

**January 22, 2025**

## **Ways to Avoid Common Errors in Electronic Prior Authorization Submissions**

Submitting your electronic prior authorization requests thoroughly and accurately in NaviNet will help your requests to process more quickly, help minimize claim errors, and help you get paid on time. Outlined below are ways to avoid common errors when submitting your prior authorization requests.

- Do not create duplicate authorizations; use the amend functionality on existing authorizations.
- Initiate amendments if more services/days are requested. Do not attach documents as a “request”.
- Reference the prior authorization lookup tool on the plan website to see if a service requires prior authorization before submitting authorization requests.
- Enter all codes and units requested during an initial submission or amendment.
- Do not add newborns who are not yet in the system under the mother’s record.
- Understand the difference between urgent and emergent.
- Ensure HIPAA 3 points of verification are located on all pages of clinical documentation submitted.
- Submit delivery notifications correctly.
- Understand provider type differences between inpatient and outpatient requests.
- Include a phone and fax number under the contact information so the Utilization Management department can reach the provider.
- Ensure the admission date for an inpatient request is the date the member was admitted.
- Do not use NaviNet to request a reconsideration or a peer-to-peer review (P2P).

For further information and instructions on these topics, please visit our [Ways to Avoid Common Errors in Electronic Prior Authorization Submissions](#) webpage by scanning the QR code below. If you have any questions, please contact your Provider Network Account Executive. Thank you for your continued partnership and for the valuable services you provide our members. **Scan to visit webpage**



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