

Extend a Service/Procedure (Outpatient) Authorization

Quick Reference Guide

Service/Procedure (Outpatient) Authorizations can be extended upon request. This can only be done for an existing authorization. You will not be able to edit some fields of the authorization request, because they default from the initial authorization request. For example, when requesting an extension, you cannot change the primary diagnosis that was entered on the initial authorization.

If the member is re-admitted, then Magellan requires a new authorization request.

When extending a service/procedure authorization, additional information such as attachments or notes may be required to support the specific request.

The Quick Reference Guide will provide the steps to extend an Outpatient authorization.

Extending a Service/Procedure Authorization

Follow the steps below to submit a request for an Outpatient or Service/Procedure Authorization extension:

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By

Member ID:

Authorization Number: 1

Diagnosis Type:

Date of Service From Date: 03/08/2023

Date of Service To Date:

Inpatient Service Types:

Service/Procedure Service Types:

Include Closed

Requested By Me

FILTER 2

2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

RESULT: The **Services** screen will display.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By: Include Closed: No | From Date: 03/08/2023 | Authorization Number: 0PXXXXXX0359

Inpatient Authorizations Summary

| Member Name | Authorization # | Determination Status | From Date | To Date | Servicing Facility | Diagnosis Code | State |
|------------------|-----------------|----------------------|-----------|---------|--------------------|----------------|-------|
| No records found | | | | | | | |

Service / Procedure Authorizations Summary

| Member Name | Authorization # | Determination Status | Start Date | End Date | State |
|-----------------|-----------------|----------------------|------------|------------|-------|
| SIMPSON, RYAN R | 0PXXXXXX0359 | Approved | 12/29/2022 | 03/20/2023 | Open |

ADD/EXTEND SERVICE 3 | VIEW AUTH DETAILS

4. Select the **EXTEND** button once the authorization appears.

RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Extend Service/Procedure Behavioral Health Authorization

Prescreen | Authorization Details | Services | Confirmation

Service Type: Electroconvulsive Therapy (ECT) | Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

EXTEND 4

Complete the Prescreen

Some of the required fields are pre-entered based on data submitted during the initial authorization entry. You will not be able to edit those fields.

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

1. **Place of Service** - Select the place of service.
2. **Requested Units** - Enter the number of units requested for this procedure code.
3. **Start Date** - Enter the start date of the authorization.
4. **End Date** - Enter the end date of the authorization.
5. **Member Applied Eligibility**- Auto-populates based on the member's eligibility status- do **NOT** change.
6. Click the **NEXT** button.
RESULT: A pop-up stating, “You must submit a request for all services that require authorization.” will display.
7. Click the **NEXT** button again.
RESULT: The **Authorization Details** section will display with some pre-entered authorization information automatically populated.

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

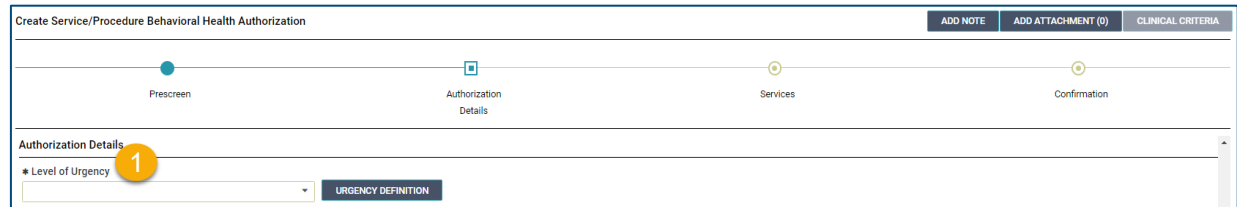
Complete Authorization Details

Some of the required fields are pre-entered based on data submitted during the initial authorization entry. You will not be able to edit those fields.

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

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

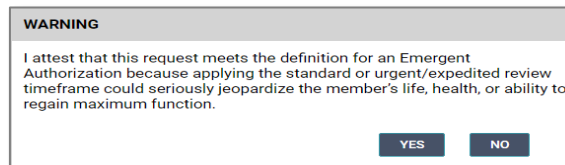
RESULT: A pop-up window will appear asking you to attest that you understand the **Level of Urgency** definitions based on your selection.



- 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.

