

# NovoLogix Provider Support

Thank you for joining us! We will begin momentarily.



# Important Information

- This NovoLogix training pertains to Priority Partners, EHP and Advantage MD provider-administered medical injectable drugs that require prior authorization. These drugs fall under the member's medical benefit.
- The lists of drugs that require prior authorization, and applicable policies are available on JHHC.com. As of July 1, 2021, prior authorizations for these codes will also be reflected in JPAL. If there are questions regarding an authorization decision, please reference your notification letter. Additional details are available in the JHHC provider manuals.
- Preauthorization requirements for provider administered medical injectable drugs were already in place for Priority Partners prior to 7/1/2021. Preauthorization requirements for provider administered medical injectable drugs are new for EHP (employees and beneficiaries of JHU excluded) and Advantage MD as of 7/15/2021.
- When you request a Prior Authorization through the NovoLogix portal, you will receive the decision directly within the NovoLogix portal. Decision response times follow the JHHC utilization management required turn-around times for medical prior authorization requests. Please see the Priority Partners, EHP and Advantage MD provider manuals for details.
- 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).
- While there is no change in the process to submit claims, an NDC is required for payment of provider-administered medical injectable medication. Please include the NDC on the claim submission form.

# How to Request Prior Authorizations

- For EHP and Advantage MD, providers may submit prior authorization requests electronically as of July 1, 2021, for service dates of July 15, 2021 and later by accessing the NovoLogix platform through the HealthLINK portal. The NovoLogix platform is the preferred and most efficient method of submission. However, if the NovoLogix platform cannot be accessed through HealthLINK, Providers may also contact NovoLogix by Phone at 844-345-2803 for EHP and 800-932-7013 for Advantage MD.
- For Priority Partners, providers may submit prior authorization requests electronically as of July 1, 2021, by accessing the NovoLogix platform through the HealthLINK portal. The NovoLogix platform is the preferred and most efficient method of submission. However, if the NovoLogix platform cannot be accessed through HealthLINK, providers may also fax drug-specific prior authorization forms to 866-212-4756. Drug-specific prior authorization forms are found on Priority Partners website.
- The attachment of clinical documentation is required for all prior authorization requests.
- All existing prior authorizations obtained before July 1 will remain valid through their end date.
- For any other questions, provider may call JHHC PROVIDER FIRSTLINE: 888-819-1043

# How to Access NovoLogix via HealthLINK

- There is no need to remember another sign-on for NovoLogix. Single Sign-on will be used to sign you in.
- You must access NovoLogix via HealthLINK. This way, your NPI and related information will be already entered for you.

# More about NPIs

- If you use a shared group NPI and the office location that populates is different than yours which shares the same NPI, please proceed with the preauthorization request. If approved, the authorization will be applicable to your office location.
- Please do not change the NPI number in NovoLogix as it should be tied to the NPI in HealthLINK. You can change the MD Office contact name, phone fax so you can be contacted about a decision.
- Rendering Provider is also required in NovoLogix. Search by NPI (individual, group or facility providing the service) or Provider name once you get to that section in the Novologix prior authorization.

# How to Access NovoLogix via HealthLINK

- Click on the Office Management Tab. You will see the NovoLogix Option under Authorizations.

The screenshot displays the Johns Hopkins HealthLINK user interface. At the top left is the Johns Hopkins Medicine logo. The top navigation bar includes links for HOME, CONTACT, MESSAGES (with a count of 0), and a user profile for NOVITA HARVEY with a LOG OUT button. Below this is a main navigation bar with tabs for Patient Management, Office Management, Administration, and References. The Office Management tab is selected and expanded into a dark blue dropdown menu. Within this menu, the 'NovoLogix (EHP, PP, ADV MD)' option is highlighted with a red rectangular box. Other options in the menu include eviCore (PP, ADV MD), iExchange, Eligibility, Claims, Referrals/Auths, Provider Directory, and Code Lookup. On the left side of the page, there is an information icon and two sections: 'Attention:' with a note about EPIC Dashboards being offline, and 'Announcement:' with a link to 'JHHC Announces New Partnership with...'. At the bottom right, there is a partial view of a footer containing the text 'of its affiliates: Confidential & proprietary'.

# How to Create a Prior Authorization

WELCOME ADRIENNE USER  
New Screen | LOG OUT

Home Authorizations Administration My Account ?

