

Web certification and appeals tutorial

Precertification status and appeals

Use the Amerigroup Iowa, Inc. provider self-service website to check the status of a precertification request, submit a request for Amerigroup to change a decision we made on a precertification request that resulted in a denial or partial denial and review the status of the appeal request.

Things to remember

1. A red asterisk (*) indicates a required field.
2. If an entry is incorrect, you will see an error message with instructions.
3. If you cannot correct an error or need assistance, please call Amerigroup Provider Services at 1-800-454-3730.
4. You must be logged in to providers.amerigroup.com or www.Availity.com to follow the steps in this guide.

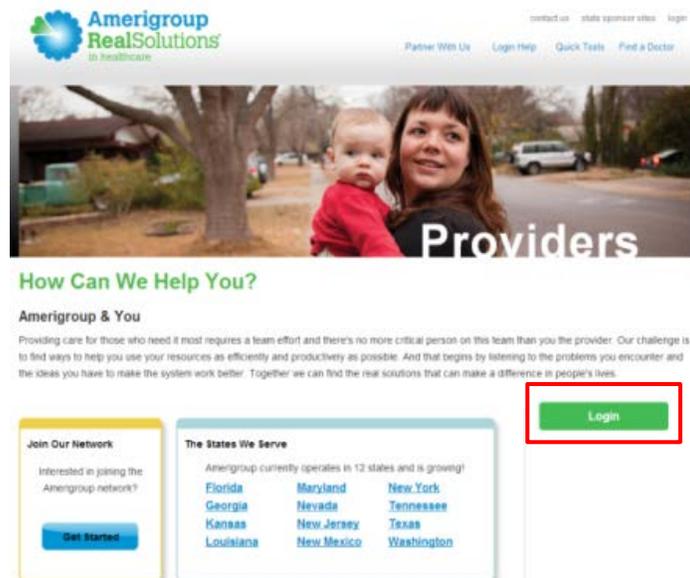
Checking precertification status

Providers can access the precertification 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.



The screenshot shows the Amerigroup RealSolutions website. At the top, there is a navigation bar with links for "Partner With Us", "Login Help", "Quick Tools", and "Find a Doctor". Below the navigation bar is a large banner image of a woman holding a baby, with the word "Providers" overlaid in white text. Underneath the banner is the heading "How Can We Help You?" and a sub-heading "Amerigroup & You". The main content area is divided into three sections: "Join Our Network" with a "Get Started" button, "The States We Serve" listing 12 states (Florida, Georgia, Kansas, Louisiana, Maryland, Nevada, New Jersey, New Mexico, New York, Tennessee, Texas, Washington), and a "Login" button which is highlighted with a red rectangular box.

Select *Precertification* from the left-hand navigation menu.



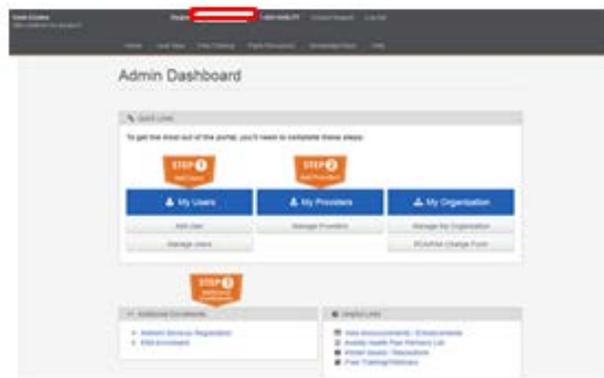
From the Availity website

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

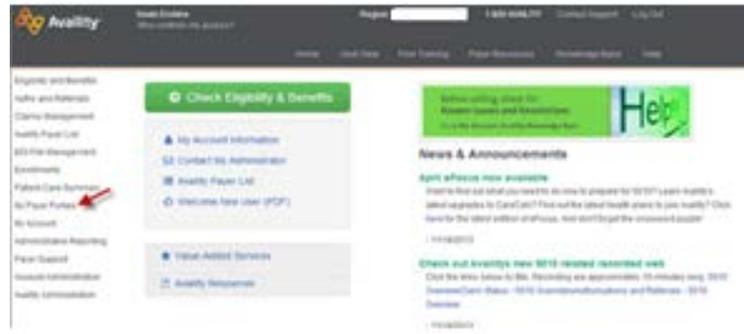
Enter your Availity ID and password and click *Log in*.



