Submitting an Authorization in Availity

Inpatient 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 Health Plans
- Request Type: Inpatient Authorization
- Service Type: 1 – Medical Care = Emergent admission; 2 – Surgical = Elective surgical admission; 65 – Newborn Care = Sick baby request/Border baby request; 69 – Maternity = OB Delivery; 70 – Transplants = Elective transplant admission; A9 – Rehabilitation = IPR post acute request; AG – Skilled Nursing Care = SNF post acute request; TC – Transitional Care = LTACH post acute request *See crosswalk for examples for each service type
- Patient Information: Subscriber Member ID, Patient Date of Birth, Patient Last Name, Patient First name are required fields identified by the red *
- Requesting Provider: 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, Quantity Type, Quantity, and Admission Type are required fields identified by the red * Please note: For preservice requests, enter a quantity of 1; for concurrent requests (member currently admitted) or post acute care requests, enter a quantity of 7; Preservice or future date of service = Elective; Concurrent admission or member currently admitted = Urgent
- For expedited Review: Click box to certify request is urgent and meets definition of an expedited review
- Add Diagnosis(s)
- Procedure Details (for elective admission requests using 2- Surgical template): Procedure Code(s), From Date, Quantity Type, Quantity are required fields identified by the red *
- Rendering Providers: Provider Type = Facility; Enter NPI of facility (place where member is to be admitted for preservice requests or place where member is currently admitted for concurrent requests); Click blue Search *Please note: If provider not found, use “Show Manual Entry” and enter information in all required fields.

Sentara Health Plans

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- For commercial members, choose “IP” provider listed (if more than one) based on TIN for correct address or location *Please note: SNF providers may have a SNF prefix; Click Select
- Click Continue
- 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 *Sentara – Please add face sheet; all other providers please attach 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