Precertification/Notification Requests: Services, Emergent Admissions and Maternity/OB

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

- Precertification for services
- Emergent admissions
- Maternity/OB global services (Global billing does not apply in Texas)

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

- Lookup of services to determine precertification requirements
- Entry of requests
- Next steps after your request is submitted
- Getting help by phone if you need it

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 Amerigroup Provider Services at 1-800-454-3730.

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 with Amerigroup.
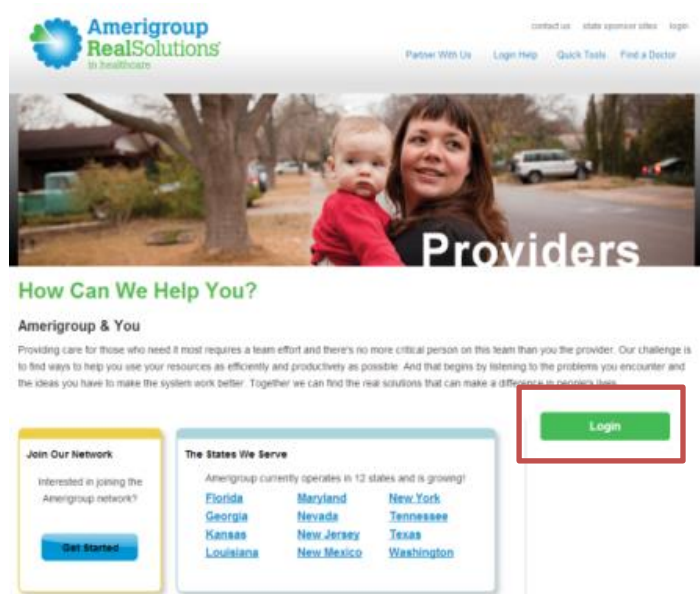
Precertification Lookup

Providers can access the precertification lookup tool by logging in to the Amerigroup provider self-service website or the Availity Web Portal.
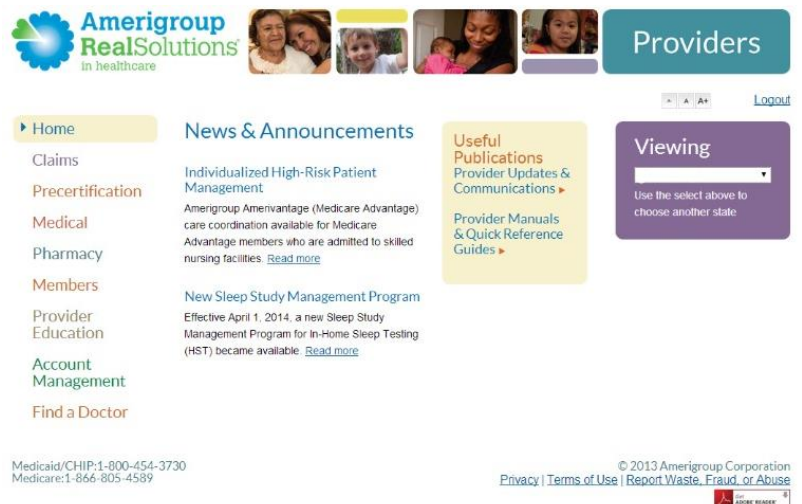
From the Amerigroup provider self-service website

If you are navigating to the precertification tool from providers.amerigroup.com:

Click on Login and enter your Availity ID and password

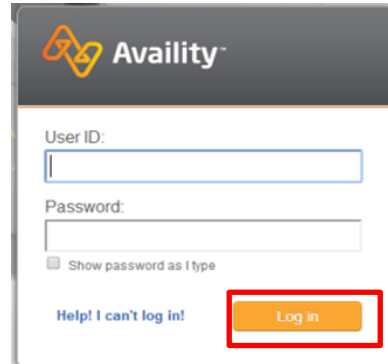Select precertification on the left hand navigation

No actual user information is displayed in this guide. All names and IDs simulated.

From the Availity website

If you are navigating to the precertification tool from www.Availity.com:

Click Web Portal Users Login and enter your Availity ID
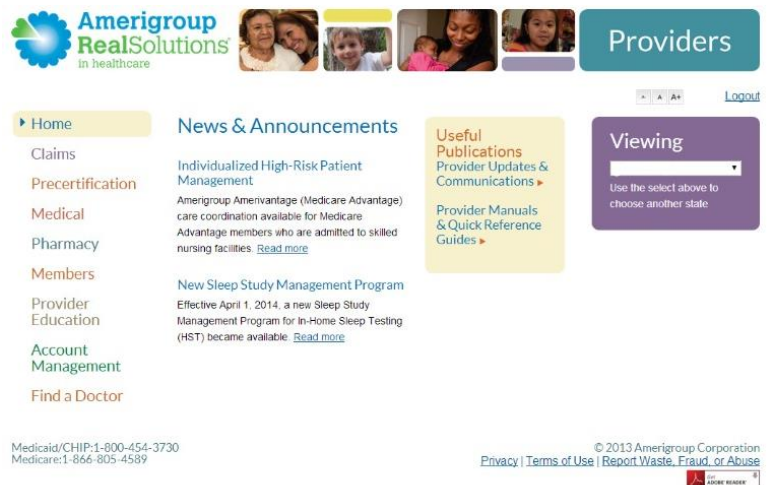and password