Welcome Adrienne User

Find Authorization  
Quick Search  
Create Authorization

WORKBOX ITEMS

Concurrent: [ ] Drug Name: [ ] Member Id: [ ] Patient First Name: [ ] Patient Last Name: [ ] Patient State: [ ] Priority: [ ]

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

**JOHNS HOPKINS**  
MEDICINE  
JOHNS HOPKINS  
HEALTHCARE

GO TO **Johns Hopkins** | WELCOME PATRICK ROONEY  
LOG OUT

**Create Authorization**

SELECT A PLAN

Johns Hopkins Advantage MD

Johns Hopkins Advantage MD

Johns Hopkins Employer Health Programs

Priority Partners

or an authorization number. 🔍

SEARCH EXISTING PATIENT

Member ID\* 0040624001

Authorization Start Date\* 06/02/2021 📅

First Name\* Surname

Last Name\* Firstname

Gender

Date of Birth\* 06/23/1972 📅

Search

Select the Plan, 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. For all lines of business, use the ID number on the member's ID card to search for a member in NovoLogix. Note: do not use the recipient number on the Priority Partner's card for member search in NovoLogix.



# How to Create a Prior Authorization

Home Authorizations Administration My Account ?

CVS NLX 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)*	<input type="text" value="85"/>	Preferred Language	<input type="text" value="English"/>	Body Surface Area (BSA) (m2)	1.70
Height (cm)*	<input type="text" value="123"/>	Secondary Phone Number	<input type="text" value="( ) - -"/>		
Carrier	5049	Phone*	<input type="text" value="(999) 999-9999"/>		
Account	S123				
Group Name	33337890001				

Addresses

Primary	123 5th Street	Anywhere	Alabama	12345
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Insurance Details

Member ID	AUTOSAN0001	Relationship to Insured	Self	Plan	CVS NLX Demo
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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

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 Missing Information

▼ Patient Details

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

▼ Addresses

Primary	123 5th Street	Anywhere	Alabama	12345
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▼ Insurance Details

Member ID	AUTOSAN0001	Relationship to Insured	Self	Plan	CVS NLX Demo
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▼ 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
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Enter all required information denoted by a red asterisk, 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 ? GO TO CVS NLX WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: M P 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

▼ Authorization Details ✓

▼ Providers

Type	NPI *	Name	Address
Requesting	<input type="text" value="1999999992"/>	Provider, Intake A	3500 CENTRAL AVE KEARNEY, NE 688472944

MD Office Contact Name *	<input type="text" value="Name"/>	MD Office Contact Phone Number *	<input type="text" value="(999) 999-9999"/>	MD Office Contact Fax Number *	<input type="text" value="(999) 999-9999"/>
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➕ Add Provider

▼ Diagnosis

Primary Diagnosis \*

Authorization Request Date \*

Authorization Priority \*

Authorization Date Type **Unspecified**

Complete the required fields for **Requesting 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

Authorization Lines [Missing Information](#)

Line 1

Where will this drug be administered?\*

Date(s) of Service\*  To

Drug\*

Drug Name	Generic Name	Code	Strength/ Measure	Dosage Form	Pkg. Size	Drug Benefit
Herceptin	Trastuzumab	50242013201	150 MG	SOLR	1.000 EA	
Herceptin	Trastuzumab	50242013210	150 MG	SOLR	1.000 EA	
Herceptin	Trastuzumab	50242005656	440 MG	SOLR	1.000 EA	
Herceptin	Trastuzumab	50242013468	440 MG	SOLR	1.000 EA	

Strength/Measure  
Dosage Form

BACK CANCEL SAVE SUBMIT

In the **Authorization Lines** section, select the place of service and enter the applicable start and end dates. 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

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

Authorization Number: New Benefit Type: M P 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\* 66733094823

