

Medication Precertification Requests Tutorial

Use our provider self-service website to submit precertification requests for members who need medications considered to be:

- **General pharmacy:** dispensed directly to a member from a pharmacy
- **Medical injectables:** obtained by an office/facility for onsite infusion or administration



This guide:

- Gives you step-by-step help to enter a precertification request for general pharmacy and medical injectables.
- Explains what happens after each request is submitted.
- Provides contact information if you need help.

Things to remember

- A red asterisk (*) indicates a required field.
- Use the **Previous** and **Next** buttons to navigate between tabs as you enter the required precertification information.
- If an entry is incorrect, you will see an error message with instructions.
- If you cannot correct an error, please call Provider Services at 1-800-454-3730.
- Authorization request date spans cannot begin before the date you enter your request.
- The precertification request must be for an eligible participant who is a HealthChoice member. You must be logged in to <https://providers.amerigroup.com/MD> or <https://www.availity.com> and have selected one of the highlighted menu options shown on the left to follow the steps in this guide.

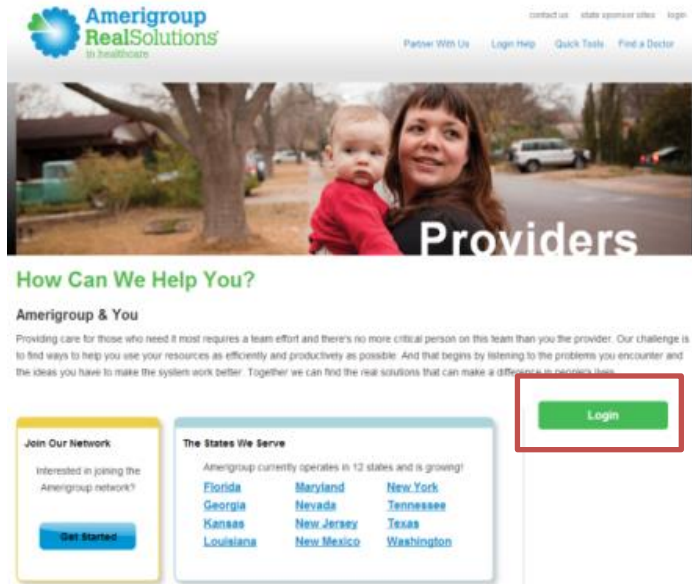
Request precertification for general pharmacy

Providers can access the precertification tool by logging in to our provider self-service website or the Availity Portal.

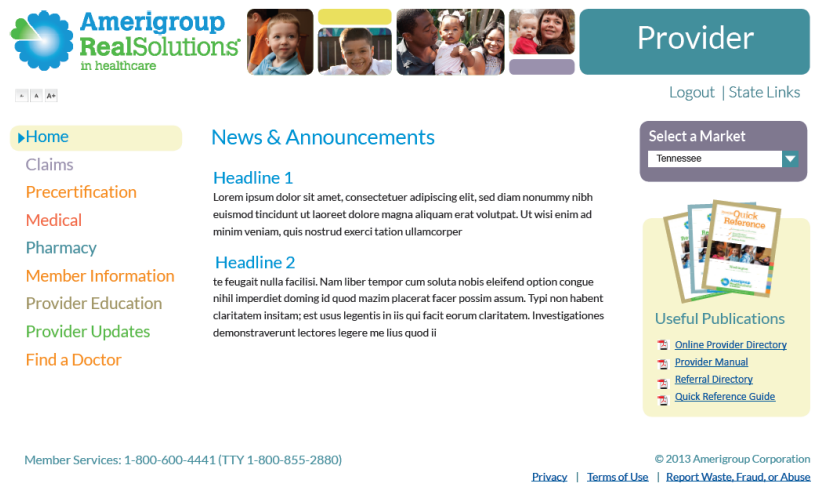
From the provider self-service website

If you are navigating to the precertification tool from <https://providers.amerigroup.com/MD>:

- Select **Login** and enter your Availity ID and password.