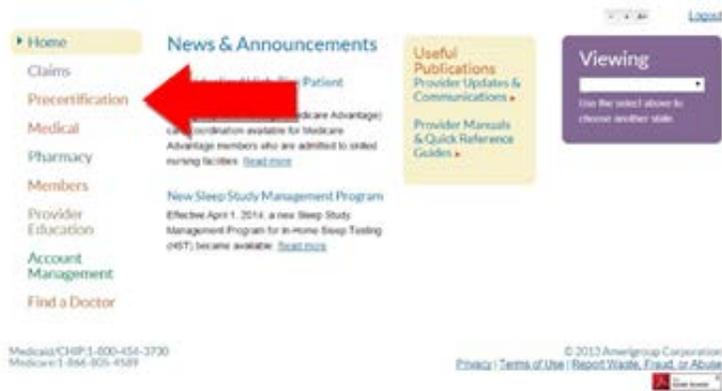
Select your state from the drop-down list in the top tool bar.



Select *Amerigroup Provider Self-Service* from the *My Payer Portals* in the left-hand navigation menu of either the Account Administrator or normal user screen.



Select the *Precertification* tab from the left-hand navigation menu of the Amerigroup provider self-service website.



From the *Precertification* tab, select *Check the status of a precertification and/or file an appeal*.

Authorization Status

Check Patient Authorization Status

Select the type of member ID, then enter the member ID. Once a valid member has been selected, enter the date of service and service type. You must have selected a valid member to complete an authorization status check.

ID Type *

Member ID *

Member

Select a date *

Select a Service Type * Inpatient Non-Inpatient

1. Click the **ID Type** drop-down menu and select the specific ID type or **All ID Types**.
2. Key the ID number type that corresponds with the ID type selected.
3. Enter the date of service for which the authorization was submitted in the **Select a date** field.
4. Select the appropriate **Service Type** radio button.
5. Click the **Check Status** button.

6. The authorizations that meet the search criteria entered will display.

The following inpatient authorizations were found for:

- Member: Brown, Joe (123456789)
- Date of Service: 10/01/2012

Ref ID	Auth Status	Denial Reason	Procedure Code/ Service Group	Start Date of Auth	Servicing Provider
10000001	Approved		Gastrointestinal Services	10/01/2012	Dr. Jane Smith
10000001	Denied	Not Medically Necessary	Gastrointestinal Services	10/01/2012	Dr. Jane Smith
	Pended		Nuclear Cardiac Imaging	10/04/2012	Dr. Jane Smith

7. Click the **Ref ID** link next to the appropriate status you want to review. Details about the authorization decision will display.
- If the authorization was denied, click the **Appeal Auth** button to appeal the denial. Refer to **Submit an Authorization Appeal**.
 - Click **Return to Results** to return to the main search results.
 - If no authorizations are found, try your search again to be sure the information was entered correctly or try using different information.
 - If you continue to have issues, please call Amerigroup Provider Services at 1-800-454-3730.

UM Ref ID: 1001 Auth Status: Denied

< Disclaimer >

Member: Brown, Joe (123456789)
 Member Date of Birth: 12/07/1987

Submission Date: 10/1/2012
 Admissions Date: 10/2/2012
 Authorization Type: Inpatient
 Place of Service: 21 - Inpatient Hospital
 Procedure Code / UMSG: 43235 - Gastrointestinal Services

Requesting Provider: Smith, Jane
 Tax ID: 123412341
 NPI: 5432154321

Servicing Facility: Memorial Health System
 AGP Facility ID:
 Primary Address: 123 Main Street
 Kansas City, KS 66105

Diagnosis Code: 530.81 - GERD
 Type of Admission: Medical
 Surgical Date: 10/05/2012
 Expected Discharge Date: 10/10/2012

Submitting an authorization appeal

From the *Precertification* tab, select *Check the status of a precertification and/or file an appeal*.



If the authorization was denied, click the **Appeal Auth** button to appeal the denial.

