

# Create a Service/Procedure (Outpatient) Authorization

## Quick Reference Guide

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Outpatient authorizations within Magellan's authorization system are called Service/Procedure authorizations. This guide includes the specific steps necessary to add a Service/Procedure authorization request.

**IMPORTANT:** When adding a Service/Procedure authorization request, additional information such as attachments or notes may need to be added to support the specific request. The authorization system will inform you that a note or attachment is required when you attempt to submit the authorization request.

This Quick Reference Guide will provide the steps to create a Service/Procedure or "Outpatient" authorization.

## Locate the Member

Follow the steps below to locate the Member to start an outpatient authorization:

1. Search for the member in the main **Dashboard** screen by selecting the **Member Search** option in the navigation pane.
2. Enter the member's Name and Date of Birth **FIRST** as the search criteria and select the **SEARCH** button. *(Member IDs can be used as an alternative)*
3. Select the drop-down arrow next to the **CREATE SERVICE/PROCEDURE AUTHORIZATION** button when the member appears, and then select **Behavioral Health** from the drop-down menu.

**RESULT:** The **Prescreen** screen will appear.

The screenshot displays the 'Member Search' interface. On the left, a navigation pane shows 'Dashboard' and 'Member Search' (highlighted with a yellow circle 1). The main area is titled 'Member Search' and contains instructions: 'SEARCH USING THE MEMBER'S NAME AND DATE OF BIRTH FIRST. If you don't know the Member ID or if you need assistance, call the phone number on the back of the member's insurance card. For state- or government-sponsored programs, visit www.MagellanHealthcare.com/states for more information.' There are two search options: 'Search by ID' and 'Search by Name and Date of Birth' (selected with a blue dot). The 'Search by Name and Date of Birth' section has three input fields: 'First Name' (containing 'Victoria', with a note 'Enter at least 2 characters'), 'Last Name' (containing 'Bell', with a note 'Enter at least 2 characters'), and 'Date of Birth' (containing '10/02/1985', with a note 'MM/DD/YYYY' and a calendar icon). A yellow arrow points to the 'SEARCH' button. Below the search fields is a 'Member Search Results' table with one row: Member ID: 80BC03047149BC-01, Name: BELL, VICTORIA, Date of Birth: 10/02/1985, Gender: (blank), Active Eligibility: Yes, Eligibility Effective Dates: 01/01/2021-12/31/2049. Below the table are three buttons: 'VIEW SUMMARY', 'CREATE INPATIENT AUTHORIZATION', and 'CREATE SERVICE/PROCEDURE AUTHORIZATION' (highlighted with a yellow circle 3). A dropdown menu is open under the third button, showing 'Behavioral Health' and 'Medical' options.

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
80BC03047149BC-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021-12/31/2049

## Complete the Prescreen

Follow the steps below to complete all **Prescreen** required fields indicated by the asterisks (\*).

1. **Service Type** - choose appropriate option from the drop-down list.
2. **Place of Service** - Select the place of service.
3. **Primary Diagnosis:**

- a. Enter the Member's **Primary Diagnosis** by name or code.

**NOTE:** Entering the Diagnosis Code into the **Code** field and clicking **[Enter]** will auto-populate the Diagnosis Name without needing to conduct a search.

- b. Click to select the correct diagnosis within the **Diagnosis Search Result(s)** – this will add it to the **Prescreen**.

