Interactive Care Reviewer

Submit and inquire about behavioral health authorizations

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Coverage provided by Amerigroup Inc.
Course objectives

After completing this course, participants will be able to:

• List the benefits of using the Interactive Care Reviewer (ICR).
• Identify the products and services available on the ICR for authorizations.
• Access ICR through the Availity* Portal.
• Create an authorization.
• Inquire about a previously submitted authorization.
Agenda for this course:
• To review the benefits of using the ICR for member authorizations
• To create and submit inpatient/outpatient requests
• To inquire about an existing request
Behavioral health authorization submission capabilities

- Submit authorization requests for behavioral health (BH) services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, transcranial magnetic stimulation, applied behavioral analysis therapy, and psychiatric testing.
- Templates allow you to enter clinical details previously provided via phone.
- Update cases or request an extension within the ICR tool.
The ICR brings improved efficiency to the authorization process:

- Physicians and facilities can submit authorization requests for BH services, including acute inpatient stays, residential and rehabilitation stays, intensive outpatient and partial hospital programs, electroconvulsive therapy, and psychiatric testing.
- Ordering and servicing physicians and facilities can use the inquiry feature to find information on any authorization with which their tax ID/organization is affiliated.
Advantages of using the ICR

You’ll see great advantages in using the ICR. The ICR improves the efficiency of the authorization process:

• Authorizations are in one place and are accessible at any time by any staff member.
• This means there’s no need to fax — reduced paperwork!
• You can quickly check authorization status online and update requests.
• Proactive communication is conducted via email updates.
• You can attach and submit clinical notes and supporting images.
• You have the ability to inquire on authorization requests submitted via phone, fax, ICR or other online tool.
Accessing the ICR via the Availity Portal (https://www.availity.com).

1. Select the REGISTER link to be redirected to the Registration details landing page.

2. Select the appropriate organization type link, and you will be redirected to the Registration Form.

3. The person starting the registration process agrees to be the administrator for the organization and can now register for the Availity Portal.
Availity administrator: granting access on the Availity Portal

Your organization’s Availity Portal administrator can select **Maintain User** from their **Account Dashboard** located on the upper-right corner of the home page to add functionality to an existing user. To create a new access, the administrator selects **Add User**.
Assign users the roles of **Authorization and Referral Inquiry** and **Authorization and Referral Request**.
Accessing the ICR

To access the ICR from the Availity Portal, choose **Authorizations & Referrals** under the **Patient Registration** link on the top navigational bar.
## Accessing the ICR (cont.)

### Authorizations & Referrals

#### Multi-Payer Authorizations & Referrals

- [AR] Auth/Referral Inquiry
- [R] Referrals
- [A] Authorizations

#### Additional Authorizations & Referrals

- AIM Specialty Health (Anthem)
- Clinical Auth Management
- Online Batch Management
Interactive Care Reviewer Terms of Use and Disclaimers

Together with IBM we have developed this online system using IBM's Watson technology to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the health care provider and the patient, not the Plan. In general:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Health care providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

The data provided by this system is protected health information ("PHI") and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Health care providers using this system must ensure that use of PHI is subject to the provider's own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider's agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

Read and accept the disclaimer. Be sure to enable pop-ups!
The ICR landing page/dashboard

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.
All columns have up and down arrows for quick sorting. Some also have a filter option (shown here).
ICR dashboard tabs

Tabs across the top of the dashboard:

- **My Organization’s Requests** is the home page of the application and displays the dashboard.
- **Create New Request** is used to start a new inpatient or outpatient request.
- **Search Organization Requests** allows for the ability to search for any ICR case requested by your organization or any request with which your organization is associated. This includes requests with a status of *review not required*.
ICR dashboard tabs (cont.)

Check Case Status allows for the ability to view any cases submitted associated with the tax ID(s) on the request. This includes submissions by phone, fax, etc.

Note: In order to view the authorization/referral, the case must be associated with the tax ID listed under the organization you selected in the Availity Portal.
Creating a new request
Creating a new request

Do you want to verify if an authorization is required? The ICR gives you quick access to that information in most cases. Enter:

- Patient information.
- Diagnosis and procedure information.
- Provider details.

A message will appear indicating whether or not an authorization is required for most requests. This information can be printed or saved to a PDF and is available later via an ICR search.
Starting a new request on the ICR

- Select **Create New Request** from the ICR dashboard tab.
- Watch the blue bar for messaging. Errors turn the box red.
- Menu bar shows where you are.
Select from the *Request Type* and *Case Type* menus or save steps by selecting **Profiles**.
Patient details (cont.)

