

Precertification Requests: Services, Emergent Admissions and Maternity/OB

Use our Provider Self-Service website to determine whether a service requires precertification and to submit the following requests for members:

- Precertification for general services
- Emergent admissions
- Maternity/OB global services
- Medical Injectable



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 Provider Services.
5. Precertification request date spans can go back 7 days prior to request date for approval.
6. The request must be for an eligible member, and the requesting provider must be a participating provider.
7. You must be logged in to the Anthem Medicaid Provider Self Service website using your Availity credentials. Then click precertification and follow the steps in this guide for requesting a precertification.

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Providers can access the precertification lookup tool by logging in through the Wisconsin Medicaid provider self-service website or the Availity Web Portal.

From the Anthem Medicaid Provider Self Service website

If you are navigating to the precertification tool from www.anthem.com/wimedicaidoc:

Click on Login and enter your Availity ID and password

From the Availity website

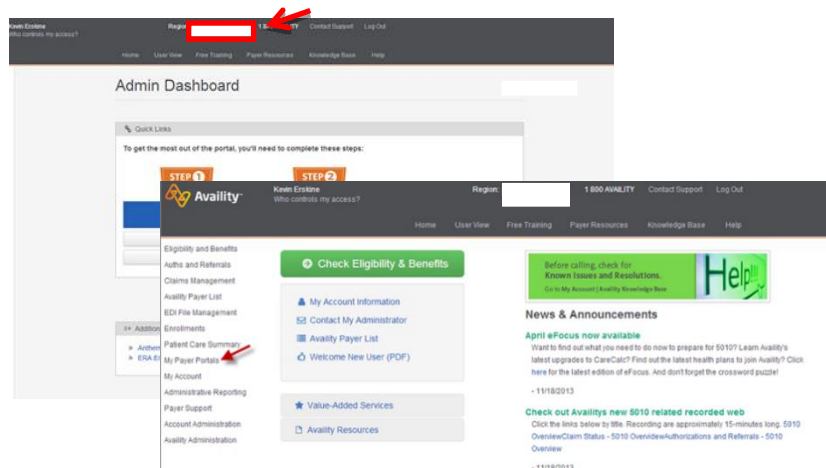
If you are navigating to the precertification tool from www.Availity.com:

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



The image shows the Availity login page. It has a header with the Availity logo. Below the header, there are two input fields: 'User ID:' and 'Password:'. Below the password field is a checkbox labeled 'Show password as I type'. At the bottom left is a link 'Help! I can't log in!'. At the bottom right is a red-bordered button labeled 'Log in'.

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



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Precertification Lookup

1. Select **Precertification** in the left hand navigation.
2. Select Precertification Look-up tool
3. Select the market and the line of business. Specify a code or code description.
4. Click **FIND A CODE** 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.

Search all other services

This tool:

- **Is for outpatient services** — inpatient services always require precertification
- **Does not show benefits coverage** — refer to our state-specific provider manuals for coverage/limitations

* - Required Field

Market *

Line of Business *

CPT/ICPCS Code or Code Description *

Find a Code

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Precertification Request for Services

Navigate to the Precertification page

1. Select Precertification from the left hand navigation
2. Click **Request**
3. Click **General Services**



Complete the **Request Info** tab

1. Click the **Authorization Type** drop-down menu and select the type of admission.
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 that corresponds with the ID type selected and click **Find Member**.
 - 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.
6. Click **Next**.

 A screenshot of the "Request Info" tab in a web application. On the left is a vertical navigation menu with five items: "Request Info" (highlighted in yellow), "Provider Info", "Diagnosis", "Supporting Files", and "Review and Submit". The main content area is titled "Request Info" and "Authorization Request Details". It includes a red note "All Fields Required". The form contains the following fields: "Submission Date" (pre-filled with 11/13/2013), "Authorization Type" (a dropdown menu with "Select Authorization Type"), "Authorization Date" (a text field with a calendar icon), and "Place of Service" (a dropdown menu with "Select Place of Service"). Below these is a section titled "Member Eligibility" with instructions: "Verify member eligibility before proceeding. Select ID Type, enter member's ID number, then click on Find Member." It includes "ID Type" (a dropdown menu with "All ID Types") and "ID Number" (a text field). At the bottom right of the form area is a blue "Find Member" link and a blue "NEXT" button with a right-pointing arrow.