- Select **Precertification** on the left-hand navigation.



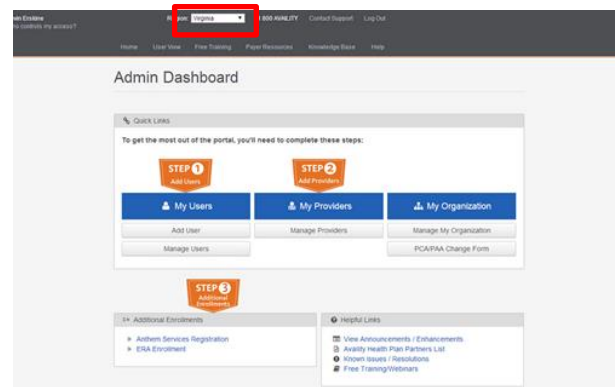
From the Availity Portal

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

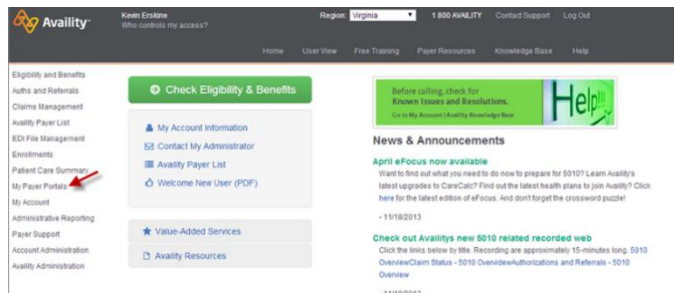
- Select on **Log in** and enter your Availity user ID and password.

The image shows the Availity login page. At the top is the Availity logo. Below it are two input fields: "User ID:" and "Password:". There is a checkbox labeled "Show password as I type". Below the password field is a link that says "Help! I can't log in!". To the right of this link is a red rectangular box containing a yellow button with the text "Log in".

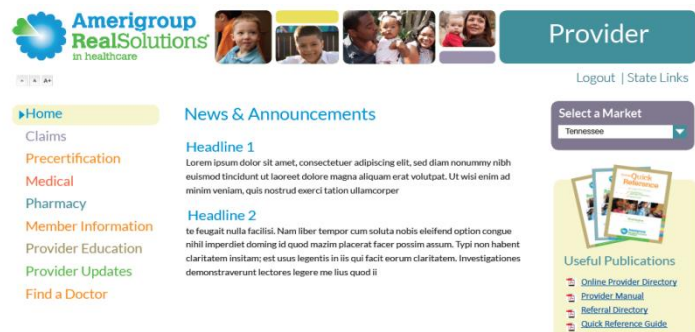
- Select your state from the drop-down list in the top tool bar.



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



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



Request precertification for General Pharmacy

From the *Precertification* tab, navigate to *Request Precertification*:

1. Select **Request General Pharmacy** from the menu.
2. Select a market from the *Market* menu.

Precertification

Request Precertification

Find out if precertification is required ▶


Request precertification ▶

- General Services
- Maternity/OB
- Emergent Admission
- Medical Injectibles

General Pharmacy ▶

General Pharmacy

Medications dispensed directly to a member from a retail pharmacy or shipped from a specialty pharmacy



To request authorization for general pharmacy medications, choose the state your Amerigroup patient is insured in:

Select Market

Select Market

Florida

Georgia

Kansas

Louisiana

Maryland

Nevada

New Jersey

New Mexico

New York

Tennessee

Texas

Washington

Complete the *Request Info* tab

1. Enter the **Auth Start Date** and **Auth End Date** for the precertification request:
 - The start date will default to the current date, and the end date will default to six months from the current date.
 - Select the *Date* field to type the date or select the calendar icon to select a date.
2. Select the **ID Type** drop-down menu and select the specific ID type or **All ID Types**.
3. 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.
4. 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 1-800-454-3730.
5. Select the **Search By** category under *Drug Code*. Available options are:
 - **Drug Code**.
 - **Drug Name**.

