Submitting an Authorization in Availity

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 Health Plans
- Request Type: Outpatient Authorization
- Service Type: 1 – Medical Care; 2 – Surgical; 4 – Diagnostic X-Ray; 5 – Diagnostic Lab; 6 – Radiation Therapy; 12 – Durable Medical Equipment Purchased; 18 – Durable Medical Equipment Rental; 42 – Home Health Care; 56 – Medically Related Transportation; 69 – Maternity; 70 – Transplants; 76 – Dialysis; 88 – Pharmacy; AD – Occupational Therapy; AF – Speech Therapy; BF – Pulmonary Rehabilitation; BG – Cardiac Rehabilitation; PT – Physical Therapy *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: Provider Type = Provider; Enter NPI of requesting 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
- Add Diagnosis
- Procedure Details: From Date, To Date, Quantity Type, Quantity are required fields identified by the red *
- Rendering Providers & Facilities: If service is being done at an office select "Provider" and enter NPI of MD; otherwise select "Facility" and enter the NPI of 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.
- Choose provider listed (if more than one) based on TIN for correct address or location; Click Select
- Click Continue

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- 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