Create Service/Procedure Behavioral Health Authorization

Prescreen Authorization Details Services Confirmation

\* Service Type 1 \* Place of Service 2

\* Primary Diagnosis 3

bipolar

Search by Diagnosis name (OR) Search by Code

SEARCH

**Diagnosis Search Result(s)**  Name contains  Name starts with

bipolar

Search by Diagnosis name (OR) Search by Code

SEARCH

Diagnosis name	Code	Code Set	Code Inactive
Bipolar I disorder, most recent episode (or current) depressed, severe, specified as wi...	296.54	ICD9	
Bipolar I disorder, most recent episode (or current) unspecified	296.7	ICD9	
Schizoaffective disorder, bipolar type	F25.0	ICD10	
Bipolar disorder, current episode hypomanic	F31.0	ICD10	
Bipolar disorder, current episode manic without psychotic features, unspecified	F31.10	ICD10	
Bipolar disorder, current episode manic without psychotic features, mild	F31.11	ICD10	
Bipolar disorder, current episode manic without psychotic features, moderate	F31.12	ICD10	
Bipolar disorder, current episode manic without psychotic features, severe	F31.13	ICD10	
Bipolar disorder, current episode manic severe with psychotic features	F31.2	ICD10	
Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	F31.30	ICD10	

4. **Primary Procedure Code**

- a. Enter the Primary Procedure Name or the Procedure Code and click **SEARCH** or click **[Enter]** on your keyboard.

**NOTE:** Entering the Procedure Code into the Code field and clicking **[Enter]** will auto-populate the Procedure Name without needing to conduct a search.

- b. Click to select the correct Procedure Name and Code within the Procedure Search Result(s) – this will add it to the **Prescreen**.

- 5. **Requested Units** - Enter the number of units requested for this procedure code.

- 6. **Unit Type** – Select “Units”.

- 7. **Start Date** - Enter the start date of the authorization.

- 8. **End Date** - Enter the end date of the authorization.

- 9. **Member Applied Eligibility**- Auto-populates based on the member’s eligibility status- do **NOT** change.

**Procedure Search Result(s)**  Name contains  Name starts with

mental health (OR) Search by Code SEARCH

MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032	HCPCS	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HA	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HAEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HAEP01	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HKEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOAH	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOHK	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOU1	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HPAH	EXTENDED	

10. **Servicing Provider:**

- a. Enter the Provider Name or the Provider NPI and click **SEARCH** or click [Enter] on your keyboard.
- b. Click to select the appropriate Servicing Provider within the Provider Search Result(s) – this will add it to the Prescreen.

**NOTE:** Entering the provider’s NPI into the Provider NPI field and clicking [**Enter**] will auto-populate the Servicing Provider name without needing to conduct a search.

11. Click **NEXT**.

**RESULT:** A pop-up stating, “You must submit a request for all services that require authorization.” will appear.

12. Click **NEXT** again.

**RESULT:** The **Authorization Details** screen will display.

• Servicing Provider **10**

JAMES SMITH Search by Provider name (OR) Search by Provider NPI **SEARCH**

**Provider Search Result(s)** [Go to Provider Search](#)

The search results only include the first 50 providers. There are more providers, please refine your search criteria.

Smith, James Location Name:		
<b>Provider ID</b> 123456789	<b>Tax ID</b> 987654321	<b>NPI</b> 147258369
<b>Specialty</b> Unassigned	<b>Servicing address</b> 123 Main St. STE B Happytown, Ca. 90210-1234, United States	

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**11** **NEXT** **CANCEL**

You must submit a request for all services that require authorization.

## Complete Authorization Details

Follow the steps below to complete all **Authorization Details** required fields indicated by the asterisks (\*).

1. Select the **Level of Urgency** from the drop-down menu.

**RESULT:** A pop-up window will appear asking you to attest that you understand the **Level of Urgency** definitions based on your selection.

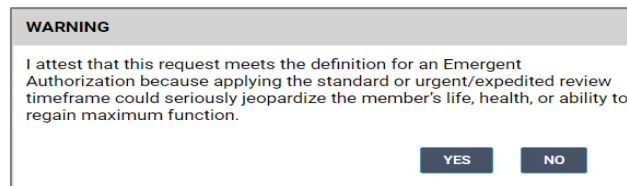
- a. Pop-up displays if “Emergent” is selected.
- b. Pop-up displays if “Standard/ Standard Organization Determination” is selected.
- c. Pop-up displays if “Urgent/ Expedited/ Expedited Organization Determination” is selected.