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*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. Enter contact info
4. Click Add to **Enter the Servicing Provider**
 - If multiple providers are found, select the correct **Provider ID** from the list.
 - If no servicing provider is found, try the search again. Click **Clear Provider** and repeat the search by entering different provider information.
 - If the servicing provider is still not found, click the **Can't Find the Provider You are Looking For** link and enter all required information. Then, click **Save**.
5. Click **Next**.

The screenshot shows the 'Provider Info' tab selected in a sidebar menu. The main content area is titled 'Provider Info' and 'Requesting Provider'. It contains a red warning message 'All Fields Required'. Below this, there are input fields for 'Tax ID', 'Provider' (with a dropdown menu showing 'Select a Provider'), 'Primary Address', 'Contact Name', 'Contact Phone', 'Ext.', and 'Contact FAX'. At the bottom, there is a section for 'Servicing Provider' with an 'Add' button and a link 'Add Servicing Provider'. Navigation buttons 'PREVIOUS' and 'NEXT' are at the bottom right.

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*Complete the **Diagnosis** tab*

1. Enter the **Primary Diagnosis** code and click **Add Code** to add it to the request.
2. Click the **Treatment Type** drop-down menu and select the appropriate treatment.
3. Type the procedure code requested in the **Procedure Code** field. A procedure code is not required for planned inpatient services.
4. Type any relevant notes in the **Notes** field.
5. Click **Next**.

The screenshot shows the 'Diagnosis' tab of a web form. On the left is a vertical navigation menu with five items: 'Request Info', 'Provider Info', 'Diagnosis' (highlighted in yellow), 'Supporting Files', and 'Review and Submit'. The main content area is titled 'Diagnosis' in purple. It contains three sections: 'Diagnosis Codes' with a text input field and an '+ Add Code' button; 'Additional Details' with a 'Treatment Type' dropdown menu; and 'Procedure Codes' with a text input field and an '+ Add Code' button. Below these is a 'Notes' section with a text area and a '255 characters remaining' indicator. At the bottom are 'PREVIOUS' and 'NEXT' navigation links.

Request Info

Provider Info

Diagnosis

Supporting Files

Review and Submit

Diagnosis

Diagnosis Codes

Enter a diagnosis code to add it to your request. Enter a partial code to search for matches.

Diagnosis Code

+ Add Code

Additional Details

Treatment Type

Procedure Codes

Enter a procedure code to add it to your request. Enter a partial code to search for matches.

Procedure Code

+ Add Code

Notes

255 characters remaining

◀ PREVIOUS | NEXT ▶

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*Complete the **Supporting Files** tab*

1. Click **Browse** 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 **Next**.

The screenshot shows a web interface for submitting a precertification request. On the left is a vertical navigation menu with five tabs: 'Request Info', 'Provider Info', 'Diagnosis', 'Supporting Files' (which is highlighted in yellow and has a white arrow pointing right), and 'Review and Submit'. The main content area is titled 'Supporting Files' in pink. It contains the following text: 'Clinical Information supporting the Medical Necessity of your request must be submitted to Anthem. Please call, fax or attach clinical information within the next day to support the medical necessity of the requested care.' To the right of this text is a light blue box titled 'Attach Files'. Inside this box, it says: 'Attach any supporting documents for this request by selecting the file to attach below. You can attach up to 5 files for a total file size of 25 MB.' Below this text, it specifies 'Files must be formatted as: .pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff'. There is a text input field followed by a 'Browse...' button, and below that is an 'Attach' button. At the bottom right of the light blue box are navigation links: '◀ PREVIOUS | NEXT ▶'.

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Complete the **Review and Submit** tab

- 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 **Previous** to go back or click the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.
- Click **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
- Click **Submit Auth Request** when you're ready to submit your request.
- Keep a copy of the confirmation number; you will need this number if you have to follow up on your request.

