

# Create an Inpatient Authorization

## Quick Reference Guide

This Quick Reference Guide demonstrates how to create an inpatient authorization request as well as provides important tips for the best experience with Magellan's authorization system.

### Dashboard

Follow the steps below to locate the Member to start an inpatient 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 INPATIENT 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. It includes a search bar with 'Member ID' and 'Search by Name and Date of Birth' options. The search criteria are filled with 'Victoria' for First Name, 'bell' for Last Name, and '10/02/1985' for Date of Birth. A 'SEARCH' button is highlighted with a yellow arrow. Below the search bar, a table shows search results for 'BELL, VICTORIA' with Member ID '808C03471498C-01'. A 'VIEW SUR' button is highlighted with a yellow circle, and a dropdown menu is open, showing 'Behavioral Health' selected.

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
808C03471498C-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021 - 12/31/2069

## Complete the Prescreen

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

### 1. 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**.

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	

2. **Admission Date**- enter the member’s admission date using the Calendar picker.
3. **Applied Eligibility**- Auto-populates based on the member’s eligibility status- do **NOT** change.

\* Admission Date **2**  MM/DD/YYYY

\* Applied Eligibility **3**  Enter date to see eligibility.

\* Servicing Facility **4**  Search by Provider name

Provider NPI  (OR) Search by Provider NPI

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

**IMPORTANT:**

- If the Servicing Facility is out of network, you will receive a message and may not be able to proceed in the authorization system.
- 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.

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

ADAMS, JAMES Location Name: PSYCHL & BHVRL CONSLNTS LLC		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 255 SPENCER RD STE 201 SAINT PETERS, MO, 63376-2576, United States		
ADAMS, JAMES Location Name: LIFESTANCE HEALTH		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 816 S KIRKWOOD RD STE 105 SAINT LOUIS, MO, 63122-6056, United States		
ADAMS, JAMES Location Name: LIFESTANCE HEALTH		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 16020 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO, 63017-2085, United States		

5. **Primary Procedure Code**- enter applicable procedure code or **leave blank** (optional).
6. **Stay Level**- select the stay level as appropriate.
7. **Requested Days**- enter the requested days as appropriate.
8. **Service Type**- select “N/A.”
9. Click the **NEXT** button.

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

10. Click the **NEXT** button again to continue with the authorization request.

The screenshot shows a web form for service authorization. It contains the following fields and elements:

- Primary Procedure** (5): A text input field with a search icon and a "SEARCH" button. Below the input are two smaller search options: "Search by Procedure name" and "(OR) Search by Code".
- Stay Level** (6): A dropdown menu.
- Requested Days** (7): A text input field.
- Service Type** (8): A dropdown menu.
- NEXT** (9) and **CANCEL** buttons: Located at the bottom right of the form.

**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. **Admission Type**- Select the applicable admission type.  
**IMPORTANT:** Louisiana Providers must select “Involuntary”.
2. **Admission Source**- select the applicable admission source or **leave blank** (optional).
3. **Place of Service**- select the place of service as appropriate.
4. **Target Discharge Date**- choose the anticipated date of discharge (optional).

Create Inpatient Behavioral Health Authorization

ADD NOTE ADD ATTACHMENT (0) CLINICAL CRITERIA

Prescreen Authorization Details Authorization Confirmation

Admission Details

\* Admission Type 1 Admission Source 2 \* Place of Service 3

Target Discharge Date 4 \* Level of Urgency URGENCY DEFINITION

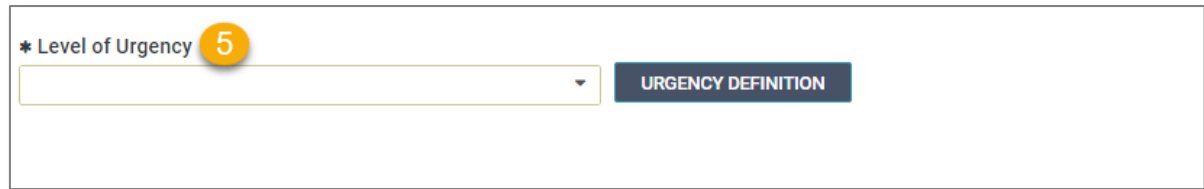
5. Select the **Level of Urgency** from the drop-down menu.

