

Extend an Inpatient Authorization

Quick Reference Guide

You can request extensions for inpatient authorizations. 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 request.

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

When extending an inpatient authorization, additional information such as attachments or notes may be required to support the specific request.

This Quick Reference Guide will provide the steps to extend an Inpatient authorization.

Extending an Inpatient Authorization

Follow the steps below to submit a request for an Inpatient 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: (MM/DD/YYYY)

Date of Service To Date: (MM/DD/YYYY)

Inpatient Service Types:

Service/Procedure Service Types:

Include Closed

Requested By Me

FILTER RESET

2. Select the **FILTER** button.

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

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

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By: Include Closed: No | From Date: 03/08/2023 | Authorization Number: IPXXXXXXX359

Inpatient Authorizations Summary

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
ADAMS, ALICE R	IPXXXXXXX359	Partially Approved	03/06/2023	03/26/2023	FACILITY OR CLINIC	V97.33XD	Open

EXTEND VIEW AUTH DETAILS

Complete the Prescreen

Most 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 field(s) indicated by the asterisks (*).

1. **Requested Days**- enter in the number of days for the extension.

2. Select the **NEXT** button.

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

3. Click the **NEXT** button again.

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

Extend Inpatient Behavioral Health Authorization

Prescreen Authorization Details Authorization Confirmation

* Primary Diagnosis
Sucked into jet engine, subsequent encounter V97.33XD ICD10 CLEAR

* From Date
03/16/2023 MM/DD/YYYY

* Servicing Facility
DUMAS, CLAIRE M Search by Provider name

Primary Procedure
Search by Procedure name

* Stay Level
Residential Treatment - Psychiatric (Non-JCAHO) x

* Applied Eligibility
BREVARD COUNTY TPA HFHP PPO BOCC ASO-01-F

Provider NPI
1730244323 CLEAR

* Requested Days
1

Service Type
N/A x

2 NEXT CANCEL

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.

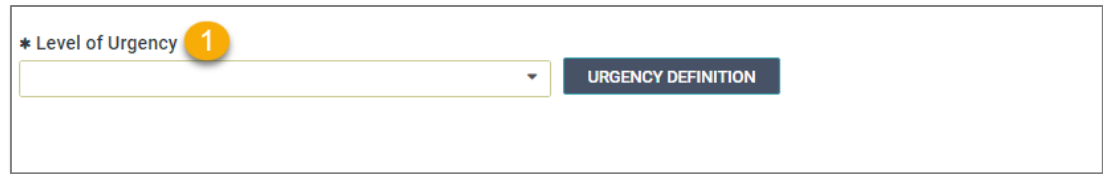
Follow the steps below to complete the remaining **Authorization Details** required fields indicated by the asterisks (*).

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.*

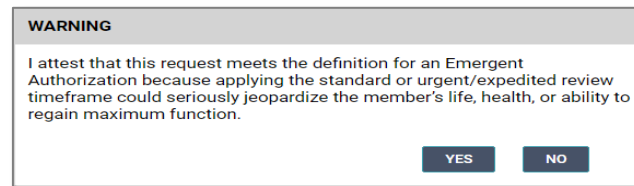
NOTE: The **Urgency Description** button will provide a description of each **Level of Urgency** menu option.



* Level of Urgency 1

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:*

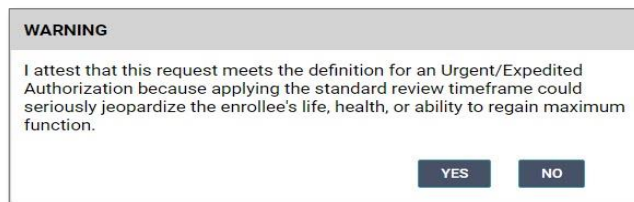


WARNING

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

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

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

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

5. **Attending Physician/Provider Degree** - select the correct option from the drop-down list; if unknown, select “MD”.

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

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

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

9. **Involuntary Admission Type**- not required and can be skipped.

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

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

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

* Attending Physician/Provider First Name 3	* Attending Physician/Provider Last Name 4
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* Attending Physician/Provider Degree 5	Attending Physician/Provider is Unknown 6
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Provider Email Address 7	Extension Requested 8
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Involuntary Admission Type 9	County Program 10	Housing Status 11	* Has the member started treatment? 12
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13. Add any additional information via **Attachments** or **Notes**, if required.

ADD NOTE **13** D ATTACHMENT (0) CLINICAL CRITERIA

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.