Select your state from the drop-down list in
the top tool bar then select Amerigroup
Provider Self-Service from the My Payer
Portals in the left-hand navigation of either
the Account Administrator or normal user
screen
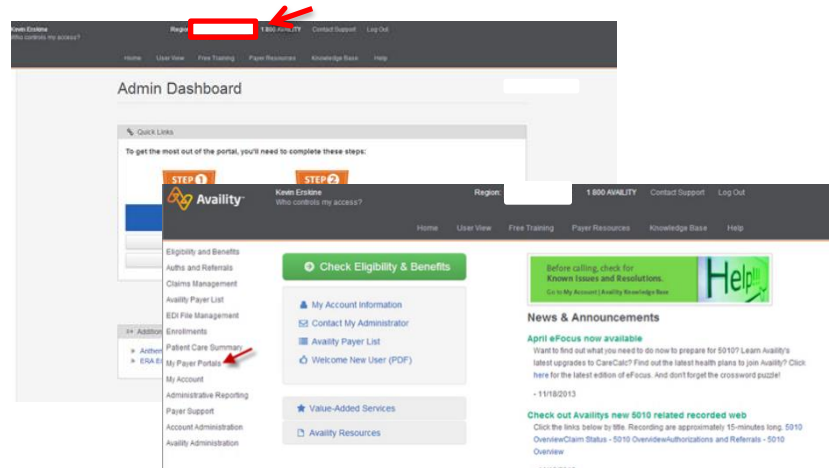
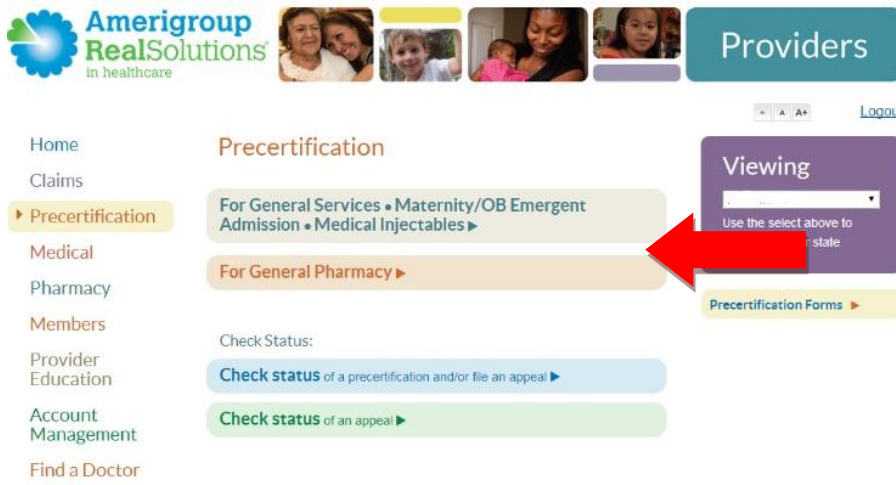Select precertification on the left hand navigation

From the Precertification tab, select **Precertification type**.

Then select, **Precertification Lookup tool**.

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

2. Click 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 Lookup

This tool outlines the Amerigroup requirements for precertification and notification.

Please see our announcement regarding Precertification rule changes! (Georgia & Maryland are excluded).

📄 Download Precertification User Guide >>

📄 View Precertification Tour >>

To determine if a precertification or notification is required, complete the form below, then click FIND A CODE

* - Required Field

Market *
Line of Business * Medicaid/SCHIP/Family Care
CPT/HCPCS Code or
Code Description * ❓

FIND A CODE

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Precertification Request for Services

Navigate to the Precertification tab.

From the Precertification tab, select **For General Services, Maternity/OB, Emergent Admission, Medical Injectables**.
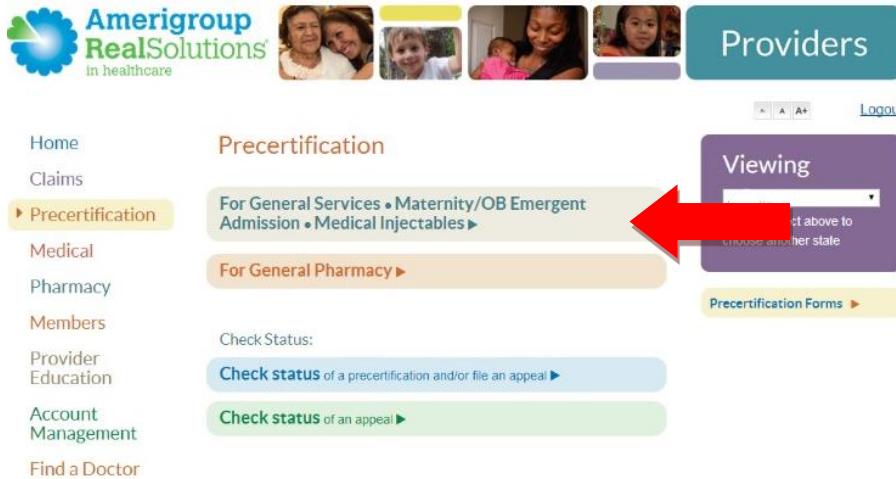
Then, select **General Services**.

