

## Medication Precertification Requests

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 if you are a Medicaid provider or 1-866-805-4589 if you're a Medicare provider.
- 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 Washington Apple Health member. You must be logged in to <https://providers.amerigroup.com/WA> 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.

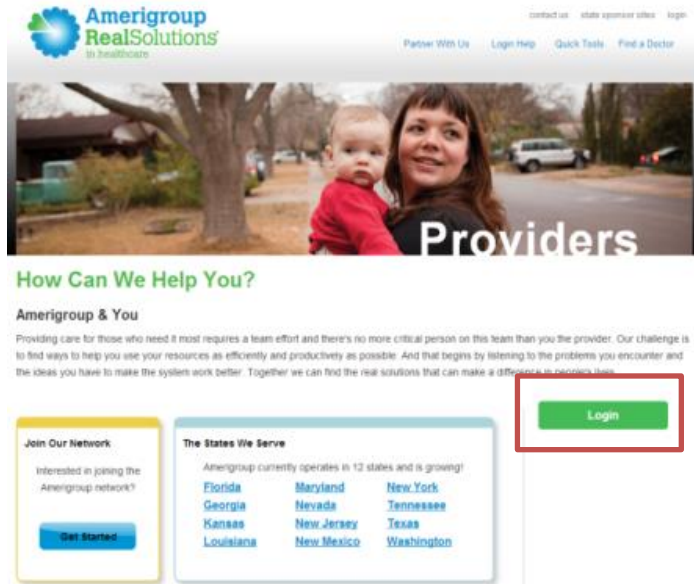
## Request precertification for general pharmacy

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

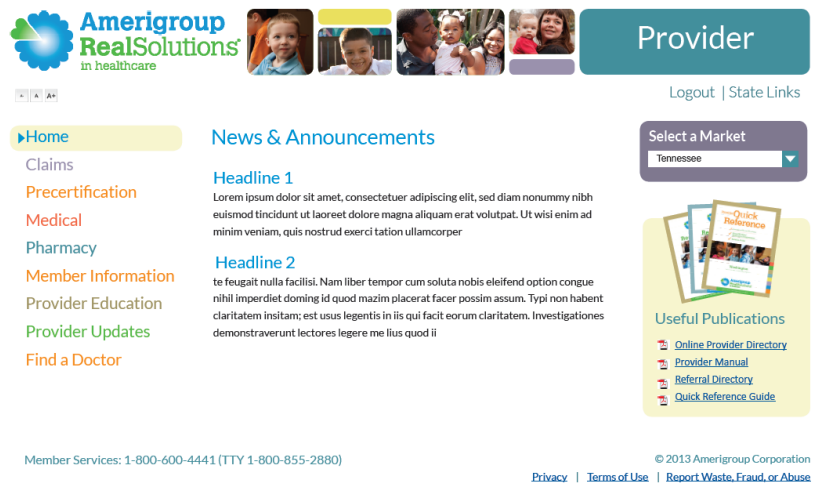
### From the provider self-service website

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

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



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



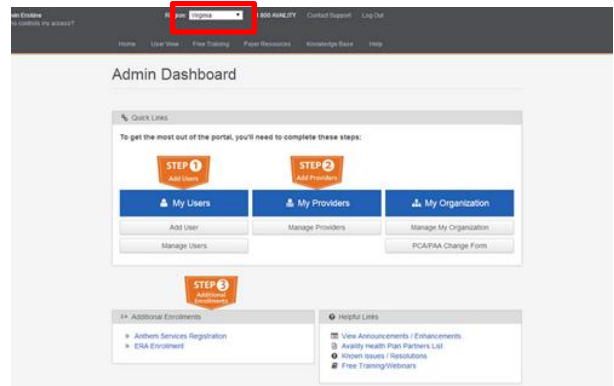
**From the Availity Portal**

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

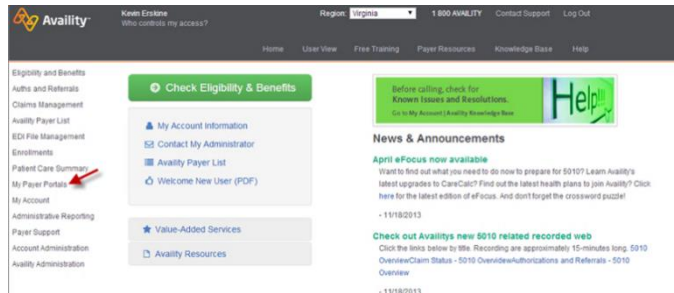
- Select on **Log in** and enter your Availity user ID and password.



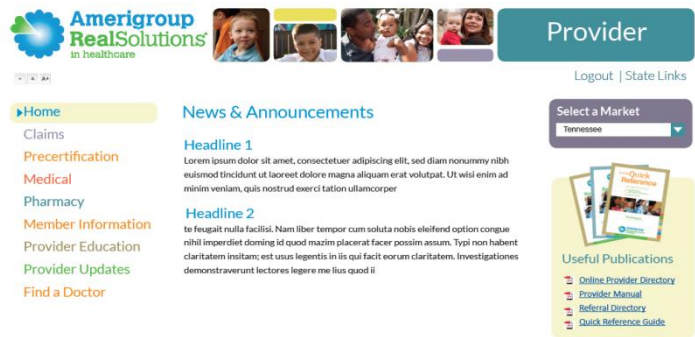
- Select your state from the drop-down list in the top tool bar.