In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.

**Required Fields**

Complete all required fields, then select **Find Patient**.
Profile templates

Click on the dot to view the *Standard Profile*.

You will be able to see what will be populated on the *Patient Details* screen and on the *Service Details* screen.
Select the check mark to select a standard profile. This action will populate the mandatory Request Type and Case Type fields on the Patient Details screen and Place of Service, Type of Service, and Level of Service on the Service Details screen.
The admit date **cannot** be changed once the case is submitted.
Patient details

A message in the blue bar will indicate if the member’s preauthorization cannot be completed using the ICR.
Service details — outpatient examples

1. Complete diagnosis fields.

2. Complete services fields.
Select plus sign again to enter that procedure to case before selecting the **Next** button.
If level of service is urgent:
1. Select **Level of Service**.
2. Select **Source of Admission**.
3. Type diagnosis code(s).
4. Select + .

Urgent level of service is only an option for a future admission. If the date of admission is the current date (or in the past), options are elective and emergency.
Service details: length of stay (inpatient)

Length of stay:
1. Type number of days.
2. Select level of care.
3. Select +.
Provider details

Complete required fields for all sections.
Search all or select from favorites.
The *Ordering Provider Information* section appears for some specific outpatient requests. Examples include: *Place of Service* — *Home* or *Type of Service* — *Diagnostic Lab*, *Dialysis*, *Durable Medical Equipment*, *Home Health Care*, *Physical Therapy*, *Radiation Therapy*. 
Provider details

* Complete all required fields.

Select the appropriate provider type.

Select Search.

If you are unable to locate your provider, please click here to manually enter your information.
Favorites

You can save up to 25 favorites for:

- Requesting providers.
- Servicing providers.
- Facility durable medical equipment providers.
- Refer to providers.
## Provider details: contact information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td>Practitioner</td>
</tr>
<tr>
<td>Last Name</td>
<td>Doe</td>
</tr>
<tr>
<td>First Name</td>
<td>Delores</td>
</tr>
<tr>
<td>Specialty</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>NPI</td>
<td>1234567890</td>
</tr>
<tr>
<td>Address 1</td>
<td>123 Main St</td>
</tr>
<tr>
<td>Address 2</td>
<td>Greenfield</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>OH</td>
</tr>
<tr>
<td>Zip Code</td>
<td>45215</td>
</tr>
</tbody>
</table>

**Contact Information**

- **Contact Last Name**: [Enter Last Name]
- **Contact First Name**: [Enter First Name]
- **Contact Telephone**: [Enter Telephone Number]
- **Email Address**: [Enter Email Address]

**Notes**

- By submitting a fax number above, you agree to receive fax communications, including diagnosis letters (if applicable), at this fax number. Please ensure fax machine is secure to receive PHI.

**Email Information**

- Add Email: [Add Email]

**Additional Information**

- Add Servicing Provider: [Add Servicing Provider]
- Same as Requesting Provider: [Same as Requesting Provider]

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The *Request Summary* page is where you will be able to verify whether the services require prior authorization. If the services do not require prior authorization, you can note the tracking ID and close out the request. If you need to search for it later, you can locate the request by the tracking ID or patient information.
Templates allow you to enter clinical detail previously provided via phone.

Complete all required fields * on the template.
Complete the *Clinical Notes* section if the form is not available or if you choose to skip the form.

Option to upload attachments, images and photos to support notes.

Select **Add Note** after manually typing information in the field.
Case overview

View all the details of the request you entered for a final time before they are submitted.
Case overview (cont.)

Select **Expand All** to review all sections.

Select the arrow to expand one section.

To modify information, select the title of the page to go back and edit fields. Select **Submit** to do the final submit for your request.
Once a request has been submitted, the dashboard will appear and the new request will be viewable at the top with a **Review In Progress** status. Confirmation that it was submitted and the tracking ID will be viewable in the blue bar.

