

Using the

# AmeriBen Provider Portal



# Before using the AmeriBen Provider Portal

- Verify the internet browser you are using will accept cookies and your administrator or technology help desk has listed the website to the Provider Portal as a safe site. Please contact your administrator or technology help desk with any questions regarding security settings.
- If you have not created a profile for the portal this must be completed first. Visit [www.MyAmeriBen.com](http://www.MyAmeriBen.com) and select and follow the instructions on the Provider Signup hyperlink.
- For more detailed benefit information please call our Customer Service Representatives at **1-800-786-7930**.

## Submitting 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 the provider you are submitting for from the drop down box if you have permissions to submit for more than one provider
  - 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 and residential care 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 name**, 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 the detail fields

1. Your provider's name should appear as the **Treating/Attending Prac.**
  - a. The **"OTR Treat/Atten Prac"** will be the ordering provider when treating and servicing provider are the same.
  - b. The **"Servicing PRV/Facility"** will be the facility where the procedure or hospitalization will take place if the request is for inpatient.
  - c. 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.
  - a. The **OTR Treat/Atten Prac** will be the ordering provider when treating and servicing are the same.
  - b. The **Servicing PRV/Facility** 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. Do not add any special characters to the data entered in this field as it will create errors in final processing (ie. @ % \* \$ #).
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 60-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 Urgent or Standard. **If the service is to occur in the next 24 hours please call AmeriBen Medical Management.**
  9. Add any additional information regarding this 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 or Specialty medications 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

**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: 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 completed 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 number.
  - 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 4: 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, review the Frequently Asked Question (FAQ) page or contact AmeriBen Medical Management.**



# 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](http://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.