Request Info	Review and Submit	
Provider Info	Authorization Request Details	
Diagnosis	Submission Date	11/13/2013
Supporting Files	Authorization Type	Inpatient
Review and Submit	Authorization Date	Edit Now
	Place of Service	Select Place of Service Edit Now
	Member Eligibility	
	Member Name	Edit Now
	Date Of Birth	
	Requesting Provider	
	Tax ID	481058737
	Provider	Select a Provider Edit Now
	Primary Address	
	Contact Name	Edit Now
	Contact Phone	Edit Now
	Ext.	
	Contact FAX	Edit Now
	Servicing Provider	

Pre-Authorization

Auth Request is Submitted

Print
Submit Another Request

Your request has been submitted.
The request is: **Pended**
Confirmation #: 101-1001-000123
Current disclaimer

Notes:

- Precertification requests may pend 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 with your online requests, call Provider Services at 1-855-558-1443.

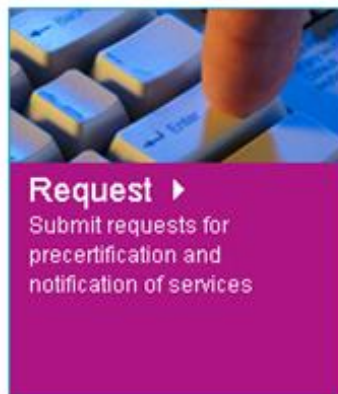
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Emergent Admission Request

Navigate to the Emergent Admission page

1. Select Precertification from the left hand navigation
2. Click **Request**
3. Click **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**.
4. Type the ID number that corresponds with the ID type selected and click **Find Member**.
 - 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.
5. Click **Next**.

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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.

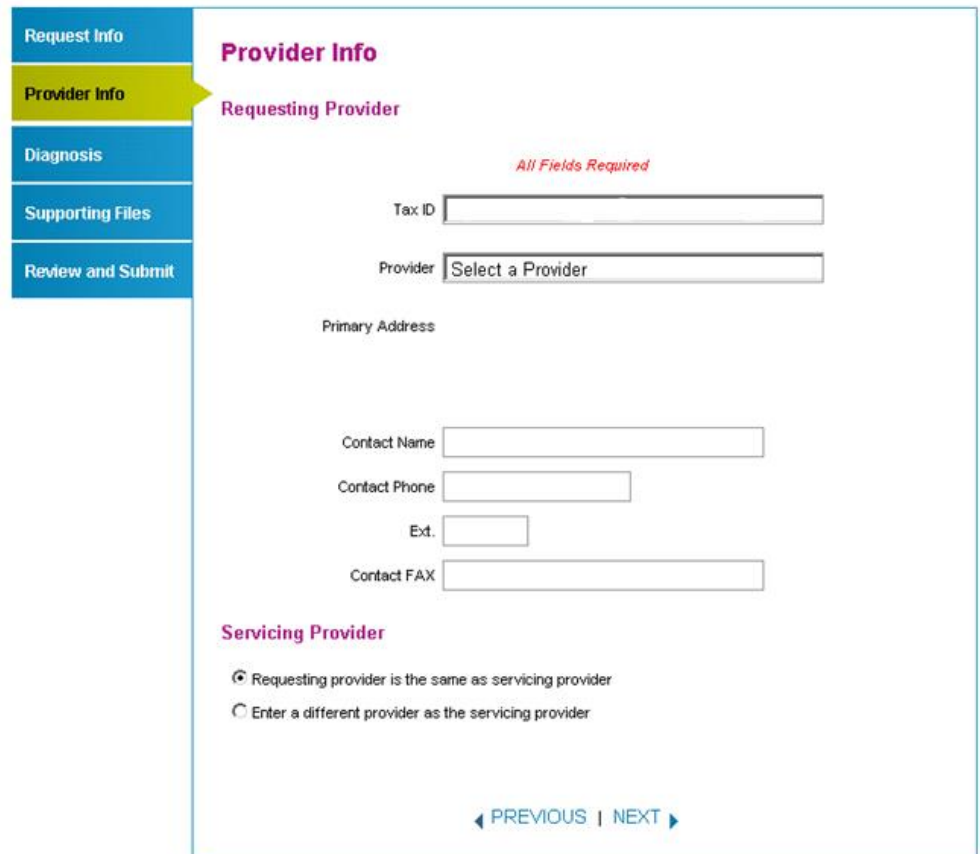
3. Enter the contact information

4. Select the corresponding **Search by** radio button to search for the servicing provider under the **Servicing Provider** section.

