



## Before Using the AmeriBen Provider Portal

- a. Verify the internet browser you are using will accept cookies. Please contact your administrator or technology help desk with any questions regarding security settings.
- b. If you have not created a profile for the portal this must be completed first. If you have already created a profile but you have not submitted an authorization request in the last 12 months through the Provider Portal you will be required to create a new profile.
- c. For more detailed benefit information please call our Customer Service Representatives at 1-800-786-7930.

## How to Submit Patient Authorizations

### Step 1: Select a member and classification

- 1) From the tool bar on the left of your screen, Select the clipboard and then under *Pre Certification Requests*, select *Submit Authorization Request*.
- 2) If more than one user is authorized to submit requests on behalf of the provider, you will see the option *Submitted By*.
  - a. If *Submitted By* is an option, select your user name from the drop down box.
  - b. If *Submitted By* is not an option, proceed to enter the *Auth Class*.
- 3) Select from the *Auth Class* drop down box.
  - a. **Note:** All acute inpatient, residential care, partial hospitalization and intensive outpatient mental health and substance abuse treatments will be considered inpatient.
- 4) Select from the *Auth Sub-Class*. Please see the FAQ page for definitions of classes and subclasses.
- 5) **Member:** Do not enter information into the *Member* search function. Instead, select *Search* and enter the patient's ID # and one of the following: date of birth or first and last name. Select *Search* to find a list of matching patient IDs.
- 6) Select the correct patient, attach it to the authorization by pressing the *double arrows* at the far right hand side of the screen.
  - a. This will attach the patient's name to the authorization and allow you to look at any previous authorizations you have created for this patient.
  - b. To look at previous authorization details, press the expand arrow to the left of any authorization number.
- 7) Select *Continue* at the bottom of the page.

### Step 2: Complete detail fields

- 1) Your provider's name should appear as the *Requesting Provider*.



- a. The “**Servicing Provider**” will be the facility where the procedure or hospitalization will take place if the request is for *inpatient*.
    - b. If your request is for *outpatient* this will be the provider who is performing the service. Enter the *Servicing Provider*, even if it is the same as the requesting provider by typing in the box, or selecting the search option to search using additional demographics.
  - 2) If using the search feature select the correct provider and add the name to the authorization by pressing the double arrow button to the far right of the name, if it doesn’t auto populate.
    - b. The **Servicing Provider** will be the facility where the procedure or hospitalization will take place if the request is for *inpatient*. If your request is for *outpatient* this will be the provider who is performing the service.
    - c. On applicable Inpatient requests you will have the option to enter an attending provider if it is known.
  - 3) **Chief Complaint** is an optional field.
  - 4) Enter the **diagnosis code** or part of the description and select *search*. **Please note:** ICD-9 codes must be entered with the decimal point and ICD-10 codes must be entered without the decimal point. Also the Diagnosis and Service code description results are truncated to 100 characters.
    - a. When you find the diagnosis you are looking for, press the double arrow button to the far right of the description; this will add it to the authorization. You can add multiple diagnosis codes, if appropriate.
    - b. If you have selected the wrong code you can delete it by pressing the “**X**” to the right of the description.
  - 5) Enter the service code by entering the **CPT/HCPCS code** OR the description and select *search*. **Please note:** Diagnosis and Service code description results are truncated to 100 characters.
    - a. If the code does not auto populate, press the double arrow button to the far right of the description; this will add it to the authorization. You can add multiple service codes, if applicable.
    - b. If you have selected the wrong code you can delete it by pressing the “**X**” to the right of the description.
    - c. If you are requesting a surgical code you will have the option to select the quantity. For example, 2 total knee arthroplasty.
  - 6) Select your **requested dates of service** by entering the first date as either today, if date is unknown; or for the planned date for the service
  - 7) Enter the end date the same way.
- Note:** Outpatient requests will usually have a 30-day date span. If this is an inpatient request, your first date and end date will be the initial date span you are requesting. For example, if the planned date of service is for May 2nd and you are requesting 3 inpatient days, your end date would be May 4th.