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

Refills

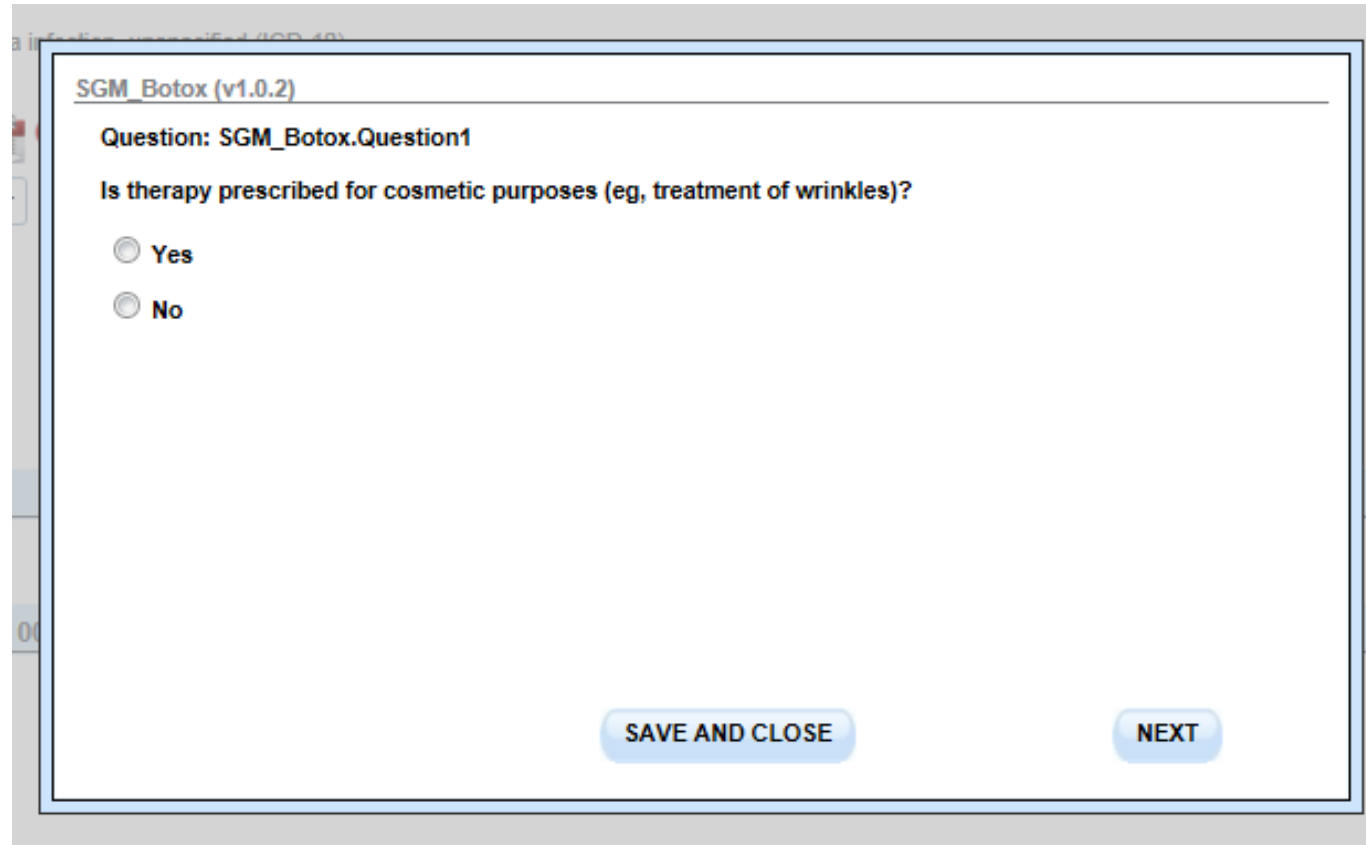
Sig

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.



SGM\_Botox (v1.0.2)

Question: SGM\_Botox.Question1

Is therapy prescribed for cosmetic purposes (eg, treatment of wrinkles)?

