

Availity and Amerigroup website(s) used for Medical Procedures and Provider Administered Medications

The Availity site is primarily used only for Eligibility information. Almost all pre-auth requests submissions are via fax. Some services are submitted on the provider’s own form and some are submitted on an Amerigroup required form.

The Amerigroup site is primarily used to determine if a pre-auth is required

Function	Provider Workflow	BPR-specified Capabilities	‘MET’, Scheduled Date, or ‘NA’	Comment
Checking Eligibility and Benefits	<p><u>Steps</u></p> <p>Most providers rely on electronic batch update of eligibility information into their EHR</p> <p>The Availity site is used as a back up to EHR information or when there is no information in the EHR.</p>	Identify services that are benefit exclusions for the patient		<p>Non-covered benefit information is not available as part of the Eligibility information. If coverage for a service is not known from institutional knowledge, figuring out what Medicaid covers/does not cover is a process of ‘trial and error’, e.g.</p> <ul style="list-style-type: none"> • 69930 – Amerigroup may not cover but Medicaid will. • J8999 – indicates no pre-auth required, but this may be a non-covered service by Medicaid
Determining whether Pre-Auth or Medical Necessity Review is required	<p><u>Steps</u></p> <ul style="list-style-type: none"> • Use the Amerigroup pre-auth tool • Call to confirm anything that is in doubt 	Provide up-to-date navigation information on One-Stop-Shop page		
		<p>Look up/Search</p> <ul style="list-style-type: none"> • for the care service by CPT code, keyword or functional category. • for the medication by J-code (for Meds that have a J code) and Brand Name and Generic Name 	Met	
		Information is specific to a product/group or plan, i.e. not a generic list.	Met	All Medicaid patients have same coverage
		<ul style="list-style-type: none"> • Identify whether any entered service require a pre- 		For at least some Unlisted

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		<p>authorization. This includes Unlisted Procedures.</p> <ul style="list-style-type: none"> Explicitly indicate if a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list. 		<p>Procedures, e.g. CPT 22899, the tool indicates that no pre-auth is required when in actuality the service will be denied if a pre-auth is not obtained.</p> <p>For some services, e.g. 92018, the tool says that Precertification is NOT required and then says it needs to be reviewed by Eyequest for authorization.</p> <p>Would be ideal if site would indicate when the service is an excluded benefit</p>
		<p>Identify whether any entered service require a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.</p>		<p>For at least some Unlisted Procedures, e.g. CPT 22899, the tool indicates that no pre-auth is required. However, a medical necessity review will be performed.</p>
		<p>Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.</p>	NA	
		<p>Identify whether Medication needs to be obtained from a Specialty Pharmacy. If so, contact information of the specialty pharmacy</p>	NA	
		<p>Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures</p>		<p>No instructions are on the website</p>
		<p>Identify clinical criteria</p>	Met	<p>Very difficult and complex process to find the correct policy on the</p>

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				Amerigroup website. Also, for AIM and EyeQuest, polices may be different than Amerigroup's see Process Challenge #4
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".	Met	"Tried and failed" requirements, where they exist, are buried in the medical policy.
Obtaining a Pre-Authorization	<u>Steps</u> The majority of requests are submitted via fax. In rare cases, the Availity system is used. When submitting online: 1. Enter required information into Availity from EHR 2. Upload supporting documentation. 3. Enter reference number into the EHR.	Provide an online form/web page for requesting pre-service review	Met	
		On form/web page - Allow specification of the "urgency" of the request	Met	A reason has to be included about why a request is urgent.
		Identify the timeframe under which the request will be reviewed, somewhere in the process		
		On form/web page - Allow specification of ALL the services to be requested	Met	Multiple injections can't be entered on the same request. For other types of services, multiple services can be entered on the same request if they are related and have same provider
		On form/web page - Include questions about any relevant professional restrictions (as applicable)	NA	
		If form/web page asks for clinical information, either offer check list selection of appropriate clinical information or allow provider to submit ALL clinical information relevant to the specific request for	NA	

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		services, and not restrict provider from sending this relevant information		
		Allow for submission of form electronically or faxed with supporting documentation	Met	Information can be cut and pasted into the request and documents can be uploaded. However, even after uploading documentation, a note needs to be made in Availity that a document was uploaded
		Provide acknowledgement of receipt of the review request	Met	Provides a reference number
		Able to print the completed request form and/or review on-line the information submitted on the request.	Met	
		Perform review for ALL submitted services that are valid per the BPR, not just those requiring a pre-authorization -- including Unlisted Procedures, except for those listed on health plan website.	???	There is not sufficient use of the site to assess whether this capability exists
		Perform review without a provider signature on the request	Met	
		On web page, identify how changes are to be made to previous requests and how providers will be notified of decisions		
Checking Status of Request	<u>Steps</u> In most cases, if a fax is not received from Amerigroup within 3 days of	Provide status information on website per the BPR Identify any information that is missing.		See Website Challenge #5 Without a reference number, an excessive amount of information

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	<p>submitting the request, a phone call is made to find out the status.</p> <p>When checking status on line:</p> <p><u>Steps</u></p> <ol style="list-style-type: none"> 1. Use Auth/Referral Inquiry tile 2. Click yes to screen with Anthem at the top 3. Select Authorization/Referral Inquiry in the menu bar across the top <p>If a request is submitted via fax, it can be viewed on the Availity site</p>	<p>Allow access to status information by the provider/organization that requested the services, the provider/organization that is doing the services and, as appropriate, the facility/organization where the services are to be done</p>		<p>must be entered just to see status</p> <p>No reason is given for pended status.</p> <p>Having online access to the letters is very helpful However, in some cases, status say "see letter for details" but the letter is not always posted on the site.</p>