5. Type the appropriate provider ID or name in the **ID** field. Click **Find Provider**. The provider's information will populate on the screen.

- If multiple providers are found, select the correct **Provider ID** from the list.
- If no servicing provider is found, try the search again. Click **Clear Provider** and repeat the search by entering different provider information.
- If the servicing provider still is not found, click the **Can't Find the Provider You are Looking For** link and enter all required information. Then, click **Save**.

5. Click **Next**.



The screenshot shows the 'Provider Info' tab selected in the left-hand navigation menu. The main content area is titled 'Provider Info' and contains a 'Requesting Provider' section. This section includes a red note 'All Fields Required' and input fields for 'Tax ID' and 'Provider' (a dropdown menu showing 'Select a Provider'). Below these are fields for 'Primary Address', 'Contact Name', 'Contact Phone', 'Ext.', and 'Contact FAX'. The 'Servicing Provider' section follows, featuring two radio buttons: 'Requesting provider is the same as servicing provider' (selected) and 'Enter a different provider as the servicing provider'. At the bottom right of the form area are 'PREVIOUS' and 'NEXT' navigation links.

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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. If you receive an error message, re-enter the primary diagnosis code and press tab.
2. Enter up to 9 additional diagnosis codes to the request.
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 **Type of Service** drop-down menu and select the appropriate treatment.
5. Type any relevant notes in the **Notes** field.
6. Click **Next**.

The screenshot shows the 'Diagnosis' tab of a web form. On the left is a vertical navigation menu with five items: 'Request Info', 'Provider Info', 'Diagnosis' (highlighted in yellow), 'Supporting Files', and 'Review and Submit'. The main content area is titled 'Diagnosis' in purple. Below this is a section 'Diagnosis Codes' with the instruction 'Enter a diagnosis code to add it to your request. Enter a partial code to search for matches.' It features a text input field labeled 'Diagnosis Code' and a blue button with a plus icon and the text 'Add Code'. Below this is the 'Additional Details' section, which includes a 'Treatment Type' dropdown menu with 'Select a Treatment Type' as the selected option, and a checkbox labeled 'Is this a maternity notification?'. The 'Notes' section at the bottom has a text area with a character count '255 characters remaining'. At the very bottom of the form are 'PREVIOUS' and 'NEXT' navigation links with arrows.

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*Complete the **Supporting Files** tab*

1. Click **Browse** 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 **Next**.

The screenshot shows the 'Supporting Files' tab selected in a sidebar menu. The main content area is titled 'Supporting Files' and contains instructions: 'Clinical Information supporting the Medical Necessity of your request must be submitted to Anthem. Please call, fax or attach clinical information within the next day to support the medical necessity of the requested care.' To the right, there is a light blue box titled 'Attach Files' with the text: 'Attach any supporting documents for this request by selecting the file to attach below. You can attach up to 5 files for a total file size of 25 MB.' Below this, it lists required file formats: '.pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff'. There is a text input field with a 'Browse...' button next to it, and an 'Attach' button below. At the bottom of the light blue box are 'PREVIOUS' and 'NEXT' navigation links.

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Complete the **Review and Submit** tab

1. Review the information you entered for the emergent admission 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 **Previous** to go back or 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 Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.

3. Click **Submit Auth Request** 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 request.

Request Info	Review and Submit	
Provider Info	Authorization Request Details	
Diagnosis	Submission Date	11/13/2013
Supporting Files	Admission Date	Admission Date is required Edit Now
Review and Submit	Place of Service	21 - Inpatient Hospital
	Member Eligibility	
	Member Name	Member is required Edit Now
	Date Of Birth	
	Requesting Provider	
	Tax ID	481058737
	Provider	Select a Provider Edit Now Requesting Provider ID is required
	Primary Address	
	Contact Name	Requesting Provider Contact Name is required Edit Now
	Contact Phone	Requesting Provider Contact Phone is required Edit Now
	Ext.	