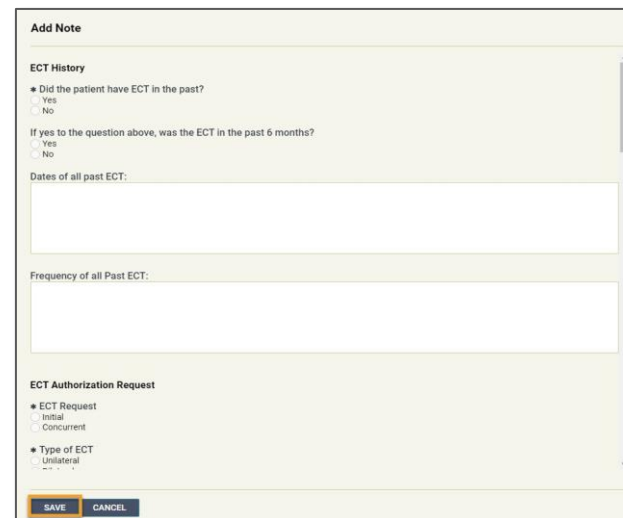
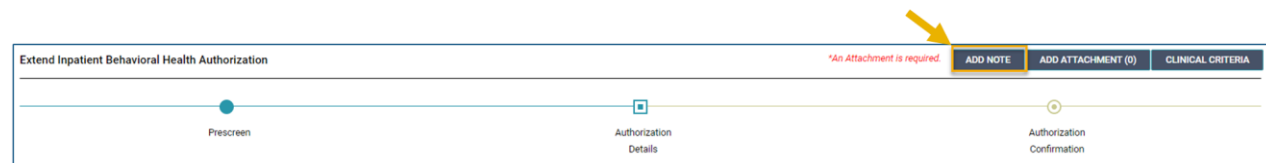
Follow the steps below to add a Note, when required or desired:

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 2

BROWSE

Filenames can contain alphanumeric characters, dashes, and underscores.

* Document Type 3

Comment 4

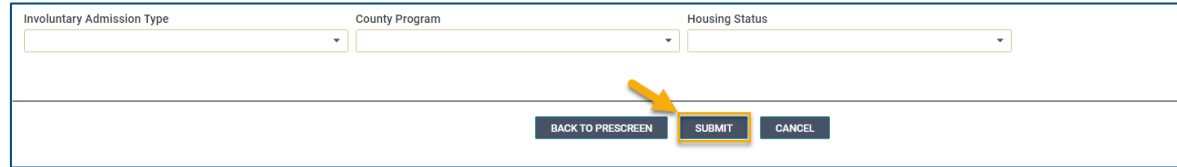
ADD 5

CLOSE 6

Submit the Authorization

1. Click the **SUBMIT** button.

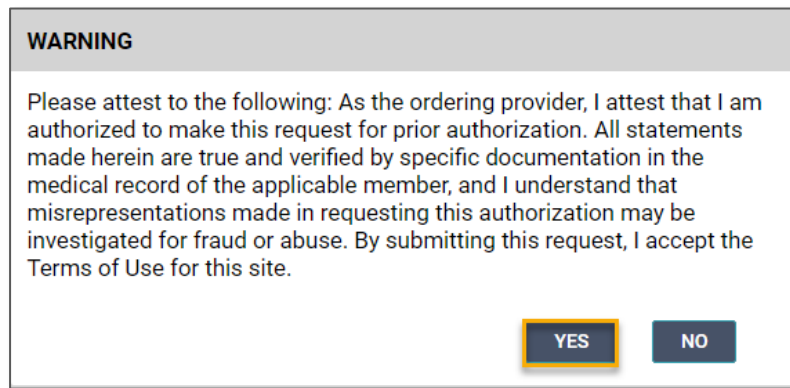
RESULT: A pop-up window will appear stating you agree to the Terms of Use for the site.



The screenshot shows a form with three dropdown menus labeled "Involuntary Admission Type", "County Program", and "Housing Status". Below the dropdowns are three buttons: "BACK TO PRESCREEN", "SUBMIT", and "CANCEL". A yellow arrow points to the "SUBMIT" button.

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 number and status, extension start date, requested days, servicing facility, and primary diagnosis codes.



The screenshot shows a warning dialog box with a grey header containing the word "WARNING". The main text reads: "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, there are two buttons: "YES" and "NO". The "YES" button is highlighted with a yellow border.

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'.