*Complete the **Request Info** tab*

1. Click the **Authorization Type** drop-down menu and select the type of service.

2. Type the requested date of service in the **Authorization Date** field or click the calendar icon to select the date.

3. Click the **Place of Service** drop-down menu and select the appropriate place of service.

4. Click the **ID Type** drop-down menu and select the specific ID type or **All ID Types**.

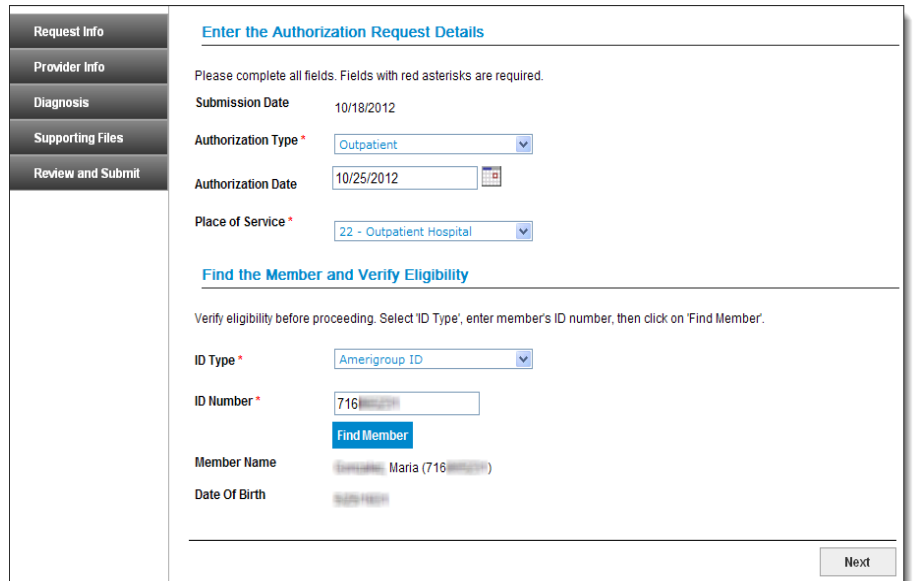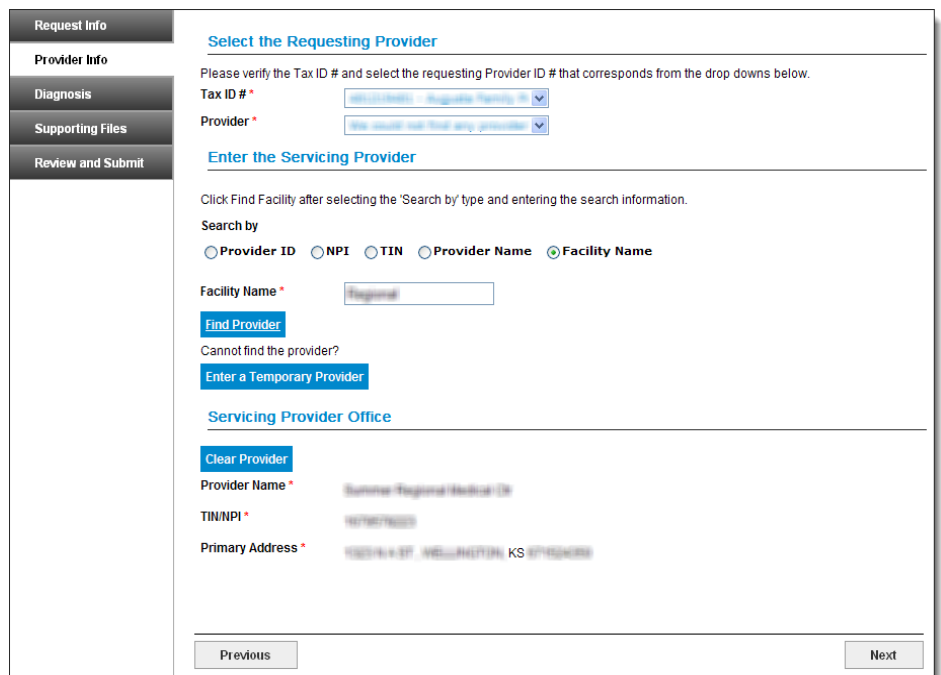5. Enter the ID number type that corresponds with the ID type selected and click the **Find Member** button.
   - If multiple members are found during the search, select the correct **Member Name** from the list.
   - If the member is eligible, the member's information will display.
   - If no members 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 Amerigroup Provider Services at 1-800-454-3730.