General Pharmacy Cancel

Request Info

Provider Info

Diagnosis

Supplementary

Supporting Files

Review and Submit

Authorization Request Details

Please complete all fields. Fields with red asterisks are required.

Date of Submission 3/7/2013

Auth Start Date * 03/07/2013

Auth End Date * 09/07/2013

Member Eligibility

Verify member eligibility before proceeding. Select ID Type, enter member's ID number, then click on Find Member.

ID Type * All ID Types

ID Number *

Find Member

Member Name

Date Of Birth

Gender

Member Height

Member Weight

Drug Code(s)

Add up to 5 drug codes. At least 1 drug code is required.

Search By: ☒ Drug Code ☐ Drug Name

Search Text:

Search

Drug Name/Code *

Quantity

Strength *

Frequency * Daily

Duration * 1 Month

Add

Drug Code	Drug Name	Quantity	Strength	Frequency	Duration	
xxx	xxxxxx	xxx	xxx	xxx	xxx	remove
yyy	yyy	yyy	yyy	yyy	yyy	remove
zzz	zzz	zzz	zzz	zzz	zzz	remove

Next

6. Enter your search term in the *Search Text* field, and select **Search**.
7. If your search returns multiple results, you will see a pop-up. Select the appropriate drug from the list.
8. Enter the **Quantity, Strength, Frequency** and **Duration** information in each field.
9. Select the **Add** button to add up to four more drugs. Repeat steps 5-9 for each.
10. Select the **Next** button.

Please select one.

Drug Code	Drug Name	Drug Description	One Billing Unit
xxx	xxxxxx	xxxx	xxx
yyy	yyy	yyyy	yyy
zzz	zzz	zzzz	zzz

Note: If you need to request more than five drugs for one member, you have these options:

- Submit a second request using the online tool.
- Fax your request in at 1-844-490-4871 for Retail Pharmacy or 1-844-490-4873 for Medical Injectables.
- Call Provider Services at 1-800-454-3730.

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 information that populates in the fields under the *Requesting Provider Office* section is incorrect, type the correct contact information for the requesting provider's office.
4. Select the **Next** button.

The screenshot shows the 'General Pharmacy' application window with the 'Requesting Provider' tab selected. On the left is a sidebar with buttons: 'Request Info', 'Provider Info', 'Diagnosis', 'Supplementary', 'Supporting Files', and 'Review and Submit'. The main area is titled 'Requesting Provider' and contains the following fields:

- Tax ID ***: A dropdown menu showing '486005089 - William Newton Memorial Hospital'.
- Provider ***: A dropdown menu showing 'Select a Provider'.
- Primary Address**: A text input field.
- Requesting Provider Office** section with four text input fields: 'Contact Name *', 'Contact Phone *', 'Ext.', and 'Contact FAX *'.

At the bottom are 'Previous' and 'Next' buttons. A 'Cancel' button is in the top right corner.

Complete the *Diagnosis* tab

1. Type the appropriate diagnosis code in the *Primary Diagnosis* field and press the **Tab** button on your keyboard. The diagnosis code description will display if the code is valid. If you receive an error message, re-enter the primary diagnosis code and press the **Tab** button.
2. Enter additional diagnosis codes, if known, in the remaining fields.
3. Type notes in the *Notes* field if appropriate.
4. Select the **Next** button.

The screenshot shows the 'General Pharmacy' application window with the 'Diagnosis' tab selected. The sidebar is the same as in the previous screenshot. The main area is titled 'Diagnosis' and contains the following fields:

- Please enter diagnosis code(s) below:** A heading for the diagnosis code fields.
- Primary Diagnosis ***: A text input field with a 'Code' label and a 'Description' label to its right.
- Diagnosis 2** through **Diagnosis 10**: A series of text input fields for additional diagnosis codes.
- Notes (optional)**: A text input field with a '255 characters remaining' indicator below it.

At the bottom are 'Previous' and 'Next' buttons. A 'Cancel' button is in the top right corner.