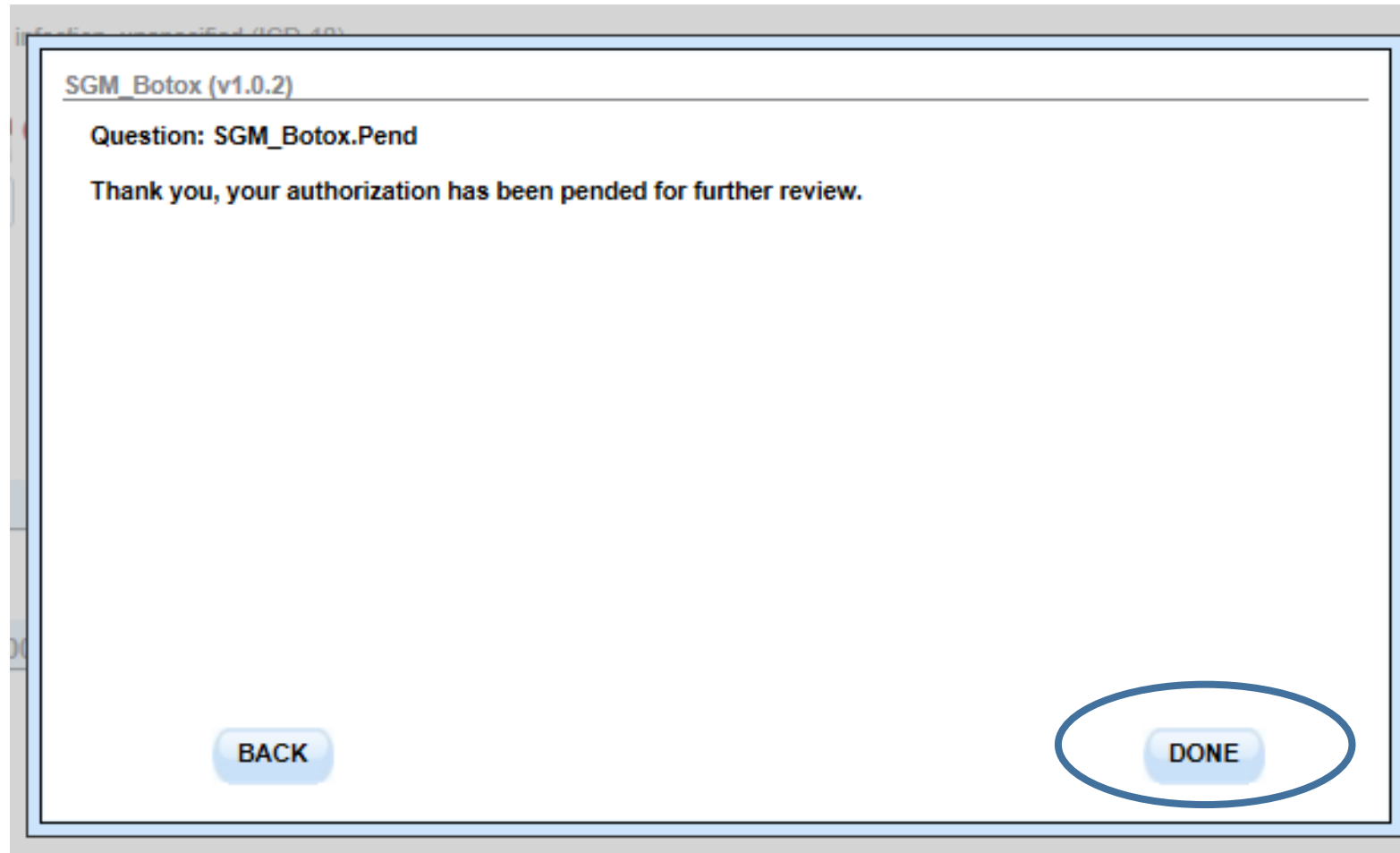
Yes

No

SAVE AND CLOSE      NEXT

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



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

Authorization Number: 180643

Benefit Type: M P

Status: Tech Review

Assigned User:

Workflow: CVS NLX Auth Create 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.



# 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

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: 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

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

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: 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    9/27/2018 11:40:04 AM

▼ Notes, Letters & Documents

▼ Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	<a href="#">Enter your note here...</a>	Entire Authorization	Adrienne Provider
9/27/2018	General	<a href="#">Add note</a>	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: 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    9/27/2018 11:40:04 AM

---

▼ **Notes, Letters & Documents**

▼ **Notes**

Date	Type	Description	Applies To	Added By
9/27/2018	General	<a href="#">Enter your note here...</a>	Entire Authorization	Adrienne Provider
9/27/2018	General	<a href="#">Add note</a>	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

The screenshot shows a dialog box titled "Add Document" with a close button (X) in the top right corner. Below the title, there is a text input field labeled "\* Title:" containing the word "Document". Underneath, there are two buttons: "Upload a File" and "Select from History". A large light blue button with a plus sign and the text "+ Choose" is positioned above a file list. The file list contains one entry: "test.docx" with a size of "11.385 KB" and a small blue square with a white "X" icon to its right. At the bottom of the dialog, there are two buttons: "Upload" and "Cancel". The "Upload" button is highlighted with a blue oval.

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	<a href="#">Enter your note here...</a>	Entire Authorization	Adrienne Provider
9/27/2018	General	<a href="#">Add note</a>	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	<a href="#">Document</a>	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.