**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.

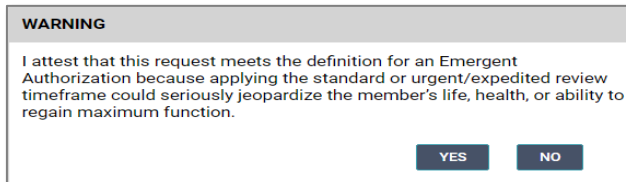
6. Select the **YES** button in the pop-up to continue with the authorization request.



\* Level of Urgency 5

URGENCY DEFINITION

- a. *Emergent pop-up example:*



**WARNING**

I attest that this request meets the definition for an Emergent Authorization because applying the standard or urgent/expedited review timeframe could seriously jeopardize the member's life, health, or ability to regain maximum function.

YES NO

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

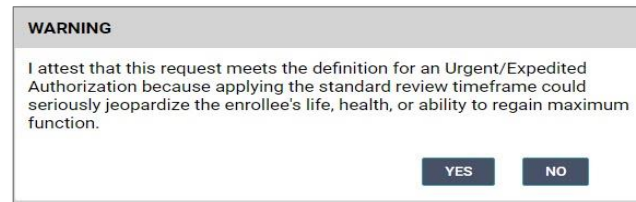


**WARNING**

This request meets the definition for Standard Authorizations. I attest to understanding the above message.

YES NO

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



**WARNING**

I attest that this request meets the definition for an Urgent/Expedited Authorization because applying the standard review timeframe could seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

YES NO

7. **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.

**REMINDER:** Provider must be one of the providers in your **Provider Filter** to see the authorization on the system Dashboard.

- 8. **Contact Name** - enter the contact name as appropriate.
  
- 9. **Contact Number** – enter the contact number as appropriate.
  
- 10. **Fax Number** - enter the fax number as appropriate.

Requesting Provider **7**

\* Name  Search by Provider name

Provider NPI  (OR) Search by Provider NPI

Search All Providers **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:			
Provider ID 123456789	Tax ID 987654321	NPI 147258369	
Specialty Unassigned	Servicing address 123 Main St. STE B Happytown, Ca. 90210-1234, United States		

1 100

\* Contact Name **8**

\* Phone Number **9** +1 (999) 999 x9999

\* Fax Number **10** +1 (999) 999 x9999

The following fields of the **Servicing Facility** section *are not required* but can be entered as appropriate:

- 11. Contact Name
- 12. Contact Number
- 13. Fax Number
- 14. Primary Procedure
- 15. Additional Procedure
- 16. Secondary Diagnosis

The screenshot shows a form titled "Servicing Facility:" with the following fields and controls:

- Contact Name:** A text input field.
- Contact Number:** A field with a dropdown arrow, a "1" in a box, a "(999) 999-9999" placeholder, and an "x9999" suffix box.
- Fax Number:** A field with a dropdown arrow, a "1" in a box, a "(999) 999-9999" placeholder, and a "SEARCH" button.
- Primary Procedure:** A text input field with "Search by Procedure name" below it, and a "(OR) Search by Code" dropdown with a "SEARCH" button.
- Additional Procedure:** A text input field with "Search by Procedure name" below it, and a "(OR) Search by Code" dropdown with a "SEARCH" button.
- Secondary diagnosis:** A text input field with "Search by Diagnosis name" below it, and a "(OR) Search by Code" dropdown with a "SEARCH" button and a "+" icon.

- 
- 17. **Attending Physician/Provider First Name** - enter as appropriate.
  - 18. **Attending Physician/Provider Last Name** - enter as appropriate.
  - 19. **Attending Physician/Provider Degree** - select the correct option from the drop-down list; if unknown, select "MD".
  - 20. **Attending Physician/Provider is Unknown** - select "Attending Physician UM dept" or **leave blank** (optional).

