

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 on-site 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 **1-844-396-2330**.
- 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 Nevada Medicaid member. You must be logged in to <https://mediproviders.anthem.com/nv> or <https://www.availity.com> and have selected one of the menu options shown in the following examples.

<https://mediproviders.anthem.com/nv>

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://medproviders.anthem.com/nv>:

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

The screenshot shows the home page for Nevada Providers. At the top left is the Anthem Blue Cross and Blue Shield logo. To the right is a photo of a family. Below the photo is a purple banner with the text "Nevada Providers". To the right of the banner are "Login" and "Register" buttons, with "Login" highlighted by a red box. Below the banner is a navigation menu with options: Home, Join Our Network, Claims, Precertification, Medical, and Pharmacy. The "Precertification" option is highlighted. To the right of the navigation menu is a "News & Announcements" section with a headline: "New Amerigroup Community Care is now Anthem Blue Cross and Blue Shield Healthcare Solutions". Below the headline is a paragraph of text and a "read more" link. To the right of the news section is a "Useful Publications" section with two items: "Provider Communications & Updates" and "Manuals, Directories, Training & More". Below the publications is a "Useful Links" section with three links: "Nevada Division of Health Care Financing and Policy", "Office of Consumer Health Assistance", and "Assistance".

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

The screenshot shows the same home page as above, but with the "Precertification" option in the navigation menu highlighted with a red box. The "Viewing" dropdown menu is open, showing "Nevada" selected. Below the dropdown menu is a "Useful Publications" section with two items: "Provider Communications & Updates" and "Provider Manuals, Directories and Quick Reference Guides".

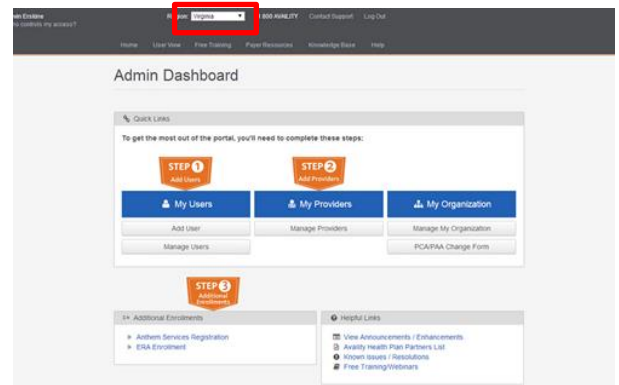
From the Availity Portal

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

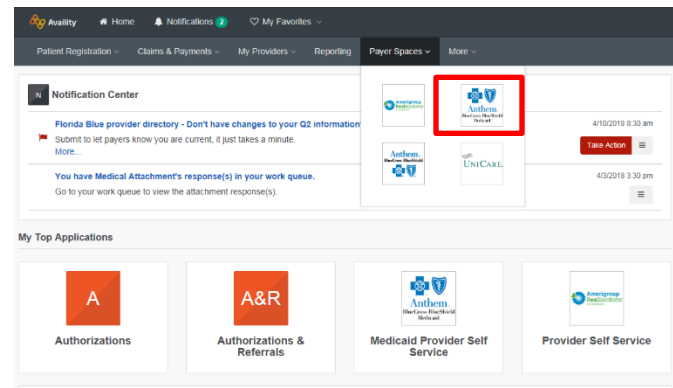
1. Select **Log in** and enter your Availity user ID and password.



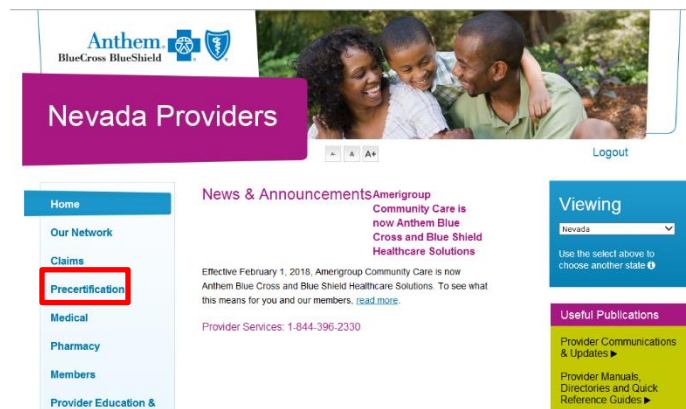
2. Select Nevada from the drop-down list in the top tool bar.