**Submitted request in ICR**

<table>
<thead>
<tr>
<th>Request Tracking ID</th>
<th>Reference Number</th>
<th>Status</th>
<th>Patient Name</th>
<th>Service Date Range</th>
<th>Request Type</th>
<th>Requesting Provider NPI</th>
<th>Submit Date</th>
<th>Created By</th>
<th>Updated Date</th>
<th>Updated By</th>
</tr>
</thead>
</table>
Submitted requests will have a *Review in Progress* status. If a user has entered an email address on the *Provider Details* page, they will receive emails when there is activity on a case. Look for cases that are last updated by system and where status is no longer *Review In Progress*. Those cases with updates or a decision can be viewed by selecting Request Tracking ID.
Viewing a decision/request for additional information

To view status details, select the tracking number from the dashboard and then select **Expand All** to allow the case information to be viewable. View decision letters associated with your requests.
Provider letters

Provider letters associated with the request are viewable by expanding the **Letters Summary** section.
Viewing a decision

Look at the *Procedure Code* section to view the decision, to see if additional information is needed or to see if the case is pending for other reasons.
You will have an option available to select **Update Discharge Info** if it applies to the case — This is also available for cases submitted by phone/fax.
Inquiry features on the ICR
To inquire on any authorization submitted by phone, fax, ICR or other online tool, choose **Auth/Referral Inquiry** under the **Authorizations & Referrals** link. Then choose the payer and organization.
Search using Check Case Status

The first search option is Search By Member. Enter data in required fields.

Ordering and servicing physicians and facilities can make an inquiry to view the details for the services using the Check Case Status option.
Search by reference/authorization request number

To search by reference/authorization request number, enter the complete reference/authorization request number, then select the provider tax ID from the drop-down box.
To search by date range, enter a 30-day or less date span, then choose the provider tax ID from the drop-down box and identifier type.
What functions are available from the Search Submitted Requests tab?

- Locate a request that has a status of Review Not Required.
- Locate a request that is not submitted.
- Locate a request that has been archived.
- Update a request.

You will have the option to select **Only display cases submitted by organization** or **Display all cases associated with my organization** and complete one or more of the fields.
Search results

The page displays a search interface for request tracking. The search criteria include:

- Request Tracking ID
- Reference No
- Subscriber ID
- Requesting or Servicing Provider / Facility NPI
- Request Type
- Service Date From and To
- Patient Last Name
- Patient First Name
- Patient Birth Date

The table below shows a single request:

<table>
<thead>
<tr>
<th>Request Tracking ID</th>
<th>Reference No</th>
<th>Patient Name</th>
<th>Service Date Range</th>
<th>Request Submission Date</th>
<th>Requesting Provider NPI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>280667</td>
<td></td>
<td></td>
<td>11/08/2016 - 11/08/2016</td>
<td>Not Submitted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adding clinical information to a BH inpatient continued stay request

Applicable to BH inpatient requests for Medicaid, CHIP and Medicare
Qualifications for adding clinical to an ICR request

• The ICR request must be:
  o A psychiatric or substance abuse inpatient case.
  o In an approved or pending status.
  o An ICR-created request (in other words, not phone or fax).
• When clinical is able to be added to a request in ICR, this button will appear in the top right of the ICR screen if the request is opened from the dashboard or via search submitted requests.
How to add clinical to the request

- After selecting the **Update Clinical** button, this message will be displayed to the user:

  ![Dialog box](image)

  You are getting ready to update the case, would you like to proceed?

  Yes  No

- User should select **Yes**, and then they will be directed to the *Clinical Details Page*.
  - User can attach a file(s) or add clinical notes into the *Clinical Notes* text box.
  - User must provide their phone number and extension (if applicable).
  - Select **Next** at the bottom of the screen when clinical has been added/attached.
Attachments, Images and Photos

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Clinical Notes

In order to submit a request, clinical information must be entered. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on ‘Add Note’.

Updated By

User Name: dsf, sdf

Contact Telephone: *(555) 555-5555

Ext: 123
How to add clinical to the request

- After selecting **Next**, the user is presented with the *Case Overview Page*.
  - Scroll to the bottom of the *Case Overview Page* and select the **Submit Update** button.
  - The user will then be directed back to the dashboard. The additional clinical will be sent to Utilization Management for evaluation.
ICR enhancements for BH
ICR enhancements for BH

UM Algorithm Initial Psych Review:

- Fill out the seven questions.
- Select the parent checkbox on the left of the screen before filling out the remaining questions.
- Agree to the Disclaimer.
**ICR enhancements for BH (cont.)**