Complete the *Supplementary* tab

1. Enter corresponding information in the *Supplemental Information* and *Medication History* sections. The fields in this tab are optional, but having enough clinical information to make a decision allows us to process the precertification request quickly.
2. Select the **Next** button.

The screenshot shows a web form titled "General Pharmacy" with a "Cancel" button in the top right corner. On the left is a vertical sidebar with five tabs: "Request Info", "Provider Info", "Diagnosis", "Supplementary" (which is highlighted), and "Supporting Files". Below these is a "Review and Submit" button. The main content area is divided into two sections. The first section, "Medication History", contains three text input fields. The first field is preceded by the question "Has the member used this medication previously (if yes, please list start date)?" and has a "255 characters remaining" label below it. The second field is preceded by "What other medications has the member tried for this diagnosis (please list dates)?" and also has a "255 characters remaining" label. The third field is preceded by "Please list other medications the member is currently taking (i.e. chemotherapy regimen)" and has a "255 characters remaining" label. The second section, "Supplemental Information", contains two more text input fields. The first is preceded by "If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided" and has a "255 characters remaining" label. The second is preceded by "Any additional information pertinent for review of request may be included below, or as attachment on next tab." and has a "255 characters remaining" label. At the bottom of the form are two buttons: "Previous" on the left and "Next" on the right.

Complete the *Supporting Files* tab

1. Select the **Browse** button and locate the supporting clinical file. When you find the file you want to attach and select it, the file path will display in the field that appears before the **Browse** button.
 - It is important to provide supporting medical information for certain types of drugs (e.g., biomarker testing or pertinent labs). Giving us this supporting documentation helps us to make a decision and process the precertification request quickly. If you are unsure about what type of information is needed, you can call us directly at 1-800-454-3730.
 - 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 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 precertification request:
 - All errors must be corrected before the request can be submitted. Select the **Fix this** link to go directly to the error and update the information.
2. To go back, select the **Previous** button or select the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.
3. Select **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
4. Select the **Submit Auth** button when you're ready to submit your request.
5. Keep a copy of the web tracking number included in your submission confirmation; you will need this number if you have to follow up on your request.
6. If additional precertifications are needed for the same member, select the **Submit Another Request** button.

Notes:

- 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 with your online requests, call Provider Services at 1-800-454-3730.

General Pharmacy

Please review and correct the errors identified below

Authorization Request Details

Date of Submission: 3/7/2013

Auth Start Date: 03/07/2013

Auth End Date: 09/07/2013

Member Eligibility

ID Type: ALL

ID Number: [input field]

Member Name: [input field]

Date Of Birth: [input field]

Gender: [input field]

Member Height: [input field]

Member Weight: [input field]

Cancel

Pharmacy Auths

Auth Request is Submitted

Print

Submit Another Request

Your authorization request was submitted.

The request is: Pended

Web Tracking #: KSPW000049

(additional info here)

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

Request precertification for medical injectable medication

From the *Precertification* tab, navigate to *Request Precertification* and:

1. Select **Medical Injectables**.
2. Select **the market** from the *Market* menu.

Precertification

Request Precertification

Find out if precertification is required ▶

Request precertification ▶

☐ General Services

☐ Maternity/OB

☐ Emergent Admission

☐ Medical Injectables

General Pharmacy ▶

Medical Injectables

Medical injectables are medications obtained by office/facility for on-site infusion or administration.



