

# Availity Essentials Authorization Request

## Quick Start Guide

The Authorization Request application allows providers to submit inpatient and outpatient authorization requests to the payer. **Inpatient** authorizations are typically required before admitting a patient to a facility, and are sometimes called admission reviews or pre-certifications. **Outpatient** authorizations are typically required for outpatient treatments at a facility, such as for diagnostic, invasive, or surgical procedures; observations; and therapies. Payers often require outpatient authorizations for durable medical equipment (DME) and home health services. This type of authorization is sometimes called a health services review.

### Access the application

In the Availity Essentials menu bar, select **Patient Registration | Authorizations & Referrals**. On the Authorizations & Referrals page, select **Authorizations Request** under **Multi-Payer Authorizations and Referrals**.

### Before you begin

If you cannot access this application, contact your Availity Essentials administrator and request the **Authorization and Referral Request** role.

To find your administrator, in the Availity Essentials primary navigation bar, select **[Your Name's] Account | My Account | Organization(s) | Open My Administrators**.

## Use the application

**Note:** If you start an authorization request but do not submit it, the request is saved as a draft. You can access the draft authorization request for up to 18 months via the Authorization and Referral Dashboard application.

1. In the Authorization Request application, select a value in the **Organization** field.

**Note:** If the **Organization** field does not include the organization appropriate for your request, contact your administrator to add you to that organization.

2. Complete the **Payer** and **Request Type** fields.

**Note:** You may be redirected outside of Availity Essentials after entering the payer or the request type. If a disclaimer displays, accept the disclaimer to access the third-party site. Follow the steps on the third-party site to complete your request.

3. Complete each step of the Authorization wizard. Select **Next** to advance to the next step.

Unless a field is specified as optional, it is required. You can show or hide optional fields by clicking **Show Optional Fields**.

4. On the Review and Submit step, review the authorization request. If you need to make changes, you can go back to any of the previous steps by clicking the specific link. When you're ready to submit the authorization request, select **Submit**.

## Tips

- Use the **Select a Patient** field to search for and select a patient. The field's search results include patients from eligibility and benefits inquiries your organization has run since February 19, 2022. When you select a patient, the patient information populates in the appropriate fields so you do not have to manually enter it.
- Some payers require you to attach all applicable clinical documentation with the original authorization request. In many cases, you can attach documentation at a later time by accessing the authorization request from the Authorization/ Referral Inquiry or from the Authorization and Referral Dashboard.
- The **Show Optional Fields** button on the Authorization application displays all fields on the authorization.
- A transaction ID displays at the top of the Authorization Response page. Have the transaction ID handy if you contact Availity Client Services for help with a submitted authorization request.
- The value in the Reference Number field is your authorization number. Have the reference number handy if you contact the health plan for help with a submitted authorization request.

The screenshot displays the Availity Authorization Response page. At the top, there is a navigation bar with options like Home, Notifications, My Favorites, State, Help & Training, and Kelsey's Account. Below the navigation bar, there are tabs for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area shows the Authorization Response for a patient named POLLY PATIENT. Key information includes Transaction ID: 12776641, Customer ID, and Transaction Date: 2019-12-03. Patient details include Member ID: ABC123456789, Date of Birth: 1980-01-01, Gender: NA, Transaction Type: Outpatient Authorization, Organization: Availity Test Org, and Payer. A 'Certificate Information' section shows Reference Number: 10539 and Status: PENDING. A message at the bottom states: 'This request is pending for medical review.'

- Check the status of authorizations submitted on Availity Essentials on the Authorization/Referral Dashboard.

## Help, training, and support

### Help

In the Availity Essentials primary navigation bar, select **Help & Training | Find Help**. Search by keyword **authorizations** or go directly to the [Submit an Authorization](#) help topic.

### Training

In the Availity Essentials primary navigation bar, select **Help & Training | Get Trained**. Search by keyword **authorizations** or go directly to the [Authorizations and Referrals Training - Training Demo](#).

### Support

In the Availity Essentials primary navigation bar, select **Help & Training | Availity Support**. Or, call (800) 282-4548 (800-AVAILITY).  
**Tip:** See the [Availity Client Services](#) help topic for more information.