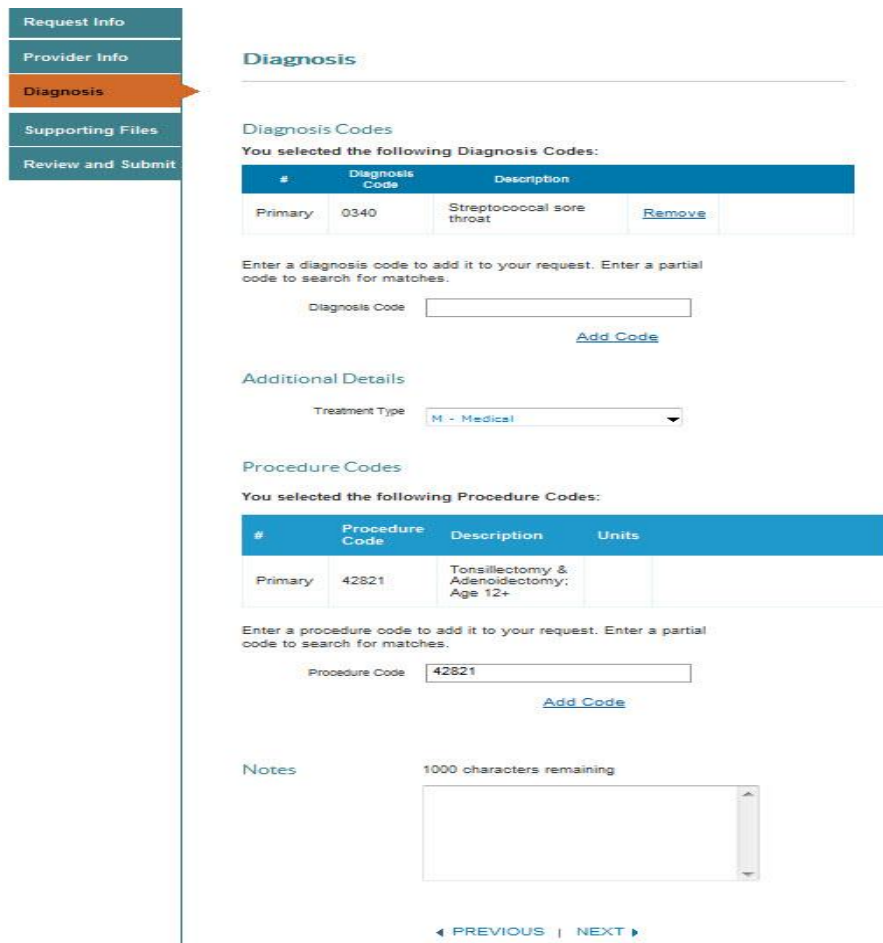6. Click the **Next** button.

Complete the *Provider Info* tab

1. Click 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. Click 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 **Search by** radio button to search for the servicing provider under the **Servicing Provider** section.

4. Type the appropriate provider ID or name in the **Name** field. Click 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.

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- 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, click **Save**.

5. Click the **Next** button.

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*Complete the **Diagnosis** tab*

1. Type the appropriate diagnosis code in the **Primary Diagnosis** field and 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. Click the **Treatment Type** drop-down menu and select the appropriate treatment.

5. Enter the number of units requested in the **Requested Units** field when required.

6. Type any relevant notes in the **Notes** field.

7. Click the **Next** button.

*Complete the **Supporting Files** tab*

1. Click 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. Click **Attach** to upload the file. The file will display in the **Files Supporting the Auth Request** section once uploaded. Click **Remove** to delete the file from the request.

3. Repeat these steps until all necessary supporting clinical files are attached to the request.

4. Click the **Next** button.

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*Complete the **Review and Submit** tab*

*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. Click the **Edit Now** link to go directly to the error and update the information.

   - Click the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.

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

3. Click 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.
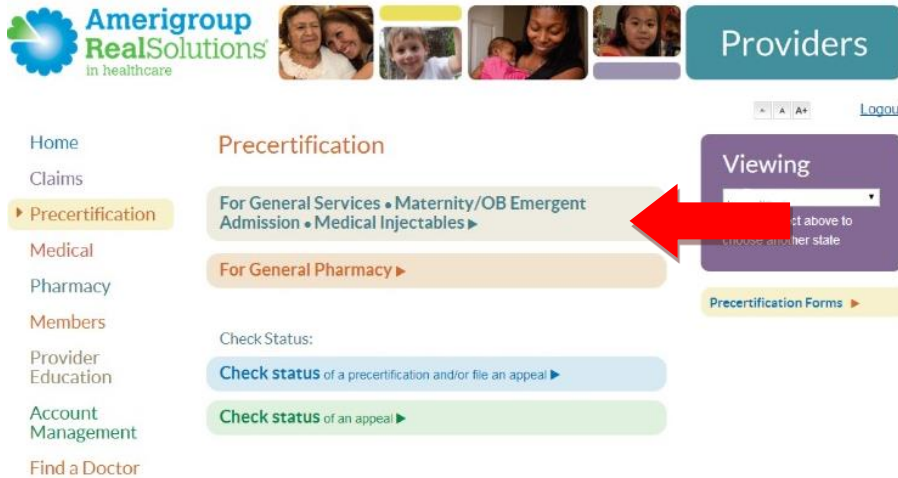

There was an error submitting your authorization request. Please try again.

If you continue to have issues, call our Provider Services team at 1-800-454-3730.

Emergent Admission Notification

Navigate to the Precertification tab.

From the Precertification tab, select **For General Services, Maternity/OB, Emergent Admission, Medical Injectables**.

