

**August 27, 2025**

## ***Prior Authorization Requests***

Prior authorization is required to evaluate the medical necessity of proposed services and coverage for First Choice Next members under their applicable health benefit plans. To assist providers with prior authorization request, First Choice Next hosts a Prior Authorization Look up Tool on the website at:

<https://www.firstchoicenext.com/providers>

Please refer to the [Prior Authorization Look up Tool](#) for services requiring prior authorization and criteria. The provider may enter a CPT/HCPCS code and will be advised if the service requires prior authorization.

First Choice Next has worked with NantHealth | NaviNet® to bring you Medical Authorizations, a robust, intuitive, and streamlined online authorizations workflow. NaviNet® offers web-based solutions that allow Providers to submit and monitor prior authorization requests. Please visit NantHealth | NaviNet® at <https://www.navinet.net/>.

In addition to submitting and inquiring on existing Authorizations, you will also be able to:

- Verify if no authorization is required
- Receive auto approvals, in some circumstances
- Submit amended authorization
- Attach supplemental documentation
- Sign up for in-app status change notifications directly from the health plan
- Access a multi-payer Authorization log
- Submit inpatient concurrent reviews online if you have Health Information Exchange (HIE) capabilities (fax is no longer required)
- Review inpatient admission notifications and provide supporting clinical documentation

### **Questions:**

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or Provider Services at 1-833-986-7277.