Emergent Admission

Auth Request is Submitted

Print
Submit Another Request

Your request has been submitted.
The request is: Approved
Confirmation #: xx-xxx-000123
Current disclaimer
Authorization #: 10000163

Notes:

- All precertification requests are approved unless considered late notifications.
- 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 with your online requests, call Provider Services at 1-855-558-1443.

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- **Maternity/OB Request**

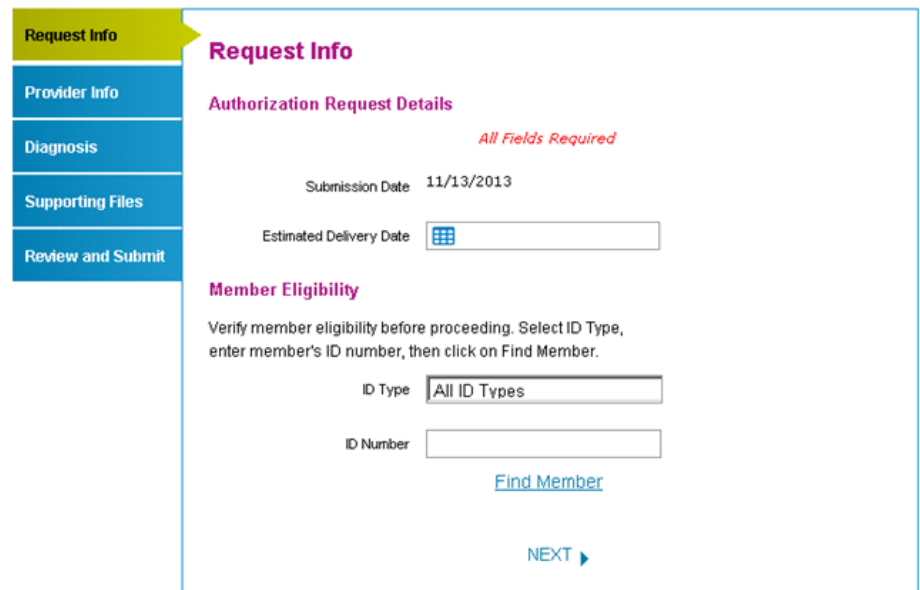
Navigate to the *Maternity/OB* page

1. Select Precertification from the left hand navigation
2. Click **Request**
3. Click **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 **Find Member**.
 - 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.
4. Click **Next**.



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*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 **Enter the Servicing Provider** section.
4. Type the appropriate provider ID or name in the **ID** field. Click **Find Provider**. The provider's information will populate on the screen.
 - If multiple providers are found, select the correct **Provider ID** from the list.
 - If no servicing provider is found, try the search again by clicking **Clear Provider** and repeating the search by entering different provider information.
 - If the servicing provider still is not found, click the **Can't Find the Provider You are Looking For** link and enter all required information. Then, click **Save**.
5. Click **Next**.

Request Info
Provider Info
Diagnosis
Supporting Files
Review and Submit

Provider Info

Requesting Provider

All Fields Required

Tax ID

Provider

Primary Address

Contact Name

Contact Phone

Ext.

Contact FAX

Servicing Provider

☒ Requesting provider is the same as servicing provider
☐ Enter a different provider as the servicing provider

[PREVIOUS](#) | [NEXT](#)

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*Complete the **Diagnosis** tab*

1. Click the **Code** drop-down menu and select the 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 up to 9 additional diagnosis codes to the request.
3. Type any relevant notes in the **Notes** field.
4. Click **Next**.

The screenshot shows the 'Diagnosis' tab selected in a sidebar menu. The main content area is titled 'Diagnosis' and contains the following elements:

- Diagnosis Codes** section:
 - Instruction: 'Select the primary diagnosis from the list and click Add to include it with your request.'
 - Primary Diagnosis: A dropdown menu with the placeholder text 'Select a Diagnosis Code'.
 - Add: A blue button.
 - Instruction: 'For additional diagnosis codes, enter a code or partial code to search for matches and click Add Code.'
 - Diagnosis Code: A text input field.
 - Add Code: A blue button with a plus icon.
- Notes** section:
 - A text area for notes.
 - 255 characters remaining: A character count indicator.
- Navigation: 'PREVIOUS' and 'NEXT' buttons with arrows.