1. The **Authorization Appeals** screen will open, and the authorization request details submitted by the provider will automatically populate in the **Authorization Appeal** section.
2. Type the reason for the appeal in the **Summary of Appeal** dialog box.
3. Enter the contact information in the **Authorization Appeal Contact Information** section.
4. Click the **Browse** button and locate any files you wish to submit that support your request for authorization appeal. The file path will display in the field. You can attach up to five files for a total file size of 25MB. Acceptable file formats are Microsoft Word and Excel files, PDFs and TIFFs.
5. Repeat these steps until all necessary supporting files are attached to the request.
6. Review and edit the information you entered for the appeal request.
7. Click the **Submit Appeal** button when you're ready to submit your appeal request. You will receive a confirmation when your appeal is successfully submitted.
8. Keep a copy of the confirmation number. You will need this number if you have to follow up on your request.

The screenshot shows the 'Authorization Appeals' screen. It displays the following information:

- Authorization Appeal**
 - Servicing Provider ID: 112345456
 - Provider Name: Turner, Joseph P
 - Provider Address: 3901 Rainbow Boulevard
 - Provider City: Kansas City
 - Provider State: KS
 - Provider Zip: 66160
 - Member ID Number: 1122334455
 - Member Last Name: Mitchell
 - Member First Name: Dennis
 - Member Address: 627 Elm Street
 - Member City: Hillside
 - Member State: KS
 - Member Zip: 66036
 - Member DOB: 10/04/1959
 - Date of Service From: 02/15/2012
 - Date of Service From: 02/15/2012
 - Authorization Type: Outpatient
- Summary of Appeal**: A text area for describing the reason for the appeal.
- Authorization Appeal Contact Information**
 - First Name *
 - Last Name *
 - Street Address *
 - City *
 - State * (Dropdown menu showing Kansas)
- Supporting Files**: A list of files with a maximum size of 25MB. One file is shown with the title 'Authorization Appeals' and a description: 'Appeal request for Amerigroup to change a decision made on an authorization, which has resulted in a denial or partial denial.'
- Confirmation Message**: A message stating 'Your appeal has been submitted' with a confirmation number 'KS21123' circled in orange.
- Authorization Appeal** (repeated at the bottom):
 - Servicing Provider ID: 112345456
 - Provider Name: Turner, Joseph
 - Provider Address: 3901 Rainbow Boulevard
 - Provider City: Kansas City
 - Provider State: KS



Reviewing your authorization appeal status

From the *Precertification* tab, select *Check the status of an appeal*.



1. Click the **Provider ID** drop-down menu and select the appropriate provider ID.
2. Enter the appeals submission date range in the **Start Date** and **End Date** fields. Use date format MM/DD/YYYY.
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 in the **Member ID** field.
6. Click **Search**.
7. Review the search results to verify the status of your appeal request.
 - If no appeals are found, click the **Revise Search** button to try again.
 - If you still don't find a record of your appeal, call our Provider Services team at 1-800-454-3730.

Appeals

Our appeals status tool allows you to check the status of your submitted appeals.

Appeals Status

Provider ID *

For all dates entered please use mm/dd/yyyy format.

Enter the Appeals Submission Date Range 'Start Date', select 'Member ID Type' from the dropdown, enter the 'Member ID' and click 'Search'. All appeals for the selected 'Range Start' and member will display.

Appeal Submission Date Range:

Start Date *

End Date *

ID Type *

Member ID *

Member Mitchell, Dennis (1122334455)

Appeals

Our appeals status tool allows you to check the status of your submitted appeals.

Appeals Status

Our appeals status tool allows you to check the status of your submitted appeals.

- Provider ID of 123456789 - Turner, Joseph
- Member: Mitchell, Dennis (1122334455)
- Appeals Submission Date Range of 02/12/2012 to 02/20/2012

Search Results

Results (3) <<< Page of 1 >>> Results per page

APPEAL #	STATUS	DECISION RATIONALE	APPEAL LEVEL	MEMBER #	AUTH#	CLAIM #	DATE SUBMITTED	DECISION DATE
1001	In Process		Fair Hearing	1122334455		111560848200	02/14/2012	
1023	Upheld	Benefits limit reached	Fair Hearing	1122334455		111560848200	02/15/2012	02/20/2012
1098	Overturned	Medically Necessary	Level 2	1122334455		111560848100	02/18/2012	02/22/2012