- 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

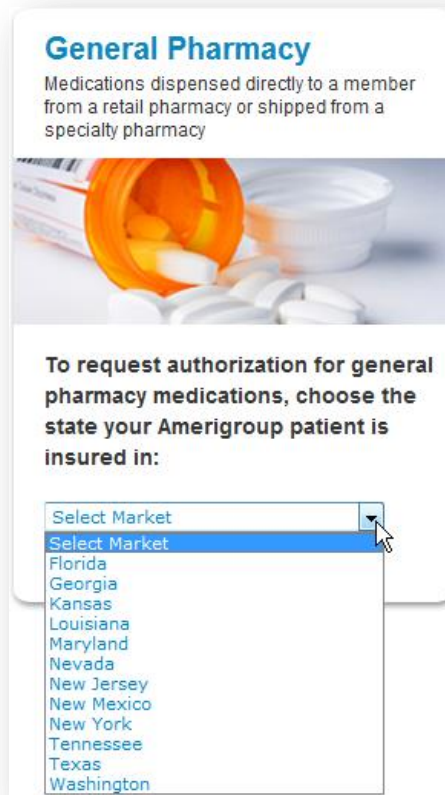
From the *Precertification* tab, navigate to *Request Precertification*:

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

### Precertification



The screenshot shows a sidebar menu titled "Precertification". At the top is a teal button labeled "Request Precertification". Below it is a yellow box with the text "Find out if precertification is required" and a right-pointing arrow. Underneath is another yellow box titled "Request precertification" with a right-pointing arrow, containing four sub-items: "General Services", "Maternity/OB", "Emergent Admission", and "Medical Injectables", each with a small teal square icon. At the bottom of the sidebar is a yellow box labeled "General Pharmacy" with a right-pointing arrow and a mouse cursor hovering over it.



The screenshot shows the "General Pharmacy" page. At the top is the heading "General Pharmacy" in blue. Below it is a paragraph: "Medications dispensed directly to a member from a retail pharmacy or shipped from a specialty pharmacy". Underneath is a photograph of an orange pill bottle spilling white pills into a white container. Below the photo is the text: "To request authorization for general pharmacy medications, choose the state your Amerigroup patient is insured in:". At the bottom is a dropdown menu with the text "Select Market" and a list of states: Florida, Georgia, Kansas, Louisiana, Maryland, Nevada, New Jersey, New Mexico, New York, Tennessee, Texas, and Washington. A mouse cursor is pointing at the dropdown arrow.

**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 if you are a Medicaid provider or 1-866-805-4589 if you are a Medicare provider.
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

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**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

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**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 1-844-493-9207 for Retail Pharmacy or 1-844-493-9209 for Medical Injectables.
- Call Provider Services at 1-800-454-3730 (for Medicaid providers).
- Call Provider Services at 1-866-805-4589 (for Medicare providers).

### 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' form with the 'Requesting Provider' and 'Requesting Provider Office' sections. The 'Requesting Provider' section includes a 'Tax ID' dropdown menu with '486005089 - William Newton Memorial Hospital' selected, and a 'Provider' dropdown menu with 'Select a Provider' selected. The 'Requesting Provider Office' section includes text input fields for 'Contact Name', 'Contact Phone', 'Ext.', and 'Contact FAX'. A 'Previous' button is on the left and a 'Next' button is on the right.

### 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' form with the 'Diagnosis' section. It includes a table for entering diagnosis codes and descriptions. The table has columns for 'Code' and 'Description'. The rows are labeled 'Primary Diagnosis', 'Diagnosis 2', 'Diagnosis 3', 'Diagnosis 4', 'Diagnosis 5', 'Diagnosis 6', 'Diagnosis 7', 'Diagnosis 8', 'Diagnosis 9', and 'Diagnosis 10'. Below the table is a 'Notes (optional)' section with a text input field and a '255 characters remaining' indicator. A 'Previous' button is on the left and a 'Next' button is on the right.

	Code	Description
Primary Diagnosis *	<input type="text"/>	
Diagnosis 2	<input type="text"/>	
Diagnosis 3	<input type="text"/>	
Diagnosis 4	<input type="text"/>	
Diagnosis 5	<input type="text"/>	
Diagnosis 6	<input type="text"/>	
Diagnosis 7	<input type="text"/>	
Diagnosis 8	<input type="text"/>	
Diagnosis 9	<input type="text"/>	
Diagnosis 10	<input type="text"/>	

**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. On the left is a vertical navigation menu with buttons for "Request Info", "Provider Info", "Diagnosis", "Supplementary", "Supporting Files", and "Review and Submit". The "Supplementary" button is highlighted. The main content area is divided into two sections: "Medication History" and "Supplemental Information".