3. Select the Anthem Blue Cross and Blue Shield Healthcare Solutions logo from *Payer Spaces* in the center top tool bar.



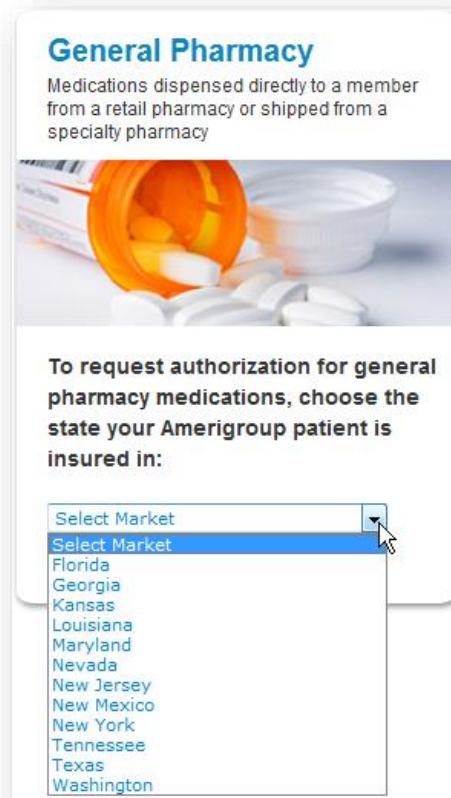
4. Select the **Precertification** tab from the left-hand navigation of our provider self-service website.



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.



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 **1-844-396-2330**.

5. Select the **Search By** category under *Drug Code*. Available options are:

- **Drug Code**.
- **Drug Name**.

The screenshot shows the 'General Pharmacy' interface. On the left is a navigation menu with 'Request Info' selected. The main content area is titled 'Authorization Request Details' and includes a 'Cancel' button in the top right. Below the title is a note: 'Please complete all fields. Fields with red asterisks are required.' The 'Date of Submission' is 3/7/2013. The 'Auth Start Date' is 03/07/2013 and the 'Auth End Date' is 09/07/2013. The 'Member Eligibility' section prompts the user to verify member eligibility by selecting an ID Type (currently 'All ID Types'), entering an ID Number, and clicking 'Find Member'. Below this are fields for Member Name, Date of Birth, Gender, Member Height, and Member Weight. The 'Drug Code(s)' section states 'Add up to 5 drug codes. At least 1 drug code is required.' It has a 'Search By' dropdown set to 'Drug Code', a 'Search Text' field, and a 'Search' button. Below the search are fields for 'Drug Name/Code', 'Quantity', 'Strength', 'Frequency' (set to 'Daily'), and 'Duration' (set to '1 Month'), with an 'Add' button. A table displays the results of the search:

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

At the bottom right of the form is a 'Next' button.

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 to 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 **1-844-490-4874** for retail pharmacy or **1-844-490-4876** for medical injectables.
- Call Provider Services at **1-844-396-2330**.

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' tab selected. The form has a sidebar with tabs: Request Info, Provider Info, Diagnosis, Supplementary, Supporting Files, and Review and Submit. 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. Below this is the 'Requesting Provider Office' section with fields for 'Contact Name *', 'Contact Phone *', 'Ext.', and 'Contact FAX *'. At the bottom are 'Previous' and 'Next' buttons.

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' tab selected. The sidebar tabs are the same as in the previous screenshot. The 'Diagnosis' section includes a header 'Please enter diagnosis code(s) below:' and a table with columns 'Code' and 'Description'. The table has 10 rows 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 area and '255 characters remaining' below it. At the bottom are 'Previous' and 'Next' buttons.

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 side, there is a vertical navigation menu with the following items: "Request Info", "Provider Info", "Diagnosis", "Supplementary" (which is highlighted), "Supporting Files", and "Review and Submit".