# Letters and Documents

**JOHNS HOPKINS MEDICINE HEALTHCARE**

Authorization Number : 878806    Benefit Type:    Status: Pending Correspondence    Assigned User: Pat Rooney

Member Name: SCOTT BOROWSKI    Member Id: 00155574301    Plan Name: Priority Partners    Gender: Male    Date of Birth: 11/2/1975 (45 years)    Line of Business: Medicaid

**Notes & Contact Attempts**

Date	Type	Description	Attempt#	Applies To	Ad
6/3/2021	Approval Reason	approved	N/A	Line 1	Pat

**Letters & Documents**

Date Attached	Title (click to view)	Applies To	Added By	Delivery Method
6/3/2021	<a href="#">PPMCO Approval_Rend</a>	Line 1	System	FAX
6/3/2021	<a href="#">PPMCO Approval_Req</a>	Line 1	System	FAX
6/3/2021	<a href="#">PPMCO Approval_Mem</a>	Line 1	System	FTP

**Authorization Lines**

Line 1    Status: Approved

Where will this drug be administered?    Home

Date(s) of Service    06/03/2021    To    11/30/2021

Drug    00023114501

HCPCS Code    J0585    Drug Name    Botox

Route    IJ    Pkg. Size    1 EA

Generic Name    OnabotulinumtoxinA    GPI    74400020052120

Refills    (none)    Sig    (none)

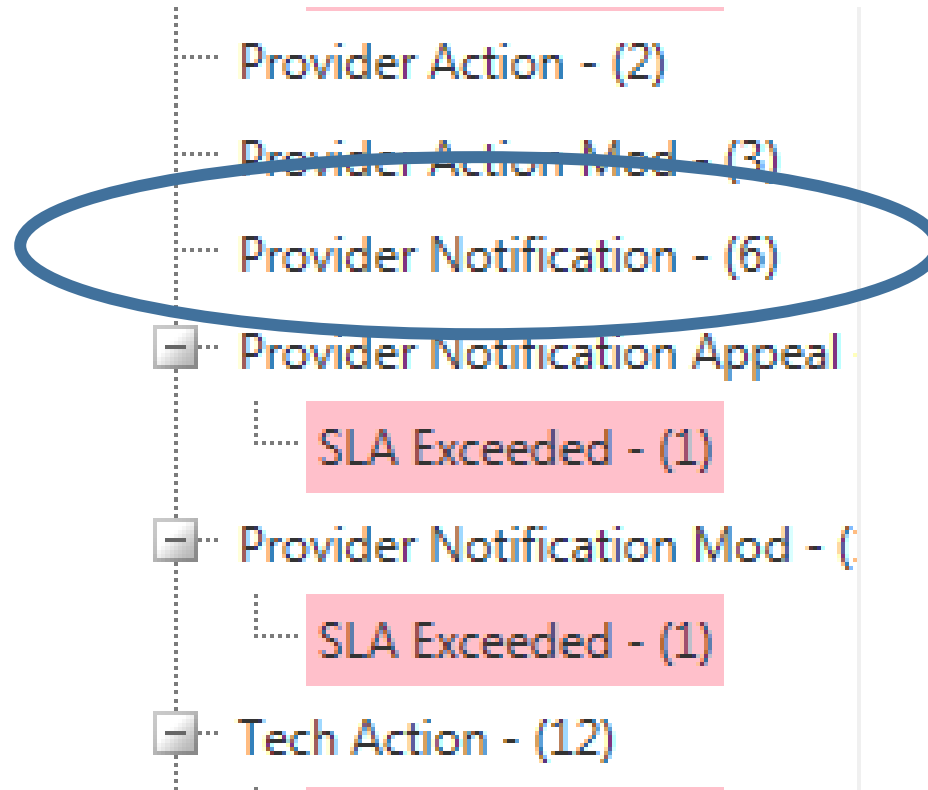
Protocol (MR\_JHHC\_SOC\_SGM\_Botox)

Buttons: SUBMIT, BACK, RETURN, KEEP, COPY, SAVE, LETTER

Once action is taken on an authorization, letters will be generated to the requesting and rendering provider and member. Click on the blue Title link to download a copy of the letter. A letter will also be faxed to providers and mailed to members.



# Provider Notification



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.