Then, select **Emergent Admission**.
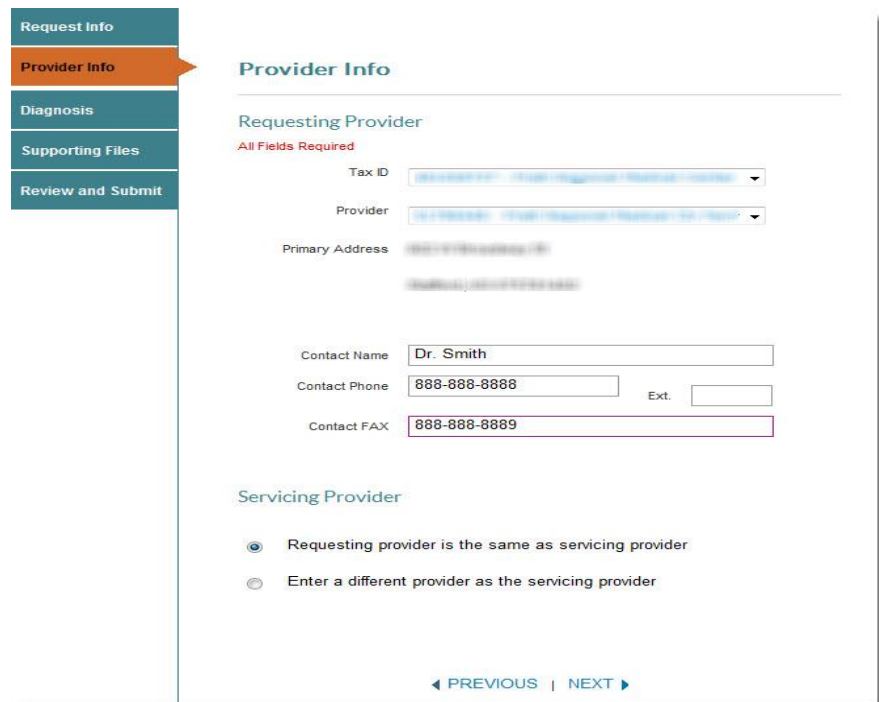
*Complete the **Request Info** tab*

1. Type the requested date of service in the **Admission Date** field or click 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 pended for late notification.

2. Click the **Place of Service** drop-down menu and select the appropriate place of service.

3. Click the **ID Type** drop-down menu and select the specific 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 click 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 Amerigroup Provider Services at 1-800-454-3730.
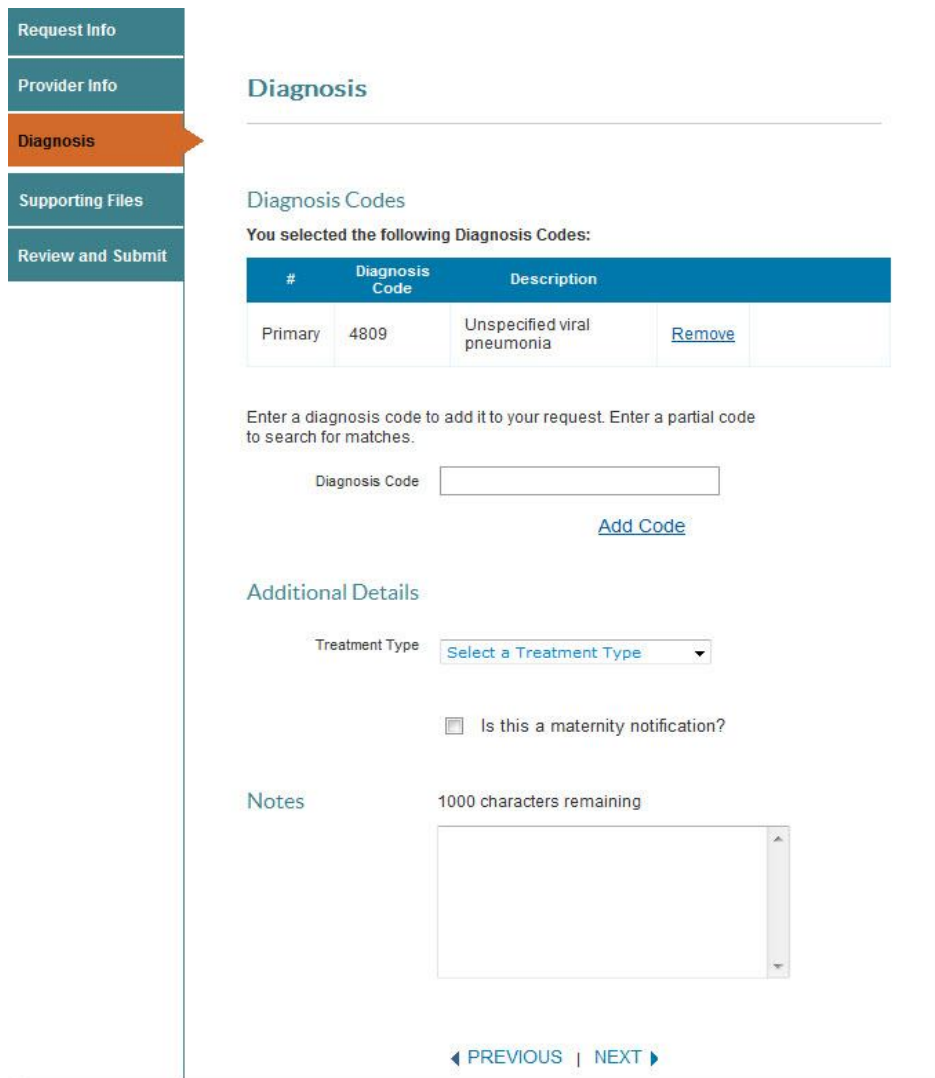
5. Click the **Next** button.