To request authorization for medical injectable medications, choose the state your Amerigroup patient is insured in:

Select Market

Select Market

Florida

Georgia

Kansas

Louisiana

Maryland

Nevada

New Jersey

New Mexico

New York

Tennessee

Texas

Washington

Complete the *Request Info* tab

- Enter the **Auth Start Date** and **Auth End Date** for the precertification request:
 - The start date will default to the current date and the end date will default to six months from the current date.
 - Select in the date field to type the date or click the calendar icon to select a date.
- Select the **ID Type** drop-down menu and select the specific ID type or **All ID Types**.
- Type the ID number type that corresponds with the ID type chosen 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 1-800-454-3730.
- Select the **Search By** category under *Drug Code*. Available options are:
 - Drug Code.**
 - Drug Name.**
- Enter your search term in the *Search Text* field.
- Select the **Search** button.
- If the search returns multiple results, a pop-up window will display. Select the correct drug from the list.
- Enter the **Dose**, **Frequency** and **Duration** information in each field.
- Select the **Add** button to add up to four more drugs. Repeat steps 5-9 for each.
- Select the **Next** button.

The screenshot shows the 'Medical Injectables' section of a web application. On the left is a sidebar with tabs: 'Request Info' (selected), 'Provider Info', 'Diagnosis', 'Supplementary', 'Supporting Files', and 'Review and Submit'. The main content area is titled 'Authorization Request Details' and includes a 'Cancel' button in the top right. It contains two sections: 'Authorization Request Details' with fields for 'Date of Submission' (6/19/2013), 'Auth Start Date' (06/19/2013), and 'Auth End Date' (12/04/2013); and 'Member Eligibility' with a dropdown for 'ID Type' (set to 'All ID Types'), an 'ID Number' field, a 'Find Another Member' button, and fields for 'Member Name', 'Date Of Birth', 'Gender', 'Member Height', and 'Member Weight'.

The screenshot shows the 'Drug Code(s)' search form. It includes instructions: 'Add up to 5 drug codes. At least 1 drug code is required.' Below this is a 'Search By:' section with radio buttons for 'Drug Code' and 'Drug Name'. A 'Search Text:' field contains the text 'inte'. There is a 'Search' button and a 'Next' button at the bottom right.

Note: If you need to request more than five drugs for one member, you have these options:

- Submit a second request using the online tool.
- Fax your request in at 1-844-490-4871 for Retail Pharmacy or 1-844-490-4873 for Medical Injectables.
- Call Provider Services at 1-800-454-3730.

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 information that populates in the fields under the *Requesting Provider Office* section is incorrect, type the correct contact information for the requesting provider's office.
4. Select **Yes** if the servicing provider is the same as the requesting provider. Skip to step 9.
5. If the servicing provider is different from the requesting provider, select **No**. A new section will appear.
6. Select the corresponding **Search By** radio button to search for the servicing provider under the *Servicing Provider* section.
7. Type the appropriate provider ID or name in the *Provider 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 is still not found, select the **Enter a Temporary Provider** button and enter all required information. Then, select **Save**.

Medical Injectables Cancel

Request Info
Provider Info
Diagnosis
Supplementary
Supporting Files
Review and Submit

Requesting Provider

Verify the tax ID # and select the corresponding provider from the drop downs below.

Tax ID *

Provider *

Primary Address

Requesting Provider Office

Contact Name *

Contact Phone *

Ext.

Contact FAX *

Servicing Provider

Please identify servicing provider.
 Same as Requesting Provider? ☒ Yes ☐ No

Previous Next

Servicing Provider

Please identify servicing provider.
 Same as Requesting Provider? ☐ Yes ☒ No

Select 'Search by' type, enter the search information, then click on 'Find Provider'.

Search By: ☒ Provider ID ☐ NPI ☐ TIN ☐ Provider Name ☐ Facility Name

Provider ID *

Find Provider

Cannot find the provider? Enter a Temporary Provider

Servicing Provider Office Clear Provider

Provider Name *

NPI *

Primary Address *

Contact Name *

Contact Phone *

Ext.

Contact FAX *

Previous Next

8. Enter the contact information in the *Servicing Provider Office* section.
9. Select the **Next** button.

Complete the *Diagnosis* tab

1. Type the appropriate diagnosis code in the *Primary Diagnosis* field and press **Tab**. The diagnosis code description will display if the code is valid. If you receive an error message, re-enter the primary diagnosis code and press **Tab**.
2. Enter additional diagnosis codes, if known, in the remaining fields.
3. Type notes in the *Notes* field if appropriate.
4. Select the **Next** button.

