Precertification and notification requests: services, emergent admissions, maternity and obstetrics (OB)

Use our provider self-service website to determine whether a service requires precertification or notification and submit the following requests for members:

- Precertification for services
- Emergent admissions
- Maternity/OB global services

This guide gives you step-by-step instructions for:

- Looking up services to determine precertification requirements.
- Entry of requests.
- The next steps after your request is submitted.
- Getting help by phone, if needed.

Things to remember

1. A red asterisk (*) indicates a required field.
2. Use the Previous and Next buttons to navigate between tabs as you enter the required precertification information.
3. If an entry is incorrect, you will see an error message with instructions.
4. If you cannot correct an error, call Provider Services at 1-888-821-1108.
5. Authorization request date spans cannot begin before today’s date.
6. The request must be for an eligible member and the requesting provider must be a participating provider.

Precertification lookup

Providers can access the precertification lookup tool by logging in to the Availity Web Portal.

From the Availity Web Portal

If you are navigating to the precertification tool from https://www.availity.com:

Select Web Portal Users Login and enter your Availity User ID and Password.
Select **Payer Spaces** on the right navigation and select the Dell Children’s Health Plan payer icon from the drop-down list.

Then select **Provider Self-Service** from the **resources**.

Select **Precertification** from the left-hand navigation menu.
From the **Precertification** tab, select **Precertification Lookup Tool**.

Select the market and the line of business. Specify a code or code description.

Select the **FIND A CODE** button to view the precertification rule. If you entered a code description, scroll down to view the possible code choices and select the most appropriate one to view the precertification rule.

**Precertification request for services**

Navigate to the **Precertification** tab.
Select **Precertification & Appeals** and select **General Services**.

Complete the **Request Info** tab.

1. Select the type of service from the **Authorization Type** drop-down menu.
2. Type the requested date of service in the **Authorization Date** field or select the calendar icon to select the date.
3. Select **Place of Service** drop-down menu and select the appropriate place of service.
4. Select **ID Type** drop-down menu and select the specific member ID type or **All ID Types**.
5. Enter the ID number type that corresponds with the ID type selected and select the **Find Member** button.
If multiple members are found during the search, select the correct member name from the list.
If the member is eligible, the member’s information will display.
If no members are found, re-enter the information to ensure it was typed accurately or try a different ID type and repeat your search. If you still receive an error message, call Provider Services at 1-888-821-1108.

6. Select the Next button.

Complete the Provider Info tab

1. Select the Tax ID drop-down menu and select the appropriate Tax ID. Only the Tax ID number associated with the user’s credentials will be listed.
2. Select the Provider drop-down menu and select the requesting provider’s name from the list. Only the provider names associated with the user’s credentials will be listed.
3. If the referring provider is different from the requesting provider, select the corresponding radio button to search for the referring/attending provider under the Referring/Attending Provider section.
4. Type the appropriate provider ID or name in the Name field. Select the Find Provider button. The provider’s information will populate on the screen.
   - If multiple providers are found, select the correct NPI from the list.
   - If no servicing provider is found, try the search again. Repeat the search by entering different provider information.
   - If the servicing provider still is not found, select the Click here to enter a Provider link and enter all required information. Then, select Save.
5. Select the Next button.
Complete the Diagnosis tab

1. Type the appropriate diagnosis code in the **Diagnosis Code** field and select **Add Code**. The diagnosis code description will display in the screen if it is valid.
2. Enter additional diagnosis codes, if known, in the remaining field.
3. Type the procedure code requested in the **Procedure Code** field. A procedure code is required for planned inpatient services.
4. Select the appropriate treatment from the **Treatment Type** drop-down menu.
5. Enter the number of units requested in the **Requested Units** field when required.
6. Type any relevant notes in the **Notes** field.
7. Select the **Next** button.

Complete the Supporting Files tab.

1. Select the **Browse** button and locate the supporting clinical file. The file path will display in the field. Acceptable file formats are Microsoft Word and Excel files, PDFs, and TIFFs.
2. Select **Attach** to upload the file. The file will display in the **Files Supporting the Auth Request** section once uploaded.
   - Choose **Remove** to delete a file from the request.
3. Repeat these steps until all necessary supporting clinical files are attached to the request.
4. Select the **Next** button.
Complete the **Review and Submit** tab.

1. Review the information you entered for the precertification request.
   - All errors must be corrected before the request can be submitted. Select the **Edit Now** link to go directly to the error and update the information.
   - Select the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.
2. Select **Print** at the bottom of the screen to print a copy of the precertification request for your records.
3. Select the **Submit Auth Request** button when you’re ready to submit your request.
4. Keep a copy of the confirmation number; you will need this number if you have to follow up on your request.

**Notes**

All precertification requests are pended for additional clinical review.
You will receive an error message if there are problems with your request. Review the information on the Review and Submit tab and try again.

If you continue to have issues, call our Provider Services team at 1-888-821-1108.

**Emergent admission notification**

Navigate to the Precertification tab and choose Emergent Admission.
Complete the Request Info tab

1. Type the requested date of service in the Admission Date field or select the calendar icon to select the date. If the admission date is more than one business day prior to today’s date, the authorization will be pending for late notification.
2. Select the Place of Service drop-down menu and select the appropriate place of service.
3. Select the ID Type drop-down menu and select the specific member ID type or All ID Types. Medicare ID does not apply to the market at this time.
4. Type the ID number type that corresponds with the ID type selected and select the Find Member button.
   - If multiple members are found during the search, select the correct member name from the list.
   - If the member is eligible, the member’s information will display.
   - If no members are found, re-enter the information to ensure it was typed accurately or try a different ID type and repeat your search. If you still receive an error message, call Provider Services at 1-888-821-1108.
5. Select the Next button.
Complete the Provider Info tab.