<table>
<thead>
<tr>
<th>BH Initial Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Risk of Harm To Self Risk Rating (Check all that apply)</td>
</tr>
<tr>
<td>- Not present</td>
</tr>
<tr>
<td>- Ideation</td>
</tr>
<tr>
<td>- Plan</td>
</tr>
<tr>
<td>- Means</td>
</tr>
<tr>
<td>- Prior Attempt</td>
</tr>
<tr>
<td>✓ Risk of Harm To Others Risk Rating (Check all that apply)</td>
</tr>
<tr>
<td>- Not present</td>
</tr>
<tr>
<td>- Ideation</td>
</tr>
<tr>
<td>- Plan</td>
</tr>
<tr>
<td>- Means</td>
</tr>
<tr>
<td>- Prior Attempt</td>
</tr>
<tr>
<td>✓ Psychosocial Risk Rating: (0= None; 1= Mild or Mildly Incapacitating; 2= Moderate or Moderately Incapacitating; 3= Severe or Severely Incapacitating; N/A=Not Assessed)</td>
</tr>
<tr>
<td>- 0</td>
</tr>
<tr>
<td>- 1</td>
</tr>
<tr>
<td>- 2</td>
</tr>
<tr>
<td>- 3</td>
</tr>
<tr>
<td>- N/A</td>
</tr>
</tbody>
</table>

**Disclaimers**

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request, you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request.
ICR enhancements for BH (cont.)

![Interactive Care Reviewer](image)
ICR enhancements for BH (cont.)

Psychosis Risk Rating: (0=None; 1=Mild or Mildly Incapacitating; 2=Moderate or Moderately Incapacitating; 3=Severe or Severely Incapacitating; N/A=Not Assessed)
- 0
- 1
- 2
- 3
- N/A

Substance Use (Risk Rating: (0=None; 1=Mild or Mildly Incapacitating; 2=Moderate or Moderately Incapacitating; 3=Severe or Severely Incapacitating; N/A=Not Assessed)
- 0
- 1
- 2
- 3
- N/A

Substance Use Screening (Check if applicable and give score)
- CIWA:

  15

- COWS:

For substance use disorders, please complete the following additional information:
Current assessment of American Society of Addiction Medicine (ASAM) criteria
- Dimension 1 (acute intoxication) and/or withdrawal potential) Risk Rating
  - Minimal/None—not under influence, minimal withdrawal potential
  - Mild/recent use but minimal withdrawal potential
    - Moderate/recent use, needs 24 hour monitoring
    - Significant-potential for or history of severe withdrawal, history of withdrawal seizures
    - Severe—presents with severe withdrawal, current withdrawal seizures

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ICR enhancements for BH (cont.)

- **Dimension 2 (biomedical conditions and complications) Risk Rating**
  - Minimal/none
  - Mild-mild medical problems that do not require special monitoring
  - Moderate-moderate medical condition requires monitoring but not intensive treatment
  - Significant-significant medical condition has a significant impact on treatment and requires 24 hour monitoring
  - Severe-severe medical condition requires intensive 24 hour medical management

- **Dimension 3 (emotional, behavioral or cognitive complications) Risk Rating**
  - Minimal/none
  - Moderate-mild psychiatric or behavioral symptoms that have minimal impact on treatment
  - Moderate-impeded mental status, passive suicidal/homicidal ideations, impaired ability to complete ADL's
  - Significant-succidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24 hour monitoring
  - Severe-active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions. Unable to attend to ADL's, psychiatric and/or behavioral symptoms require 24 hour medical management

- **Dimension 4 (readiness to change) Risk Rating**
  - Minimal/none
  - Action-committed to treatment and modifying behavior and surroundings
  - Moderate-preparation-planning to take action and is making adjustments to change behavior. Has not resolved ambivalence
  - Contemplative-ambivalent, acknowledges having a problem and beginning to think about it, has indefinite plan to change
  - Pre-Contemplative-in treatment due to external pressure, resistant to change

- **Dimension 5 (relapse, continued use or continued problem potential) Risk Rating**
  - Minimal/none
  - Moderate-recognizes triggers, uses coping skills
  - Significant-aware of potential triggers for MH/SA issues but requires close monitoring
  - Severe-unable to control use without 24 hour monitoring, unable to recognize potential triggers for MH/SA despite consequences
ICR enhancements for BH (cont.)

- Dimension 6 (recovery living environment) Risk Rating
  - Minimal/none-supportive environment
  - Mild-environmental support adequate but inconsistent
    - Moderate-moderately supportive environment for MH/SA issues
    - Significant-lack of support in environment or environment supports substance use
    - Severe-environment does not support recovery or mental health efforts; resides with an emotionally/physically abuse individual OR active user; coping skills and recovery require a 24 hour setting

**Disclaimer**

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By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request.
ICR enhancements for BH (cont.)
ICR enhancements for BH (cont.)
Data Tool Questions: These will only be visible in the event the enhancement was unable to approve based on the information submitted.
ICR enhancements for BH (cont.)
ICR enhancements for BH (cont.)