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*Complete the **Supporting Files** tab*

1. Click **Browse** 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 **Next**.

The screenshot shows the 'Supporting Files' tab selected in a sidebar menu. The main content area is divided into two sections: 'Supporting Files' and 'Attach Files'. The 'Supporting Files' section contains text about submitting clinical information. The 'Attach Files' section provides instructions on attaching documents, including a file size limit of 25 MB and a list of acceptable file formats. It features a 'Browse...' button, an 'Attach' button, and 'PREVIOUS' and 'NEXT' navigation links.

Request Info
Provider Info
Diagnosis
Supporting Files
Review and Submit

Supporting Files

Clinical Information supporting the Medical Necessity of your request must be submitted to Anthem. Please call, fax or attach clinical information within the next day to support the medical necessity of the requested care.

Attach Files

Attach any supporting documents for this request by selecting the file to attach below. **You can attach up to 5 files for a total file size of 25 MB.**

Files must be formatted as:
.pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff

Browse...

Attach

◀ **PREVIOUS** | **NEXT** ▶

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Complete the **Review and Submit** tab

- Review the information you entered for the maternity/OB 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 **Previous** to go back or click the tab on the left side of the screen to navigate directly to a particular tab and make edits to the information entered.
- Click **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
- Click **Submit Auth Request** when you're ready to submit your request.
- Keep a copy of the confirmation number; you will need this number if you have to follow up on your request.

Request Info	Review and Submit	
Provider Info	Authorization Request Details	
Diagnosis	Submission Date	11/13/2013
Supporting Files	Estimated Delivery Date	Estimated Delivery Date is required Edit Now
Review and Submit	Member Eligibility	
	Member Name	Member is required Edit Now
	Date Of Birth	
	Requesting Provider	
	Tax ID	481058737
	Provider	Select a Provider Edit Now
	Primary Address	
	Contact Name	Requesting Provider Contact Name is required Edit Now
	Contact Phone	Requesting Provider Contact Phone is required Edit Now

Maternity/OB

Auth Request is Submitted

Print
Submit Another Request

Your request has been submitted.
The request is: Approved
Confirmation #: XX-XXX-000123
Authorization #: 10000165

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.

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

- If you continue to have issues with your online requests, call Provider Services at 1-855-558-1443.

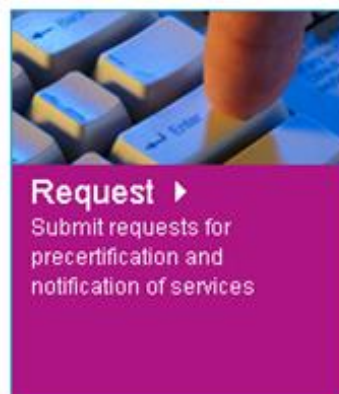
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Medical Injectables Request

Navigate to the *Medical Injectables* page

1. Select Precertification from the left hand navigation
2. Click **Request**
3. Click **Medical Injectables**



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.
 - Click in the date field to type the date or click the calendar icon to select a date.
2. Click 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 click **Find Member**.
 - 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.
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. Click **Search**.



Request Info

Authorization Request Details

All Fields Required

Submission Date: 11/13/2013

Authorization Date:

Authorization End Date:

Member Eligibility

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

ID Type:

ID Number:

[Find Member](#)

Drug Code(s)

Enter at least one drug code. Search up to 6 codes at one time.

Search By: ☐ Drug Code ☐ Drug Name

Search Text:

[NEXT](#)

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8. If the search returns multiple results, a pop-up window will display. Select the correct drug from the list.

Multiple drug codes were found. Please select the correct drug code to proceed.