- 8) Select your *priority*. Choices are *Expedited* or *Standard*. **If the service is to occur in the next 24 hours please call AmeriBen Medical Management.**
- 9) You may add any additional information you would like to include with the request in the extra space provided under ***Additional Information***.  
Please include:
  - a. Point of contact individual and contact phone number.
  - b. Date span for requested outpatient services or days requested for inpatient stay.
  - c. If the request is for Durable Medical Equipment, please list approximate cost so determination can be made if Precertification is required.
- 10) Select ***Submit Auth Request*** in the lower right corner. Once you select the *Submit Auth Request* button you will not be able to make any changes to previously entered information.
  - a. **Note:** If you continue on to step 3 of the portal and you find that you have made an error, you will need to cancel your request or make changes by contacting AmeriBen Medical Management to void and cancel your request.

### Step 3: Document medical necessity

- 1) In the lower right corner, select your primary code and press ***Launch CarewebQI***.
- 2) Another window will open, and will display all the information you have entered thus far.
- 3) Select ***Document*** and select the correct guideline. If only one guideline pulls up check the boxes that indicate the reason you are making the request in regards to this patient.
  - a. Additional notes of up to 250 characters may be inserted by pressing the yellow sticky note icon to the right of any given description.
  - b. If there are no guidelines that are appropriate, or if no guideline populates for the services requested, please select ***No Guideline Applies*** and enter pertinent clinical information into the text box.
- 4) You will have the option to re-document or completely remove the documentation just entered.
- 5) At this point if you need to cancel your request or make changes, please contact AmeriBen Medical Management to void and cancel your request.
- 6) Select ***Submit*** if you are satisfied with your documentation

### Step 4: Attach supporting documentation

- 1) **Note: Submission of clinical documentation is required to support medical necessity.** Please attach clinical documentation as incomplete authorization requests may result in delayed processing.



- 2) If you do have documentation and select **yes**, then select either **paper documents**, **electronic files**, or **both**.
  - a. By selecting **paper documents**, you will be prompted to print a fax cover sheet that will include our fax number for you to submit the documentation.
  - b. If you select **electronic files**, you will be prompted to upload the files to the authorization request. Once you have selected your document do not forget to select **Upload Document** or your document will not be saved to the authorization request.
  - c. If you select **both**, both prompts will appear, and you will print the fax cover sheet to submit paper documentation as well as upload the electronic files.
  - d. When you have done either or both of these steps, press **Continue** in the lower right corner of the box. This will submit the authorization and assign you a reference #.
  - e. If you select **No**, press the **Continue** button in the lower right corner of the box.
- 3) Select **Continue**, when you are finished adding documentation.

### Step 5: View confirmation and PDF summary.

- 1) You will be assigned a pending authorization reference number and you will see your authorization request status. Select **Print Summary** in the upper right corner of the box to print your authorization summary.

If you have already been provided a pending authorization request number and need to cancel your request, please contact AmeriBen Medical Management to void and cancel.
- 2) You may submit another request by pressing **Submit Another Request** or simply log out.

If you have process questions, please see the step by step video attached to MyAmeriBen.com along with a Frequently Asked Question (FAQ) page.

## Instructions for Viewing Submitted Authorizations

- 1) Select **My Authorizations** from the drop down box under *the Pre Certification Request* tab in the upper left hand corner of the screen.
- 2) Select **Created Date Range** - The only information required for this screen is the created date range. Entering a date range in these fields will pull up all of your requested authorizations within the date range you specify.

**Note:** You are also able to search by specific authorization #s or by patient name; however, you will still need to enter a date range.
- 3) Select **Search** once you have your information entered.
- 4) The specific authorization request or a list of your authorization requests will be displayed and the status of your request will be displayed to the far right.

**Note:** Please reference the FAQ page at MyAmeriBen.com for definitions of each status.



- 5) Select the ***authorization number*** to view the authorization detail including the number of units and/or days authorized versus how many were requested.
  - a. Select ***Export to PDF*** in the upper right corner to print for your records.