Once an authorization request has been submitted, providers can use the **Authorization Status** tool in [NaviNet](#) to view the status of the request and other authorization details, including:

- Authorization number and status
- Service dates
- Approved units or days
- Authorization letters, when available

The Authorization Status tool is for status lookup only and cannot be used to submit a new prior authorization request or update an existing authorization. Authorizations managed through Evolent are not available through this tool and should continue to be accessed through the appropriate vendor portal.

The screenshot shows the NantHealth NaviNet interface. At the top is a dark blue header with the NantHealth logo, 'NaviNet', and navigation tabs for 'WORKFLOWS' and 'HEALTH PLANS'. Below the header, the page title is 'Neighborhood Health Plan of RI'. On the left, a sidebar titled 'Workflows for this Plan' lists several options: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', and 'Authorization Status'. A red arrow points to the 'Authorization Status' link. The main content area features the Neighborhood Health Plan of Rhode Island logo and three sections of updates: 'Provider Services Wait Times', 'Administrative Appeal Update', and 'NaviNet Portal Update'. On the right, there is a sidebar with 'Hours of Availability', 'Resources' (including links to guides, policies, and training), and 'Forms' (including links to request forms and manuals).

Please use these online tools as your first resource for prior authorization requirements and status information. When the information you need is available through the Prior Authorization Search Tool or the NaviNet Authorization Status tool, there is no need to contact Provider Services to reconfirm the information or obtain an additional issue or reference number.

Using these self-service resources provides faster access to the information your practice needs and helps avoid unnecessary calls and duplicate work.

For more information, visit Neighborhood's [Prior Authorization](#) page or log in to [NaviNet](#) to access the Authorization Status tool.