**NOTE:** The **Urgency Description** button will provide a description of each **Level of Urgency** menu option.

2. Select the **YES** button in the pop-up to continue with the authorization request.



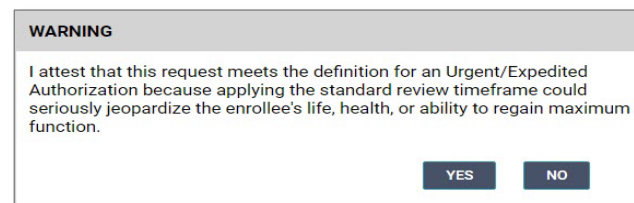
- a. Emergent pop-up example:



- b. Standard/Standard Organization Determination pop-up example:



- c. Urgent/ Expedited/ Expedited Organization Determination pop-up example:



### 3. Requesting Provider:

- a. Enter the Provider Name or the Provider NPI and click **SEARCH** or click **[Enter]** on your keyboard.
  
- b. Click to select the appropriate Requesting Provider within the **Provider Search Result(s)** – this will add it to the Authorization Details.

**NOTE:** Entering the provider’s NPI into the **Provider NPI** field and clicking **[Enter]** will auto-populate the Requesting Provider name without needing to conduct a search.

\* Requesting Provider **3**

Search All Providers **SEARCH**

Search by Provider name (OR) Search by Provider NPI

#### Provider Search Result(s) Go to Provider Search

The search results only include the first 50 providers. There are more providers, please refine your search criteria.

Smith, James  
Location Name:

<b>Provider ID</b> 123456789	<b>Tax ID</b> 987654321	<b>NPI</b> 147258369
<b>Specialty</b> Unassigned	<b>Servicing address</b> 123 Main St. STE B Happytown, Ca. 90210-1234, United States	

100 ▾

- 4. **Requesting Provider Contact Name** - enter as appropriate.
- 5. **Requesting Provider Contact Number** - enter as appropriate.
- 6. **Requesting Provider Fax Number** - enter as appropriate.
- 7. **Servicing Provider Contact Name** - not required and can be skipped or entered as appropriate.
- 8. **Servicing Provider Contact Number** - not required and can be skipped or entered as appropriate.
- 9. **Servicing Provider Fax Number** - not required and can be skipped or entered as appropriate.
- 10. **Secondary Diagnosis** - not required and can be skipped.

A screenshot of a web form with the following fields and labels:

- \* Requesting Provider Contact Name (4)
- \* Requesting Provider Contact Number (5) with a sub-label + 1 and a placeholder [999] 999-9999 x9999
- \* Requesting Provider Fax Number (6) with a sub-label + 1 and a placeholder [999] 999-9999
- Servicing Provider Contact Name (7)
- Servicing Provider Contact Number (8) with a sub-label + 1 and a placeholder [999] 999-9999 x9999
- Servicing Provider Fax Number (9) with a sub-label + 1 and a placeholder [999] 999-9999
- Secondary diagnosis (10) with a dropdown menu and a search button labeled SEARCH +

Below the Secondary diagnosis field, there are two search options: "Search by Diagnosis name" and "(OR) Search by Code".

- 11. **Attending Physician/Provider First Name** - enter as appropriate.
- 12. **Attending Physician/Provider Last Name** - enter as appropriate.

A screenshot of a web form with the following fields and labels:

- \* Attending Physician/Provider First Name (11)
- \* Attending Physician/Provider Last Name (12)

13. **Attending Physician/Provider Degree** - select the correct option from the drop-down list.

A screenshot of a form section with two dropdown menus. The first dropdown is labeled '\* Attending Physician/Provider Degree' with a circled '13' next to it. The second dropdown is labeled 'Attending Physician/Provider is Unknown' with a circled '14' next to it. Both dropdowns are currently empty.

14. **Attending Physician/Provider is Unknown** – select “Attending Physician UM dept” or **leave blank** (optional).

15. **Provider Email Address** - not required and can be skipped.

A screenshot of a form section with two dropdown menus. The first dropdown is labeled 'Provider Email Address' with a circled '15' next to it. The second dropdown is labeled 'Extension Requested' with a circled '16' next to it. Both dropdowns are currently empty.