*Complete the **Provider Info** tab*

1. Click 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. Click 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 **Search by** radio button to search for the servicing provider under the **Servicing Provider** section.

4. If Enter a different provider as the servicing provider radio button is selected, type the appropriate provider ID or name in the **ID** field. Click 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. Click the **Clear Provider** button and repeat the search by entering different provider information.

- If the servicing provider still is not found, click the **Enter a Temporary Provider** button and enter all required information. Then, click **Save**.

5. Click the **Next** button.

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*Complete the **Diagnosis** tab*

1. Type the appropriate diagnosis code in the **Primary Diagnosis** field and press 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. Click the check box if the notification is for delivery and enter all available information about the baby in the fields that display.

4. Click the **Treatment Type** drop-down menu and select the appropriate treatment.

5. Type any relevant notes in the **Notes** field.

6. Click the **Next** button.

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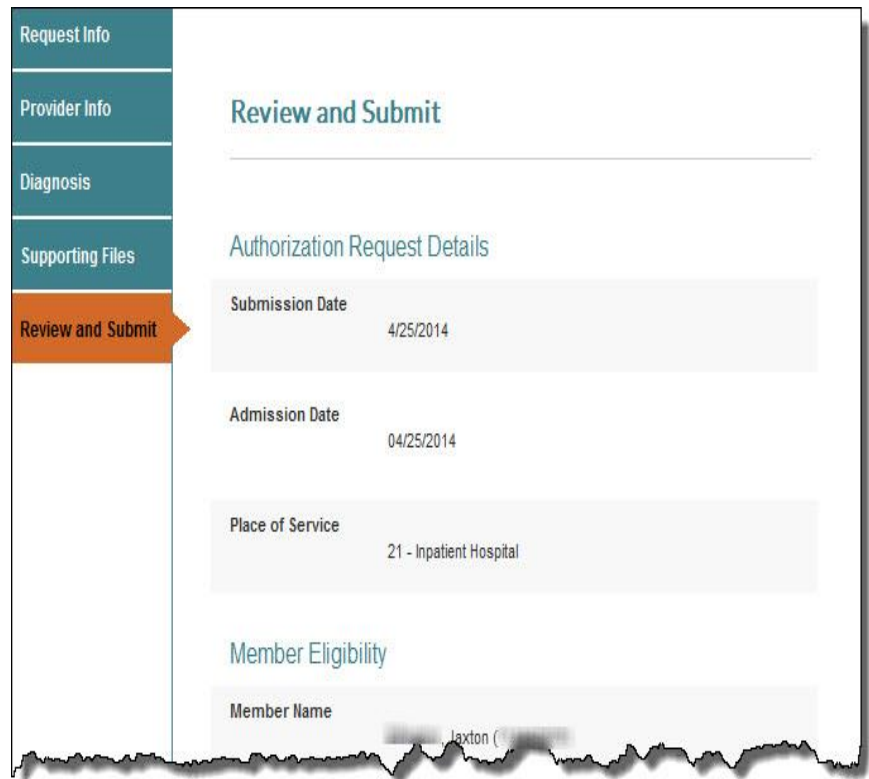
*Complete the **Supporting Files** tab*

1. Click 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. Click **Attach** to upload the file. The file will display in the **Files Supporting the Auth Request** section once uploaded.
   Click **Remove** to delete the file from the request.

3. Repeat these steps until all necessary supporting clinical files are attached to the request.

4. Click 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. Click the **Edit Now** link to go directly to the error and update the information.

   - Click the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.

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

3. Click 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 1-800-454-3730.

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Maternity/OB Request

NJ providers only: Follow the current process and continue to use the State Of New Jersey Department Of Human Services Division Of Medical Assistance And Health Services Perinatal Screening, Risk Assessment and Referral Form.

Navigate to the Precertification tab.