The main content area is divided into two sections:

- Medication History**: This section contains three text input fields, each with a "255 characters remaining" label. The first field is preceded by the question "Has the member used this medication previously (if yes, please list start date)?". The second field is preceded by "What other medications has the member tried for this diagnosis (please list dates)?". The third field is preceded by "Please list other medications the member is currently taking (i.e. chemotherapy regimen)".
- Supplemental Information**: This section contains two text input fields, each with a "255 characters remaining" label. The first field is preceded by the instruction "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 preceded by "Any additional information pertinent for review of request may be included below, or as attachment on next tab."

At the bottom of the form, there 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 (for example, 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 **1-844-396-2330**.
 - 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.

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]

Notes:

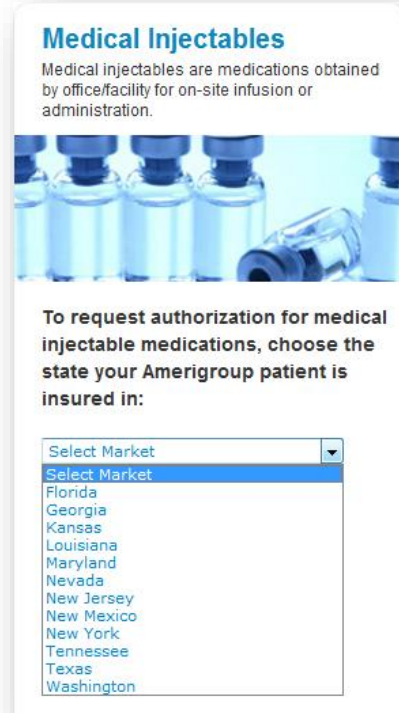
- You will receive an error message if there are problems with your request. Review the information on the *Review and Submit* tab and try again.
- If you continue to have issues with your online requests, call Provider Services at **1-844-396-2330**.

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.



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 **1-844-396-2330**.
5. Select either **Drug Code** or **Drug Name** in the *Search By* section.
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 to 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' set to 'All ID Types', an 'ID Number' field, and a 'Find Another Member' button. Below this, there 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' section with radio buttons for 'Drug Code' and 'Drug Name'. The '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 **1-844-490-4874** for retail pharmacy or **1-844-490-4876** for medical injectables.
- Call Provider Services at **1-844-396-2330**.

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 and requesting providers are the same. 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**.
8. Enter the contact information in the *Servicing Provider Office* section.
9. Select the **Next** button.

The screenshot shows the 'Medical Injectables' form with the 'Requesting Provider' section active. A sidebar on the left contains tabs for 'Request Info', 'Provider Info', 'Diagnosis', 'Supplementary', 'Supporting Files', and 'Review and Submit'. The 'Requesting Provider' section includes a 'Tax ID' dropdown menu (selected: 486005089 - William Newton Memorial Hospital), a 'Provider' dropdown menu (selected: Select a Provider), and a 'Primary Address' field. Below this is the 'Requesting Provider Office' section with fields for 'Contact Name', 'Contact Phone', 'Ext.', and 'Contact FAX'. The 'Servicing Provider' section is partially visible, with a 'Same as Requesting Provider?' dropdown menu (selected: Yes) and 'Previous' and 'Next' buttons at the bottom.

The screenshot shows the 'Medical Injectables' form with the 'Servicing Provider' section active. It includes a 'Same as Requesting Provider?' dropdown menu (selected: No), a search section with radio buttons for 'Provider ID', 'NPI', 'TIN', 'Provider Name', and 'Facility Name', and a 'Provider ID' input field. There is a 'Find Provider' button and a blue button labeled 'Enter a Temporary Provider'. Below this is the 'Servicing Provider Office' section with fields for 'Provider Name', 'NPI', 'Primary Address', 'Contact Name', 'Contact Phone', 'Ext.', and 'Contact FAX'. A blue 'Clear Provider' button is located to the right of the 'Provider Name' field. 'Previous' and 'Next' buttons are at the bottom.

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**, 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" 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)". Below these is a section titled "Supplemental Information" with 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 **1-844-396-2330**.
 - 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 to 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 **1-844-396-2330**.
- 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: Pending

Web Tracking #: **KSPW000049**
[additional info here]