1. Select the Tax ID drop-down menu and select the appropriate Tax ID. Only the Tax ID number associated with the user’s credentials will be listed.
2. Select the Provider drop-down menu and select the requesting provider’s name from the list. Only the provider names associated with the user’s credentials will be listed.
3. Select the corresponding radio button to search for the servicing provider under the Servicing Provider section.
4. If the “Enter a different provider as the servicing provider” radio button is selected, type the appropriate provider ID or name in the ID field. Select the Find Provider button. The provider’s information will populate on the screen.
   - If multiple providers are found, select the correct NPI from the list.
   - If no servicing provider is found, try the search again. Select the Clear Provider button and repeat the search by entering different provider information.
   - If the servicing provider still is not found, select the Enter a Temporary Provider button and enter all required information. Select Save.
5. Select the Next button.
Complete the Diagnosis tab.

1. Type the appropriate diagnosis code in the **Primary Diagnosis** field and choose **Add Code**. The diagnosis code description will display in the screen if it is valid.
2. Enter additional diagnosis codes, if known, in the remaining fields.
3. Select the check box if the notification is for delivery and enter all available information about the baby in the fields that display.
4. Select the **Treatment Type** drop-down menu and select the appropriate treatment.
5. Type any relevant notes in the **Notes** field.
6. Select the **Next** button.
Complete the **Supporting Files** tab.

1. Select the **Browse** button and locate the supporting clinical file. The file path will display in the field. Acceptable file formats are Microsoft Word and Excel files, PDFs, and TIFFs.
2. Select **Attach** to upload the file. The file will display in the **Files Supporting the Auth Request** section once uploaded. Select **Remove** to delete the file from the request.
3. Repeat these steps until all necessary supporting clinical files are attached to the request.
4. Select the **Next** button.
Complete the **Review and Submit** tab

1. Review the information you entered for the emergent admission notification.
   - All errors must be corrected before the request can be submitted. Select the **Edit Now** link to go directly to the error and update the information.
   - Select the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.

2. Select **Print** at the bottom of the screen to print a copy of the precertification request for your records.

3. Select the **Submit Auth Request** button when you’re ready to submit your request.

4. Keep a copy of the confirmation number. You’ll need it if you have to follow up on your notification.
Notes

- You will receive an error message if there are problems with your notification. Review the information on the **Review and Submit** tab and try again.
- If you continue to have issues, call Amerigroup Provider Services at 1-888-821-1108.

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<th>Authorization Request Details</th>
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<th>Member Eligibility</th>
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Maternity/OB request

Navigate to the Precertification tab. Under Request Precertification, select Maternity/OB.

Complete the Request Info tab.

1. Type the member’s estimated date of delivery in the Estimated Delivery Date field or select the calendar icon to select the date.
2. Select the ID Type drop-down menu and select the specific member ID type or All ID Types.
3. Enter the ID number type that corresponds with the ID type selected and select the Find Member button.
   - If multiple members are found during the search, select the correct Member Name from the list.
   - If the member is eligible, the member’s information will display.
   - If no members are found, re-enter the information to ensure it was typed accurately or try a different ID type and repeat your search. If you still receive an error message, call Provider Services at 1-888-821-1108.
4. Select the Next button.
Complete the **Provider Info** tab.

1. Select the **Tax ID** drop-down menu and select the appropriate Tax ID. Only the Tax ID number associated with the user’s credentials will be listed.
2. Select the **Provider** drop-down menu and select the requesting provider’s name from the list. Only the provider names associated with the user’s credentials will be listed.
3. Select the corresponding radio button to search for the servicing provider under the **Servicing Provider** section.
4. If the radio button “Enter a different provider as the servicing provider” is selected, type the appropriate provider ID or name in the **Name** field. Select the **Find Provider** button. The provider’s information will populate on the screen.
   - If multiple providers are found, select the correct NPI from the list.
   - If no servicing provider is found, try the search again by selecting the **Clear Provider** button and repeating the search by entering different provider information.
   - If the servicing provider is still not found, select the **Enter a Temporary Provider** button and enter all required information. Select **Save**.
5. Select the **Next** button.
Complete the Diagnosis tab.

1. Select the Code drop-down menu and choose Add to add appropriate diagnosis code. If the high-risk diagnosis code is selected, you must enter the conditions that cause the member to be considered high-risk.
2. Enter additional diagnosis codes in the remaining field.
3. Type any relevant notes in the Notes field.
4. Select the Next button.
Complete the **Supporting Files** tab

1. **Select** the **Browse** button and locate the supporting clinical file. The file path will display in the field. Acceptable file formats are Microsoft Word and Excel files, PDFs, and TIFFs.
2. **Select** Attach to upload the file. It will display in the **Files Supporting the Auth Request** section once uploaded.
   - **Select** Remove to delete a file from the request.
3. **Repeat** these steps until all necessary supporting clinical files are attached to the request.
4. **Select** the **Next** button.
Complete the Review and Submit tab.

1. Review the information you entered for the maternity/OB notification.
   - All errors must be corrected before the request can be submitted. Select the Edit Now link to go directly to the error and update the information.
   - Choose the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.

2. Select Print at the bottom of the screen to print a copy of the notification for your records.

3. Choose the Submit Auth Request button when you’re ready to submit your notification.

4. Keep a copy of the confirmation number. You will need this number if you have to follow up on your notification.

Notes
You will receive an error message if there are problems with your notification. Review the information on the Review and Submit tab and try again. If you continue to have issues, call Provider Services at 1-888-821-1108.