# Member Prior Authorization History

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

Authorization Number: 175973    Benefit Type:    Status: Approved    Assigned User: Adrienne User    Workflow: C... v1

GO TO     WELCOME ADRIENNE USER    LOG OUT

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: AUTOSAN0002 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

### Member's PA History

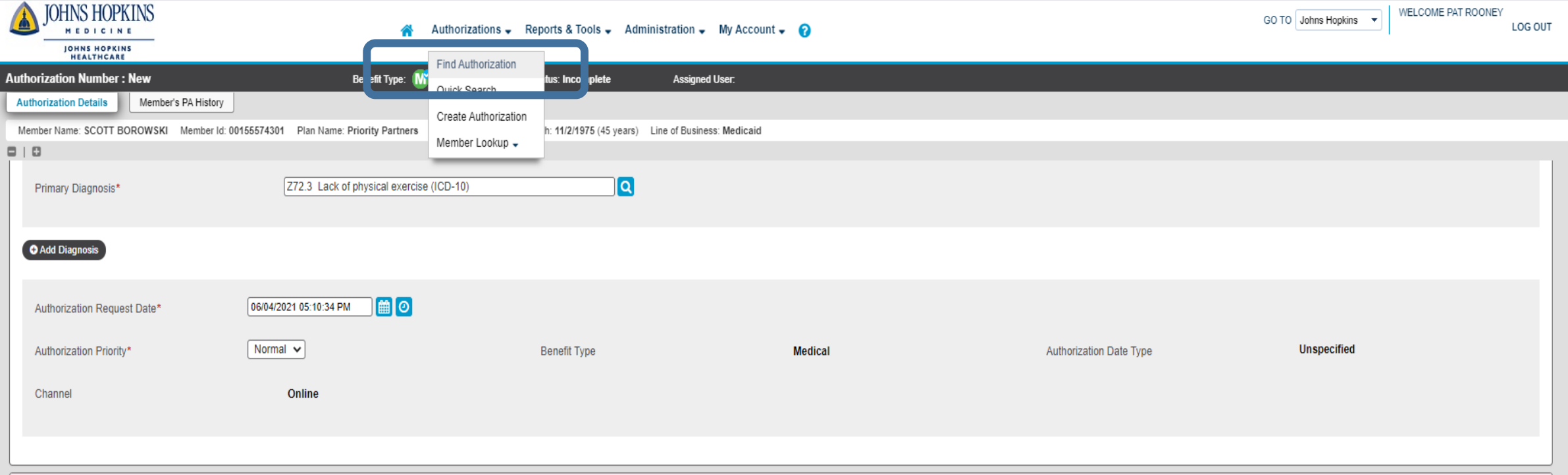
Records per page: 25 Export

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





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

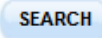
# How to Find a Prior Authorization

Home Authorizations Reports My Account Help

 Find Authorization

**SEARCH CRITERIA**


Authorization #:	<input type="text"/>	Authorization Status:	<input type="text" value="[ All ]"/>
Plan:	<input type="text"/>	Payer Authorization #:	<input type="text"/>
Billing Provider:	<input type="text" value="Intake Provider (1234567893)"/>	Patient Account #:	<input type="text"/>
First Name:	<input type="text"/>	<u>Advanced Search</u>	
Last Name:	<input type="text"/>	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.	
Member ID:	<input type="text" value="12091975"/>	HCPCS/CPT Code:	<input type="text"/>
<u>Date Range</u>		NDC Code:	<input type="text"/>
Date Type:	<input type="text" value="Start Date of Service"/>	Drug Name:	<input type="text"/>
Date Range:	<input type="text" value="[ All ]"/>	Physician NPI:	<input type="text"/>
Start Date:	<input type="text"/> 	Physician Last Name:	<input type="text"/>
End Date:	<input type="text"/> 	Physician First Name:	<input type="text"/>



Enter **Search Criteria**  
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
<a href="#">8452</a>	Nathan	Doe	12091975		Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved			

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

# FAQs

- Only par providers can submit preauthorization requests through Novologix, which is why the system must be accessed through HealthLink. Provider info will auto-populate from HealthLink into NovoLogix system as Requesting Provider.
- Authorization requirements for these drugs still apply for buy and bill.
- No additional medical records/clinical will be requested for claims payment if preauthorization obtained.
- On Campus hospital POS 22 and off campus hospital POS 19 is considered regulated space.
- All claims require NDC# when billing for a provider administered medical injectable drug. A drug may have several NDCs under one JCODE. When we approve a specific JCODE, any NDC for that drug under that specific Jcode (HCPCS code) will be covered and should not deny as long as the NDC falls within the approved JCODE and it is for the specific drug that was approved.