**Medication History**

Has the member used this medication previously (if yes, please list start date)?  
  
255 characters remaining

What other medications has the member tried for this diagnosis (please list dates)?  
  
255 characters remaining

Please list other medications the member is currently taking (i.e. chemotherapy regimen)  
  
255 characters remaining

**Supplemental Information**

If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided  
  
255 characters remaining

Any additional information pertinent for review of request may be included below, or as attachment on next tab.  
  
255 characters remaining

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 (Medicaid providers) or 1-866-805-4589 (Medicare providers).
  - 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 for Medicaid providers or 1-866-805-4589 for Medicare providers.

General Pharmacy Cancel

Please review and correct the errors identified below

**Request Info**  
Provider Info  
Diagnosis  
Supplementary  
Supporting Files  
Review and Submit

**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  
Member Name  
Date Of Birth  
Gender  
Member Height  
Member Weight

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

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 in the date field to type the date or click 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 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.
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 for Medicaid providers or 1-866-805-4589 for Medicare providers.
5. Select the **Search By** category under *Drug Code*. Available options are:
  - **Drug Code**.
  - **Drug Name**.
6. Enter your search term in the *Search Text* field.
7. Select the **Search** button.
8. If the search returns multiple results, a pop-up window will display. Select the correct drug from the list.
9. Enter the **Dose**, **Frequency** and **Duration** information in each field.
10. Select the **Add** button to add up to four more drugs. Repeat steps 5-9 for each.
11. Select the **Next** button.

The screenshot shows the 'Medical Injectables' form with the 'Request Info' tab selected. The 'Authorization Request Details' section includes fields for 'Date of Submission' (6/19/2013), 'Auth Start Date' (06/19/2013), and 'Auth End Date' (12/04/2013). The 'Member Eligibility' section has a dropdown for 'ID Type' (All ID Types), an 'ID Number' field, and a 'Find Another Member' button. Below these are fields for 'Member Name', 'Date Of Birth', 'Gender', 'Member Height', and 'Member Weight'.

The screenshot shows the 'Drug Code(s)' search form. It includes a 'Search By' dropdown with radio buttons for 'Drug Code' and 'Drug Name'. The 'Search Text' field contains the text 'inte'. A 'Search' button is located below the text field. A 'Next' button is at the bottom right of the form.

**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 1-844-493-9207 for Retail Pharmacy or 1-844-493-9209 for Medical Injectables.
- Call Provider Services at 1-800-454-3730.
- Call Provider Services at 1-866-805-4589 (for Medicare providers).

## 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**.

The screenshot shows the 'Medical Injectables' form with a 'Cancel' button in the top right. On the left is a navigation menu with 'Request Info' selected. The main form has a 'Requesting Provider' section with a 'Verify the tax ID # and select the corresponding provider from the drop downs below.' instruction. It contains a 'Tax ID \*' dropdown menu with '486005089 - William Newton Memorial Hospital' selected, a 'Provider \*' dropdown menu with 'Select a Provider' selected, and a 'Primary Address' label. Below this is the 'Requesting Provider Office' section with fields for 'Contact Name \*', 'Contact Phone \*', 'Ext.', and 'Contact FAX \*'. At the bottom of this section is the 'Servicing Provider' section with the instruction 'Please identify servicing provider.' and a 'Same as Requesting Provider?' dropdown menu with 'Yes' selected. 'Previous' and 'Next' buttons are at the bottom of the form.

The screenshot shows the 'Medical Injectables' form with the 'Servicing Provider' section active. It contains the instruction 'Please identify servicing provider.' and a 'Same as Requesting Provider?' dropdown menu with 'No' selected. Below this is a search section with the instruction 'Select "Search by" type, enter the search information, then click on "Find Provider."' and a 'Search By:' section with radio buttons for 'Provider ID', 'NPI', 'TIN', 'Provider Name', and 'Facility Name'. The 'Provider ID \*' field is empty. A 'Find Provider' button is below the field. Below the search section is a 'Cannot find the provider?' section with an 'Enter a Temporary Provider' button. Below this is the 'Servicing Provider Office' section with a 'Clear Provider' button in the top right. It contains fields for 'Provider Name \*', 'NPI \*', 'Primary Address \*', 'Contact Name \*', 'Contact Phone \*', 'Ext.', and 'Contact FAX \*'. 'Previous' and 'Next' buttons are at the bottom of the form.

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.

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 (highlighted), Supporting Files, and Review and Submit. The main content area is titled "Medication History" and contains three text input fields, each with a "255 characters remaining" label. 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)". Below these is a section titled "Supplemental Information" with a sub-header: "If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided". This section contains two more text input fields, each with a "255 characters remaining" label. The second of these 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 for Medicaid providers or 1-866-805-4589 for Medicare providers.
  - 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.

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

**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 for Medicaid providers or 1-866-805-4589 for Medicare providers.
- 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.

**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)