HCPCS	Drug Name	Brand/Generic	Dosage	Strength and UOM	One HCPCS Equivalent
J1327	INTEGRILIN	Brand	SOLUTION	0.75 MG/ML	Injection, eptifibatide, 5 mg
J1327	INTEGRILIN	Brand	SOLUTION	2 MG/ML	Injection, eptifibatide, 5 mg

9. Enter the **Dose**, **Frequency** and **Duration** information in each field.

10. Click **Add** to add up to five more drugs. Repeat steps 5–9 for each.

11. Click **Next**.

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

- Submit a second request using the online tool
- Call Provider Services at 1-855-558-1443

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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. 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.

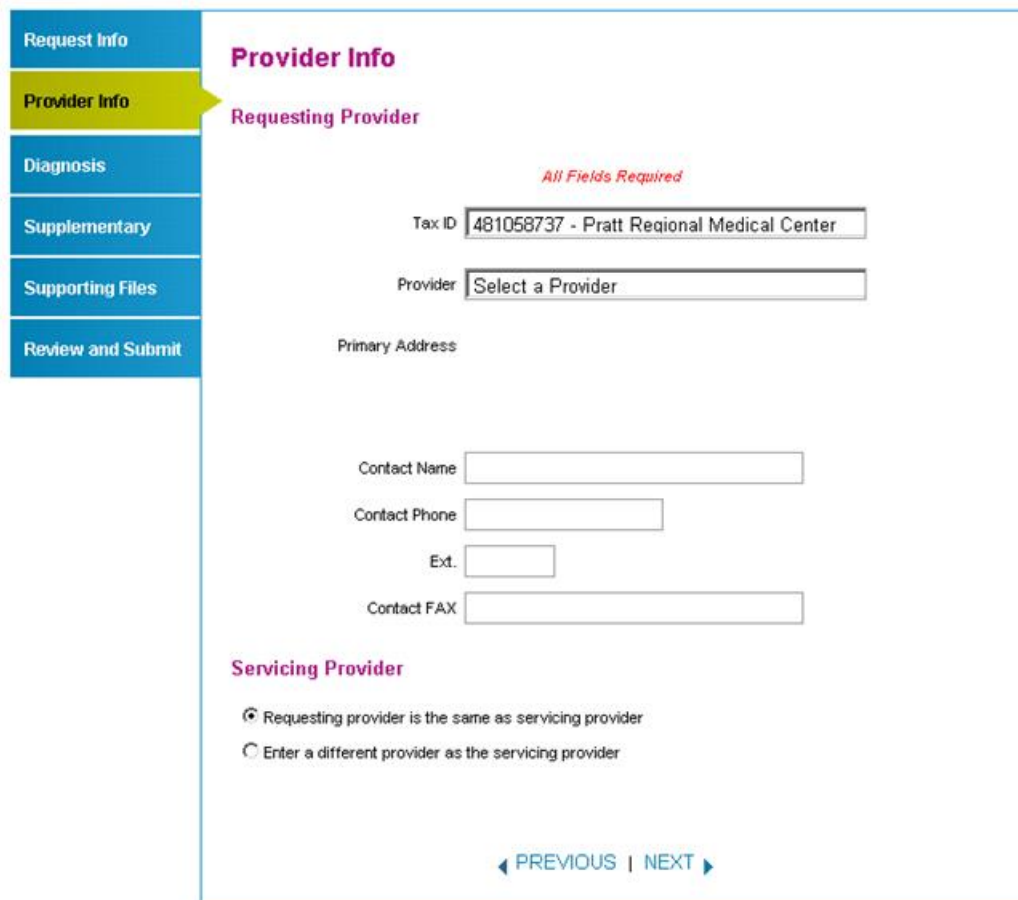
4. Select the corresponding **Search by** radio button to search for the servicing provider under the **Enter the Servicing Provider** section.

5. Type the appropriate provider ID or name in the **Provider ID** field. Click **Find Provider**. The provider's information will populate on the screen.

- If multiple providers are found, select the correct **Provider ID** 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 is still not found, click the **Can't Find the Provider You are Looking For** link and enter all required information. Then, click **Save**.

6. Enter the contact information in the **Servicing Provider Office** section.

7. Click **Next**.



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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 if the code is valid.

If you receive an error message, re-enter the primary diagnosis code.

2. Enter additional diagnosis codes, if known, by repeating step 1.
3. Type notes in the **Notes** field if appropriate.
4. Click **Next**.