From the Precertification tab, select **For General Services, Maternity/OB, Emergent Admission, Medical Injectables**.
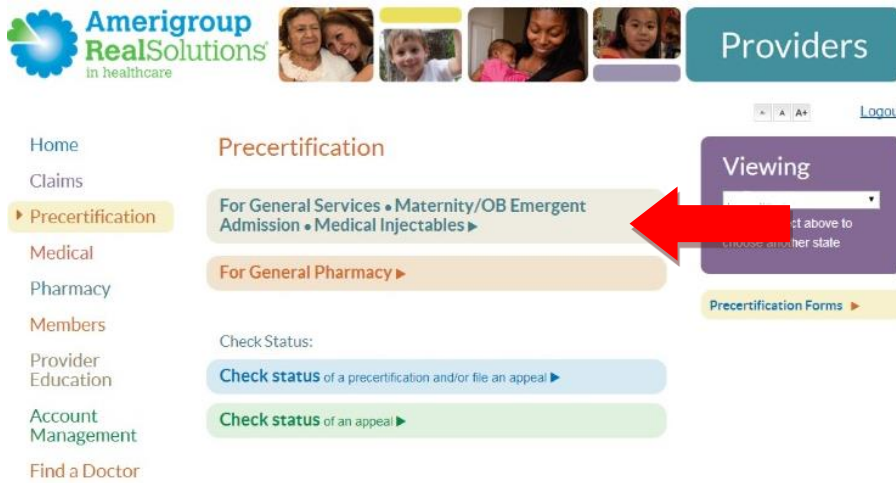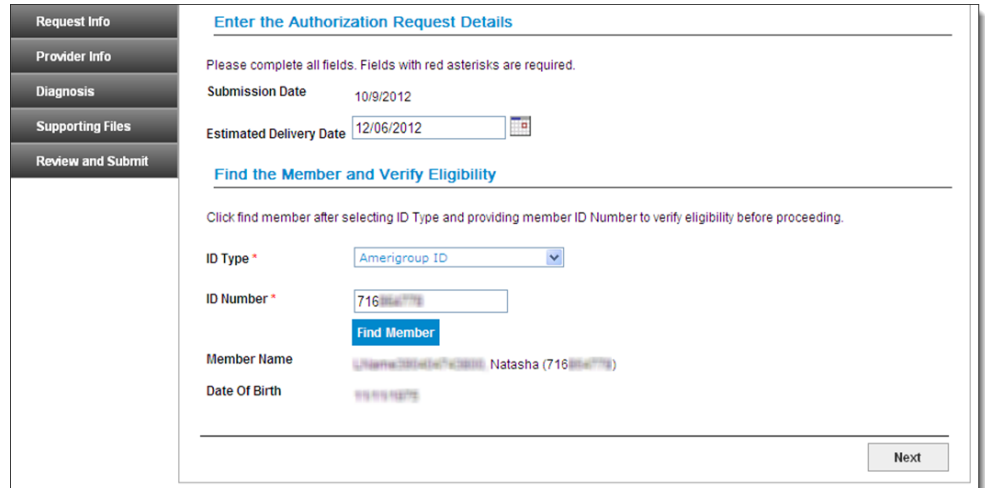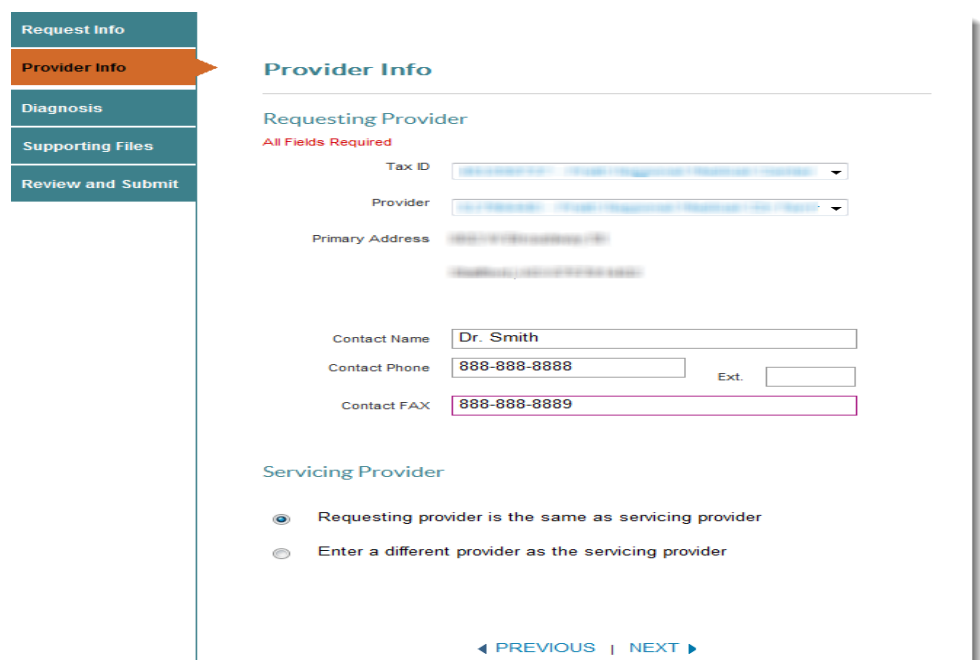

Then, select **Maternity/OB**.

Complete the *Request Info* tab

1. Type the member's estimated date of delivery in the **Estimated Delivery Date** field or click the calendar icon to select the date.

2. Click the **ID Type** drop-down menu and select the specific ID type or **All ID Types**.

3. Enter the ID number type that corresponds with the ID type selected and click 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 Amerigroup Provider Services at 1-800-454-3730.

4. Click the **Next** button.

Complete the *Provider Info* tab

1. Click 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. Click 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 **Search by** radio button to search for the servicing provider under the **Servicing Provider** section.