16. **Extension Requested** - not required and can be skipped.

17. **County Program** – not required and can be skipped.

A screenshot of a form section with three dropdown menus. The first dropdown is labeled 'County Program' with a circled '17' next to it. The second dropdown is labeled 'Housing Status' with a circled '18' next to it. The third dropdown is labeled '\* Has the member started treatment?' with a circled '19' next to it. All three dropdowns are currently empty.

18. **Housing Status** – not required and can be skipped.

19. **Has the member started treatment?** – select the correct option from the drop-down list.

20. Click the **NEXT** button.

A screenshot of a form section showing three buttons at the bottom right. The first button is labeled 'NEXT' with a circled '20' next to it. The second button is labeled 'BACK TO PRESCREEN'. The third button is labeled 'CANCEL'.

**RESULT:** The system will proceed to the **Services** screen where you can review for the authorization or add a new service to the authorization prior to submitting it.

21. Review the information to ensure accuracy:

a. If any information is incorrect, select the **EDIT** button.

b. If all information is correct, select the **SUBMIT** button.

**RESULTS:** A pop-up window will appear stating you agree to the Terms of Use for the site.

Magellan HEALTHCARE Authorization Requests PROVIDER FILTER (12/2) Help About

Create Service/Procedure Behavioral Health Authorization

Prescreen Authorization Details Services Confirmation

Service Type: Partial Hospitalization Program(PHP) Mental Health Procedure Code: MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)

Start Date: 12/30/2022 End Date: 01/09/2023 Requested Units: 10 Units Member's Applied Eligibility: FPG GOLD FULL PPO 250/30 OFFEX +SA-01-F

Primary Procedure: MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035) Service Type: Partial Hospitalization Program(PHP) Mental Health Servicing Provider: DOE, JOHN Member's Applied Eligibility: FPG GOLD FULL PPO 250/30 OFFEX +SA-01-F

Primary Diagnosis: F0.XX Level of Urgency: Standard/Standard Organization Determination Place of Service: Psychiatric Facility - Partial Hospitalization Treatment Type:

Requesting Provider: DOE, JOHN Requesting Provider Contact Name: John Doe Requesting Provider Contact Number: (123) 456-7890 Requesting Provider Fax Number: (123) 456-7890

Secondary Diagnosis: F0.X1 Secondary Diagnosis: F0.X2

ADD SERVICE SUBMIT CANCEL

22. Select the **YES** button to continue with the authorization request.

**RESULT:** The **Authorization Confirmation** screen will populate indicating that the authorization request has been successfully submitted and will display the authorization status, start date, end date, servicing facility, and primary diagnosis codes.

**WARNING**

Please attest to the following: As the ordering provider, I attest that I am authorized to make this request for prior authorization. All statements made herein are true and verified by specific documentation in the medical record of the applicable member, and I understand that misrepresentations made in requesting this authorization may be investigated for fraud or abuse. By submitting this request, I accept the Terms of Use for this site.

YES NO

**NOTE:** You can now use one of the following navigation buttons if you need to complete additional tasks :

- **RETURN TO MEMBER SEARCH** button – to search for a new member.
- **RETURN TO DASHBOARD** button – to search for or request a new authorization.
- **PRINT** button – to print the **Authorization Confirmation** page.

The screenshot displays the 'Create Service/Procedure Behavioral Health Authorization' page in the Magellan Healthcare system. The page features a progress bar at the top with four stages: Prescreen, Authorization Details, Services, and Confirmation. A success message states: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' Below this, key information is presented in a structured layout:

<b>Authorization Number</b> OPXXXXXXXX123	<b>Primary Diagnosis</b> Generic Diagnosis (F0.XX)	<b>Requesting Provider</b> DOE, JOHN
<b>Service 1</b>	<b>Service Type</b>	<b>Servicing Provider</b>
<b>Procedure</b> MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)	Partial Hospitalization Program(PHP) Mental Health	DUMAS, CLAIRE M
<b>Status</b> Pending	<b>Units</b> 10	<b>Unit Type</b> Units
<b>Start Date</b> 12/30/2022	<b>End Date</b> 01/09/2023	<b>Member's applied eligibility</b> FP SG GOLD FULL PPO 250/30 OFFEX +SA-01-F

At the bottom of the page, there are three navigation buttons: 'RETURN TO MEMBER SEARCH', 'RETURN TO DASHBOARD', and 'PRINT'.

