Submitting an Authorization in Availity

Behavioral Health Outpatient Job Aid

Please refer to the prior authorization list (PAL) Tool at **pal.sentarahealthplans.com** to view authorization requirements for in-network providers.

- Click on Authorizations & Referrals tile
- Click on Authorization Request
- Organization: Sentara Health Administration
- Templates: No template selected
- Payer: Sentara Behavioral Health
- Request Type: Outpatient Authorization
- Service Type: 86 – Emergency Services; AI – Substance Abuse; BB – Psychiatric Treatment Partial Hospitalization; BC – Day Care (Psychiatric); MH – Mental Health; TC – Transitional Care ***See crosswalk for examples for each service type**
- Requested Services: Enter procedure code(s) ***At least 1**
- Patient Information: Subscriber Member ID, Patient Date of Birth, Patient Last Name, Patient First name are required fields identified by the red *
- **Requesting Provider is MD or practitioner: Provider Type = Provider; Enter NPI of admitting provider; Click blue Search *Please note: If provider not found, use "Show Manual Entry" and enter information in all required fields**
- Choose affiliation for provider (if more than one) based on TIN for correct address or location; Click Select
- Enter fax number for requesting provider
- Complete Contact Information: Name, Phone, Fax
- Click blue Continue
- You will see a spinning blue circle that says "Verifying Eligibility"
- Add Service Information: Place of Service, From Date, To Date, Quantity Type, Quantity, and Patient Condition are required fields identified by the red *
- For expedited Review: Click box to certify request is urgent and meets definition of an expedited review ***See FAQ document for DMAS BH OP code list**
- Add Diagnosis
- Procedure Details: From Date, To Date, Quantity Type, and Quantity are required fields identified by the red *
- **Rendering Providers & Facilities: Enter NPI of MD (if being done at an office) or facility (where member is having service performed) *Please note: This is the NPI and TIN of the place of service that will be submitting the claim or to be paid for services rendered; Click blue Search *Please note: If provider not found, use "Show Manual Entry" and enter information in all required fields. If you used "Show Manual Entry" for both requesting and treating providers entries, you need to abort your request and fax it to the Health Plan. If you try to submit the AUTH, you will get an error.**
- Choose provider listed (if more than one) based on TIN for correct address or location; Click Select
- Click Continue

Sentara® Health Plans

Step-by-Step Guide

Medicaid Authorization Requests in the JIVA Provider Portal

- Will see a blue spinning circle that states "Completing step"
- Is AUTH Required Result: Green check = Result: Requested Services – AUTH required; if AUTH is not required you will not be able to continue ***Please note: If AUTH is required but code(s) on the SHP auto approval list, you will bypass the MCG requirement and automatically go to Upload Clinical Documents**
- Will see a blue spinning circle that states "Loading Next Step"
- External SSO to MCG Health: Click Take Me to MCG Health if you are completing MCG criteria or blue continue button to bypass MCG criteria
- Will see a blue spinning circle that states "Completing step"
- Upload Clinical Documents: Must add at least one attachment *Add clinical information required to complete the medical necessity review
- Submit
- Will see a spinning blue circle that states "Submitting Prior Auth"
- Result Details will display with falling confetti: Result will show Status, Status Message, Reference Number, Transaction ID

*Authorization Dashboard will show all items user has entered and status