The screenshot shows a web-based form with a sidebar on the left containing five tabs: Request Info, Provider Info, Diagnosis (highlighted), Supplementary, and Supporting Files. Below these is a 'Review and Submit' button. The main content area is titled 'Diagnosis' and contains the instruction 'Please enter diagnosis code(s) below.' It features a table with two columns: 'Code' and 'Description'. The 'Primary Diagnosis' row has a red asterisk and contains the code '733.01' and the description 'Senile osteoporosis'. Below this are ten rows for 'Diagnosis 2' through 'Diagnosis 10', each with an empty code field. At the bottom of the main area is a 'Notes (optional)' section with a text input field and a character count '255 characters remaining'. At the very bottom of the form are two buttons: 'Previous' and 'Next'.

Code	Description
Primary Diagnosis *	733.01 Senile osteoporosis
Diagnosis 2	
Diagnosis 3	
Diagnosis 4	
Diagnosis 5	
Diagnosis 6	
Diagnosis 7	
Diagnosis 8	
Diagnosis 9	
Diagnosis 10	

Notes (optional)

255 characters remaining

Previous Next

Complete the *Supplementary* tab

1. Enter corresponding information in the *Supplemental Information and Medication History* sections. The fields in this tab are optional, but having enough clinical information to make a decision allows us to process the precertification request quickly.
2. Select the **Next** button.

The screenshot shows a web form with a sidebar on the left containing navigation tabs: Request Info, Provider Info, Diagnosis, **Supplementary**, Supporting Files, and Review and Submit. The main content area is divided into two sections. The first section, titled "Medication History", contains three text input fields, each with a "255 characters remaining" indicator. The first field is labeled "Has the member used this medication previously (if yes, please list start date)?". The second field is labeled "What other medications has the member tried for this diagnosis (please list dates)?". The third field is labeled "Please list other medications the member is currently taking (i.e. chemotherapy regimen)". The second section, titled "Supplemental Information", contains two more text input fields, each with a "255 characters remaining" indicator. The first field is labeled "If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided". The second field is labeled "Any additional information pertinent for review of request may be included below, or as attachment on next tab.". At the bottom of the form are "Previous" and "Next" buttons.

Complete the *Supporting Files* tab

1. Select the **Browse** button and locate the supporting clinical file. When you find the file you want to attach and select it, the file path will display in the field that appears before the **Browse** button.
 - It is important to provide supporting medical information for certain types of drugs (e.g., biomarker testing or pertinent labs). Giving us this supporting documentation helps us to make a decision and process the precertification request quickly. If you are unsure about what type of information is needed, you can call us directly at 1-800-454-3730.
 - 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 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.
5. If you have over five supporting files to attach, please submit them via the listed fax number.

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 **Fix this** link to go directly to the error and update the information.
 - To go back, select the **Previous** button. To navigate directly to a particular tab and make edits to the information entered, select the tab on the left side of the screen.

2. Select **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
3. Select the **Submit Auth** button when you are ready to submit your request.
4. Keep a copy of the web tracking number included in your submission confirmation; you will need this number if you have to follow up on your request.
5. If additional precertification is needed for the same member, select the **Submit Another Request** button.

Notes:

- 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 with your online requests, call Provider Services at 1-800-454-3730.
- You have the ability to check the status of a medical injectable authorization request. To find out how, review the *Precertification Status and Appeals Tutorial* located on the *Provider Education* tab.

Drug Code	Drug Name	One Billing Unit	Dose	Frequency	Duration
xxx	xxxxxx	xxx	xxx	xxx	xxx
YYY	YYY	YYY	YYY	YYY	YYY
zzz	zzz	zzz	zzz	zzz	zzz

Pharmacy Auths

Auth Request is Submitted

[Print](#)
[Submit Another Request](#)

Your authorization request was submitted.
The request is: Pending

Web Tracking #:
KSPW000049
[additional info here]