The screenshot shows a form with four fields, each with a numbered callout:

- \* Attending Physician/Provider First Name** (17): A text input field.
- \* Attending Physician/Provider Last Name** (18): A text input field.
- \* Attending Physician/Provider Degree** (19): A dropdown menu.
- Attending Physician/Provider is Unknown** (20): A dropdown menu.

21. **Provider Email Address** - not required and can be skipped.
22. **Extension Requested** - not required and can be skipped.
23. **Involuntary Admission Type**- not required and can be skipped.
24. **County Program** - not required and can be skipped.
25. **Housing Status** - not required and can be skipped.
26. **Has the member started treatment?** – select the correct option from the drop-down list.
27. Click the **SUBMIT** button.

The screenshot shows a web form with the following fields and callouts:

- 21: Provider Email Address (text input)
- 22: Extension Requested (dropdown menu)
- 23: Involuntary Admission Type (dropdown menu)
- 24: County Program (dropdown menu)
- 25: Housing Status (dropdown menu)
- 26: \* Has the member started treatment? (dropdown menu)
- 27: SUBMIT button

At the bottom of the form are three buttons: "BACK TO PRESCREEN", "SUBMIT", and "CANCEL".

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

28. Select the **YES** button to continue with the authorization request.
29. **RESULT:** The **Authorization Confirmation** screen will populate indicating that the authorization request has been successfully submitted and will display the authorization number and status, admission date, requested days, servicing facility, and primary diagnosis codes.

The screenshot shows a "WARNING" pop-up window with the following text:

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.

At the bottom right of the window are two buttons: "YES" and "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 shows a web interface for authorization confirmation. At the top, a progress bar has three steps: 'Prescreen', 'Authorization Details', and 'Authorization Confirmation'. The 'Authorization Confirmation' step is active. Below the progress bar is a success message: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' Below this is a table with the following data:

Authorization Number	Authorization Status	Admission Date	Requested Days
IP0009834643	Pending	12/13/2022	5
Servicing Facility	Primary Diagnosis	Primary Procedure Code	
AGGARWAL DUTTA, RICHA	Acute amebic dysentery (A06.0)		

At the bottom of the page are three 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.

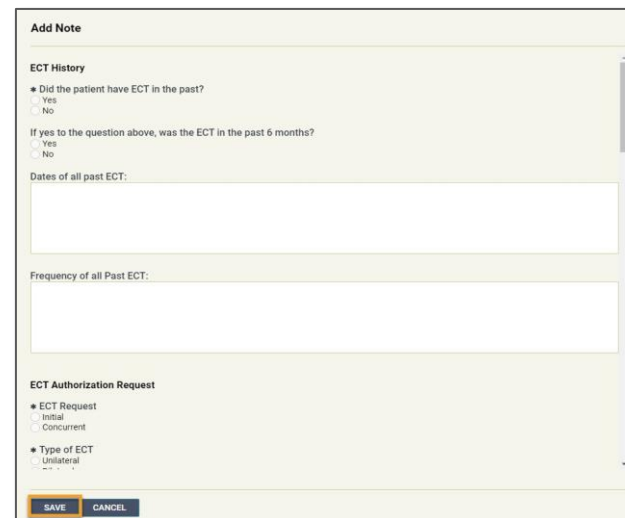
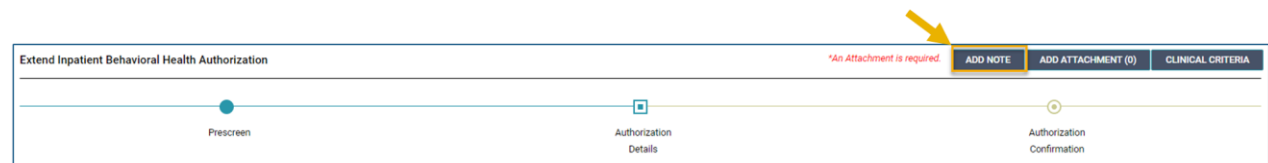
Follow the steps below to add a Note, when required or desired:

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

\* Document Type

Comment

ADD BROWSE

Filenames can contain alphanumeric characters, dashes, and underscores.

CLOSE