Provider Notice

From: Magellan Healthcare Subject: When to request authorization for services

When to submit a request for authorization?

Some services require prior authorization, some require a notice of admission, and others don't require any authorization at all.

- Prior authorization an authorization request that is submitted before services start.
- Notice of admission an authorization request submitted within 24 to 72 hours of admission or the start of services. Upon submission the clinical documentation is reviewed for medical necessity.

Magellan's provider handbook includes information detailing which services require prior authorization and which services require notice of admission, examples include:

SERVICE NAME	Prior Authorization Required	Notice of Admission Required
Inpatient (acute, subacute, IMD)		\checkmark
Partial Hospitalization (PHP)	✓	
Homes for Adult Residential Treatment (HART)	\checkmark	
Idaho Wraparound Intensive Service (IWInS)		\checkmark

For a comprehensive list of services and authorization requirements please visit the <u>Initiating Care</u> page under the Services Requiring Prior Authorization section.

How to ensure timely submission

Examples of when to submit a notice of admission

Example #1 - Member admission date is April 1 and member is still receiving services.

- Notice of admission submission date should be *between* April 1 and April 4.
- If the notice of admission is not submitted before April 4, the request will be denied for late notification.

Example #2 - Member admission date is April 1 and member discharged April 3.

- Notice of admission submission date should be *before* April 3.
- If the notice of admission is not submitted prior to discharge, this would then be considered a retrospective request.

Examples of when to submit a prior authorization

Example #1 – Member is referred to a service that requires prior authorization.

- Prior authorization request should be submitted *before* services begin.
- If the prior authorization request is not submitted prior to services beginning, the request will be denied for late notification.

Examples of when to submit for additional days/concurrent review

Example #1 – Member has an authorization for inpatient (IP) level of care.

- Request for additional days should be submitted on or before the last covered day.
 - IP example: approved from March 29 to April 10, concurrent review request and clinical documentation need to be received no later than April 9.

Example #2 – Member has an authorization for outpatient (OP) level of care.

- Request for additional units should be submitted before all units have been utilized.
 - OP example: approved from April 22 to May 5, concurrent review request and clinical documentation need to be received no later than May 5.

Questions?

Please contact Magellan at <u>IdahoProvider@MagellanHealth.com</u>.