The screenshot shows the 'Diagnosis' tab selected in a sidebar menu. The main content area is titled 'Diagnosis' and contains a section for 'Diagnosis Codes'. It includes a text input field labeled 'Diagnosis Code', a blue button with a plus icon and the text 'Add Code', and a 'Notes' section with a text area and a character count '255 characters remaining'. At the bottom, there are navigation links 'PREVIOUS' and 'NEXT'.

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*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. Click **Next**.

The screenshot shows the 'Supplementary Info' tab selected in a sidebar. The sidebar contains the following tabs: Request Info, Provider Info, Diagnosis, Supplementary (highlighted with a yellow arrow), Supporting Files, and Review and Submit. The main content area is titled 'Supplementary Info' and contains two sections: 'Medication History' and 'Supplemental Information'. Each section has three text input fields, each with a '255 characters remaining' indicator and a 'PREVIOUS | NEXT' navigation bar at the bottom.

Request Info
Provider Info
Diagnosis
Supplementary
Supporting Files
Review and Submit

Supplementary Info

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

◀ PREVIOUS | NEXT ▶

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*Complete the **Supporting Files** tab*

1. Click **Browse** 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's important to provide supporting medical information for certain types of drugs (i.e., biomarker testing or pertinent labs). Giving us this supporting documentation helps us to make a decision and process the precertification request quickly. If you're unsure about what type of information is needed, please call Provider Services.
 - 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 **Next**.
5. If you have over five supporting files to attach, please submit them via fax.

The screenshot shows the 'Supporting Files' tab selected in a sidebar menu. The main content area is titled 'Supporting Files' and contains the following text: 'Clinical Information supporting the Medical Necessity of your request must be submitted to Anthem. Please call, fax or attach clinical information within the next day to support the medical necessity of the requested care.' To the right, there is a section titled 'Attach Files' with the text: 'Attach any supporting documents for this request by selecting the file to attach below. You can attach up to 5 files for a total file size of 25 MB.' Below this text, it says 'Files must be formatted as: .pdf, .xls, .xlsx, .doc, .docx, .tif, or .tiff'. There is a text input field followed by a 'Browse...' button, and an 'Attach' button below that. At the bottom right of the main content area, there are links for 'PREVIOUS' and 'NEXT'.

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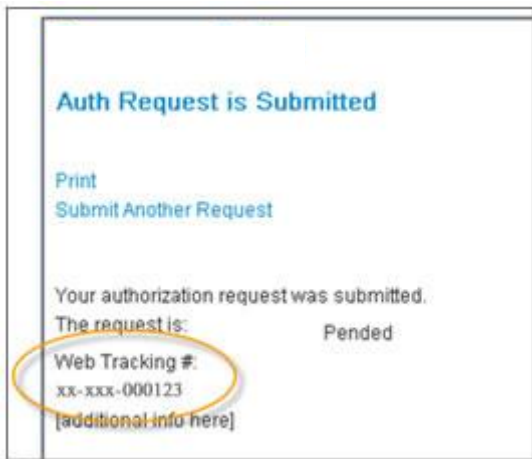
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Complete the **Review and Submit** tab

1. Review the information you entered for the precertification request.
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 - To go back, click **Previous**. To navigate directly to a particular tab and make edits to the information entered, click the tab on the left side of the screen.
2. Click **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
3. Click **Submit Auth** when you're 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 are needed for the same member, click **Submit Another Request**.

Request Info	Review and Submit	
Provider Info	Authorization Request Details	
Diagnosis	Submission Date	11/13/2013
Supplementary	Authorization Date	11/13/2013
Supporting Files	Authorization End Date	5/13/2014
Review and Submit	Member Eligibility	
	Member Name	Member is required Edit Now
	Date Of Birth	
	Gender	
	Member Height	
	Member Weight	
	Drug Code(s)	
	No Drug Codes	No drug codes selected Edit Now
	Requesting Provider	
	Tax ID	481058737
	Provider	Select a Provider Edit Now
	Primary Address	
	Contact Name	Requesting Provider Contact Name is required Edit Now
	Contact Phone	Requesting Provider Contact Edit Now



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.

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

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