<table>
<thead>
<tr>
<th>Substance Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>If present, describe last use, frequency, duration, sober history:</td>
</tr>
<tr>
<td>last was before April 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASAM Criteria: Describe symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension 1 (acute intoxication) and/or withdrawal potential (such as vitals, withdrawal symptoms):</td>
</tr>
<tr>
<td>Dimension 2 (biomedical conditions and complications):</td>
</tr>
<tr>
<td>Dimension 3 (emotional, behavioral or cognitive complications):</td>
</tr>
<tr>
<td>Dimension 4 (readiness to change):</td>
</tr>
<tr>
<td>Dimension 5 (relapse, continued use or continued problem potential):</td>
</tr>
<tr>
<td>Dimension 6 (recovery living environment):</td>
</tr>
</tbody>
</table>

| If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning? |
| Should have all been low enough to meet |

<table>
<thead>
<tr>
<th>Treatment Plan Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous treatment</td>
</tr>
<tr>
<td>Include provider name, facility name, medications, specific treatment levels of care and adherence:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current treatment plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing medications:</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| As needed Medications: Administered (not just ordered): |
ICR enhancements for BH (cont.)

- As needed Medications Administered (not just ordered):

- Other treatment and/or interventions planned (including when family therapy is planned):
  - gips

- Support system
  - Include coordination activities with case managers, family, community agencies and so on. If case is open with another agency, name the agency, phone number and case number.

- Readmission within last 30 days?

- If yes and readmission was to the discharging facility, what part of the discharge plan did not work and why?

- Discharge planning
  - Initial discharge plan
  - Let name and number of discharge planner and include whether the member can return to current residence.
  - Planned discharge level of care
  - Describe any barriers to discharge:
  - Expected discharge date

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request.
ICR enhancements for BH (cont.)

Additional clinical notes if available can now be attached.
Once the information has been entered and submit is selected, ICR will return the user to the dashboard.
Ask your Availity administrator to grant you the appropriate role assignment, then follow these instructions to access ICR through the Availity Portal:

**Do you create and submit prior authorization requests?**
Required role assignment: Authorization and Referral Request

**Do you check the status of the case or results of the authorization request?**
Required role assignment: Authorization and Referral Inquiry

Once you have the authorization role assignment, log onto Availity with your unique user ID and password, and follow these steps:

1. Select **Patient Registration** from Availity’s homepage.
2. Select **Authorizations & Referrals**.
3. Select **Authorizations** (for requests) or select **Auth/Referral Inquiry** (for inquiries).
ICR additional information (cont.)

Training:
Follow these instructions to access ICR on-demand training through the Availity Custom Learning Center:

• From Availity’s homepage, select Payer Spaces > Amerigroup tile > Applications > Custom Learning Center tile.

• From the Courses screen, use the filter catalog and select Interactive Care Reviewer – Online Authorizations from the menu. Then, select Apply.

• You will find two pages of online courses consisting of on-demand videos and reference documents illustrating navigation and features of ICR. Enroll for the course(s) you want to take immediately or save for later.
Helpful tip:

- If you receive the *system temporarily unavailable* message on a consistent basis, your organization’s firewall may be blocking the site. Please contact your IT department and ask them to review internet filters and add [https://www.availity.com](https://www.availity.com) as a trusted site to bypass the proxy.
- Clear your cache if there seems to be missing fields or if you continue to have errors.
- Remember — Admit date for inpatient requests cannot be changed once you submit.
- When you make a new member plan, make a new favorites list.
- You can submit your requests from any computer with internet access. We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.
Now it’s your turn!

• Use the ICR to determine whether an authorization is required, submit authorizations for members covered by our plans and inquire to find details on submitted cases.

As a reminder:

• Access the ICR via the Availity Portal. If your practice does not have access, go to [https://www.availity.com](https://www.availity.com) and select Register.

• Already use the Availity Portal? Your Availity administrator can grant you access to Authorizations and Referral Request and/or Authorization and Referral Inquiry, and you can start using the ICR right away.
Contacts

For questions about the ICR, contact Provider Services at 1-800-454-3730.

For questions about Availity registration and access, contact Availity Client Services at: 1-800-AVAILITY (1-800-282-4548).
Thank you!
Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.