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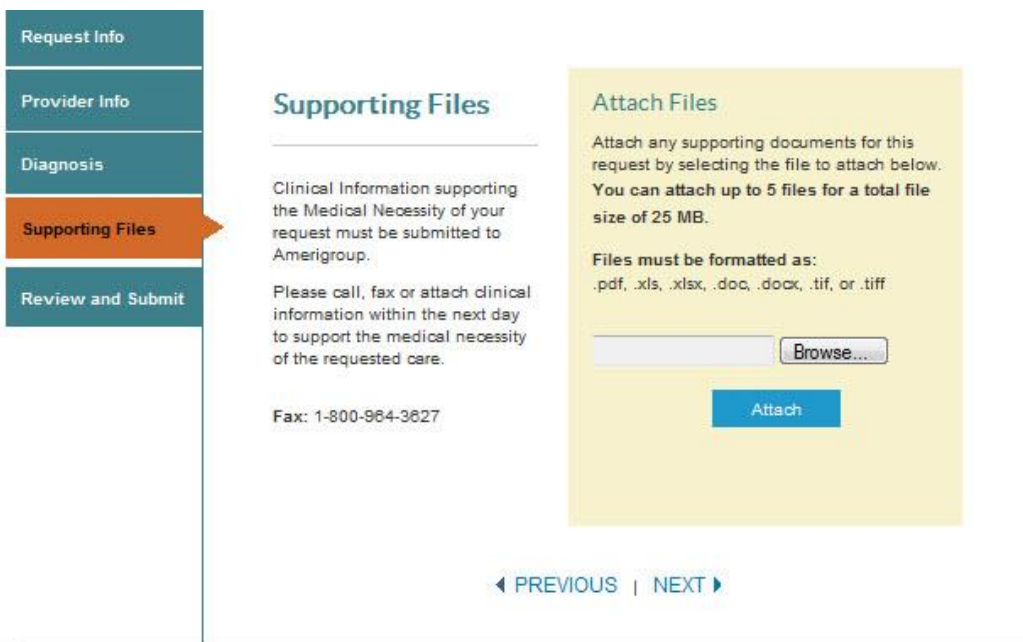
4. If the radio button **Enter a different provider as the servicing provider** is selected, type the appropriate provider ID or name in the **Name** field. Click the **Find Provider** button. The provider's information will populate on the screen.

    - If multiple providers are found, select the correct **NPI** from the list.

    - If no servicing provider is found, try the search again by clicking the **Clear Provider** button and repeating the search by entering different provider information.

    - If the servicing provider still is not found, click the **Enter a Temporary Provider** button and enter all required information. Then, click **Save**.

5. Click the **Next** button.

*Complete the **Diagnosis** tab*

1. Click the **Code** drop-down menu and click **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. Click the **Next** button.

*Complete the **Supporting Files** tab*

1. Click 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. Click **Attach** to upload the file. It will display in the **Files Supporting the Auth Request** section once uploaded. Click **Remove** to delete the file from the request.

3. Repeat these steps until all necessary supporting clinical files are attached to the request.

4. Click the **Next** button.

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*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. Click the **Edit Now** link to go directly to the error and update the information.

    *   Click the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.

2. Click **Print** the bottom of the screen to print a copy of the notification for your records.
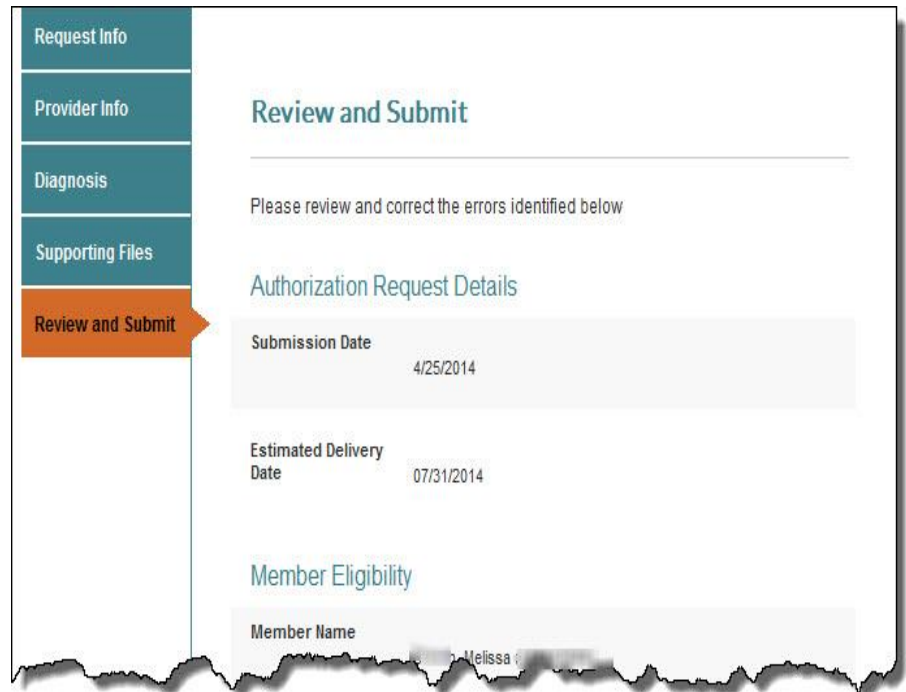
3. Click the **Submit Auth Request** button when you're ready to submit your notification.

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 Amerigroup Provider Services at 1-800-454-3730.

There was an error submitting your authorization request. Please try again.