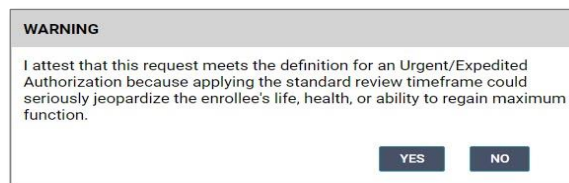
- a. Emergent pop-up example:



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



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



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

3. **Attending Physician/Provider First Name** - enter as appropriate.

| | |
|--|---|
| * Attending Physician/Provider First Name 3 | * Attending Physician/Provider Last Name 4 |
|--|---|

4. **Attending Physician/Provider Last Name** - enter as appropriate.

| | |
|--|--|
| * Attending Physician/Provider Degree 5 | Attending Physician/Provider is Unknown 6 |
|--|--|

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

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

| | |
|---------------------------------|------------------------------|
| Provider Email Address 7 | Extension Requested 8 |
|---------------------------------|------------------------------|

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

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

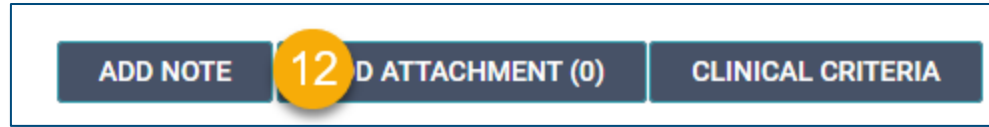
9. **County Program** – not required and can be skipped.

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

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

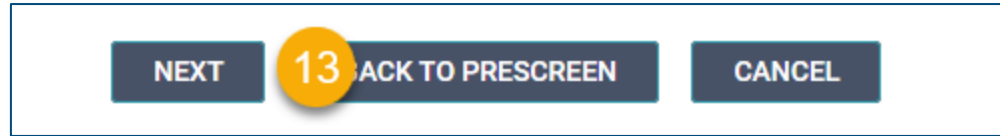
| | | |
|-------------------------|--------------------------|---|
| County Program 9 | Housing Status 10 | * Has the member started treatment? 11 |
|-------------------------|--------------------------|---|

12. Add any additional information via **Attachments** or **Notes**, if required.



13. Click the **NEXT** button at the bottom of the screen.

RESULT: The **Service** screen will display.



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 **Create Service/Procedure 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.

The top screenshot shows the 'Create Service/Procedure Behavioral Health Authorization' screen with a progress bar. The 'ADD NOTE' button is highlighted with a yellow arrow. The bottom screenshot shows the 'Add Note' form with the following fields:

- ECT History**
 - Did the patient have ECT in the past?
 - Yes
 - No
 - If yes to the question above, was the ECT in the past 6 months?
 - Yes
 - No
 - Dates of all past ECT:
 - Frequency of all Past ECT:
- ECT Authorization Request**
 - ECT Request
 - Initial
 - Concurrent
 - Type of ECT
 - Unilateral

Buttons: SAVE, CANCEL

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 **Create Service/Procedure 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 **Service** screen.

The screenshot shows the top of the 'Create Service/Procedure Behavioral Health Authorization' screen. A progress bar at the top indicates four steps: Prescreen, Authorization Details, Services, and Confirmation. The 'ADD ATTACHMENT (0)' button is highlighted with a red circle and the number 1.

The 'Add Attachment' form is shown with the following elements and callouts:

- * File:** A text input field with a 'BROWSE' button highlighted by a red circle and the number 2.
- * Document Type:** A dropdown menu highlighted by a red circle and the number 3.
- Comment:** A large text area highlighted by a red circle and the number 4.
- ADD:** A button at the bottom left highlighted by a red circle and the number 5.

The bottom of the 'Add Attachment' form is shown, with the 'CLOSE' button highlighted by a red circle and the number 6.

Submit the Authorization

1. 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 (12/12) Help About

Dashboard

Member Search

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: FP-SG 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 Servicing Provider OON Reason

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

2. 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 steps: 'Prescreen', 'Authorization Details', 'Services', and 'Confirmation'. The 'Confirmation' step is currently active. Below the progress bar, a message states: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' The main content area is divided into three columns of information:

| | | |
|--|---|--|
| Authorization Number OPXXXXXXXX123 | Primary Diagnosis Generic Diagnosis (F0.XXX) | Requesting Provider DOE, JOHN |
| Service 1 Procedure MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035) | Service Type Partial Hospitalization Program(PHP) Mental Health | Servicing Provider DUMAS, CLAIRE M |
| Status Pending | Units 10 | Unit Type Units |
| Start Date 12/30/2022 | End Date 01/09/2023 | Member's applied eligibility 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'.