## Add a Note (if applicable)

Some authorization types require you to add a note; however, you can also add a note if you desire to provide additional information that may be helpful. When an authorization requires a note, the system will display the following error message: *“Error: The selected Service Type requires an associated note.”*

Error: The selected Service Type requires an associated note.

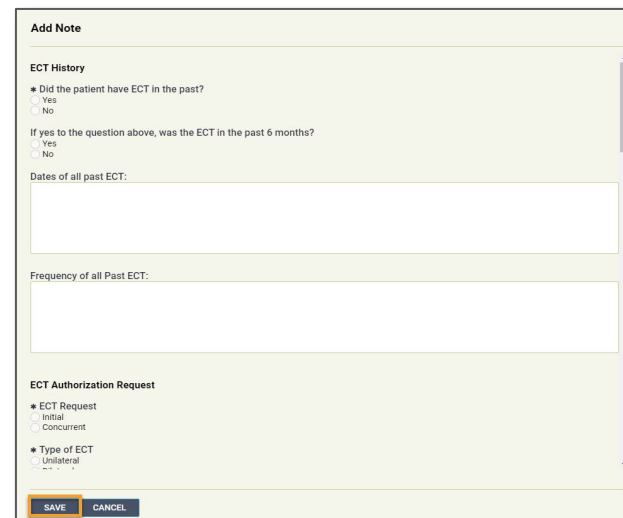
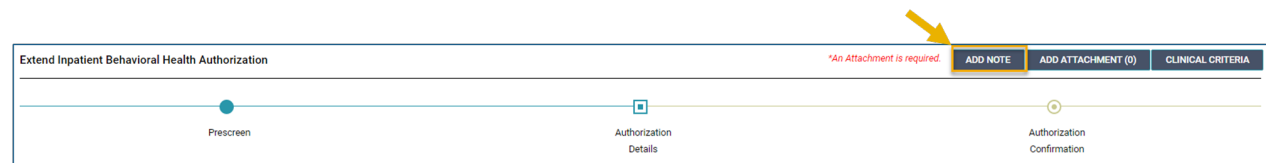
Follow the steps below to add a Note, when required or desired:

1. Click the **ADD NOTE** button at the top of the **Extend Inpatient Behavioral Health Authorization** screen.

**RESULT:** The system will automatically populate the appropriate note that is required for the authorization.

2. Complete the fields of the Note as required and applicable.
3. Click **SAVE**.

**RESULT:** The system will return you to the previous screen.



## Add an Attachment (if applicable)

Some authorization types may require you to add an attachment; however, you can also add an attachment if you desire to provide additional information that may be helpful.

Follow the steps below to add an attachment, when required or desired:

1. Click the **ADD ATTACHMENT** button at the top of the **Extend Inpatient Behavioral Health Authorization** screen.
2. Click **BROWSE** to locate the appropriate file on your computer.
3. Select the appropriate option from the drop-down list in the **Document Type** field.
4. Add any additional details as needed in the **Comment** field.
5. Click the **ADD** button.
6. Click the **CLOSE** button to return to the authorization.

**RESULT:** The system will return you to the **Authorization Details** screen.

Extend Inpatient Behavioral Health Authorization

\*An Attachment is required.

ADD NOTE ADD ATTACHMENT (0) CLINICAL CRITERIA

Prescreen Authorization Details Authorization Confirmation

Add Attachment

\* File

BROWSE

\* Document Type

Comment

ADD

Filenames can contain alphanumeric characters, dashes, and underscores.

CLOSE