

Create an Inpatient Authorization

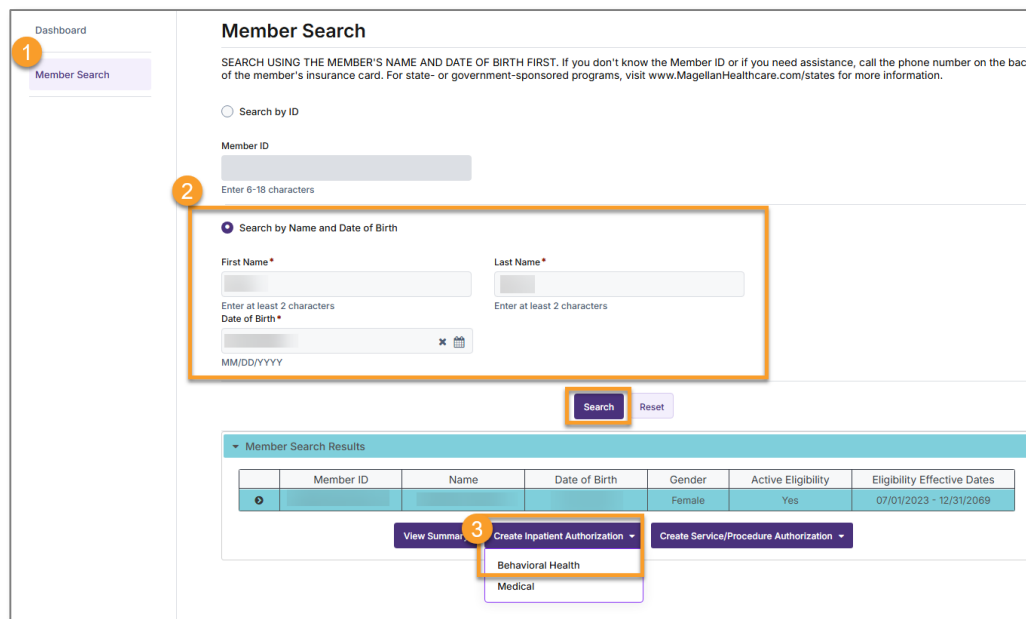
Quick Reference Guide

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.



Member Search

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.

☐ Search by ID

Member ID
Enter 6-18 characters

☒ Search by Name and Date of Birth

First Name *
Enter at least 2 characters

Last Name *
Enter at least 2 characters

Date of Birth *
MM/DD/YYYY

Search **Reset**

▼ Member Search Results

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
0			Female	Yes	07/01/2023 - 12/31/2069

View Summary **3 Create Inpatient Authorization** **Create Service/Procedure Authorization**

Behavioral Health
Medical

Complete the Prescreen

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

1. Primary Diagnosis:

- 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.

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

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

Create Inpatient Behavioral Health Authorization

Prescreen Authorization Details Authorization Confirmation

* Primary Diagnosis **1**

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	

Admission Date * **2** Applied Eligibility * **3**

MM/DD/YYYY Enter date to see eligibility.

Servicing Facility * Provider NPI Search

Search by Provider name (OR) Search by Provider NPI

4. Servicing Facility:

- a. Enter the Servicing Facility's name and click **SEARCH** or click **[Enter]** on your keyboard.

NOTE: When submitting a prior authorization request, you do not need to select a specific NPI for the 'Servicing Facility' if multiple NPIs are associated for the same service location. If searching your NPI number gives you any issues, we recommend you search by the servicing facility name that is in-network for the requested level of care and location. **Please make sure to check that your TIN and service address, that you are currently contracted for, are correct before submitting the authorization.**

- 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.

The screenshot shows a search form with the following fields and labels:

- Admission Date ***: A date input field with a calendar icon and the format MM/DD/YYYY.
- Applied Eligibility ***: A dropdown menu with the instruction "Enter date to see eligibility."
- Servicing Facility ***: A text input field with an orange circle containing the number 4 next to it.
- Provider NPI**: A text input field.
- Search**: A button.
- Search by Provider name**: A label below the Servicing Facility field.
- (OR) Search by Provider NPI**: A label below the Provider NPI field.

The screenshot shows a table titled "Provider Search Result(s)" with a "Go to Provider Search" link in the top right corner. The table contains three rows of search results, each with the following columns:

Location Name:	Provider ID	Tax ID	NPI	Servicing address
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

IMPORTANT:

- If the Servicing Facility shows out-of-network, however, the provider is in-network, conduct a search using the *Provider ID number via the steps below.

- A. Click on **Go to Provider Search.**
- B. Enter the Provider ID in the **Provider ID** field.
- C. Click the **SEARCH** button.

NOTE: *Provider ID is the same as your Management Information System (MIS) number which can be found on your initial Welcome Letter.

Provider Search Result(s)

Go to Provider Search

Location Name:	Provider ID	Tax ID	NPI	Servicing address

Search Provider

Provider Name

Provider NPI

Provider ID

Tax ID

City

State

SEARCH RESET

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 includes the following fields and elements:

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

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.
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).

The screenshot displays the 'Create Inpatient Behavioral Health Authorization' form. At the top, there is a progress bar with three steps: 'Prescreen', 'Authorization Details' (the current step), and 'Authorization Confirmation'. The 'Authorization Details' section contains several fields with asterisks indicating required information:

- * Admission Type** (1): A dropdown menu.
- Admission Source** (2): A dropdown menu.
- * Place of Service** (3): A dropdown menu.
- Target Discharge Date** (4): A date input field with a calendar icon and a placeholder 'MM/DD/YYYY'.
- * Level of Urgency**: A dropdown menu.
- URGENCY DEFINITION**: A button.

At the top right of the form, there are buttons for 'ADD NOTE', 'ADD ATTACHMENT (0)', and 'CLINICAL CRITERIA'.

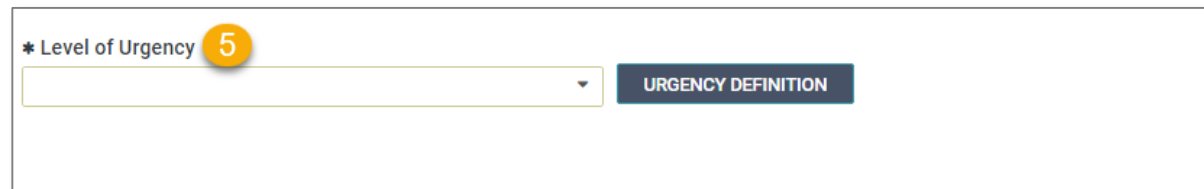
5. Select the **Level of Urgency** from the drop-down menu.

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.*

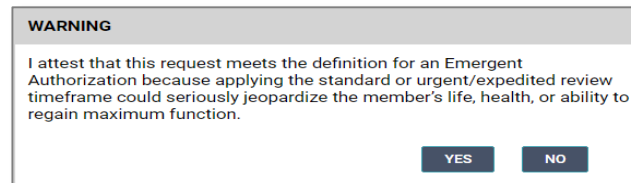
NOTE: The **Urgency Description** button will provide a description of each **Level of Urgency** menu option.

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



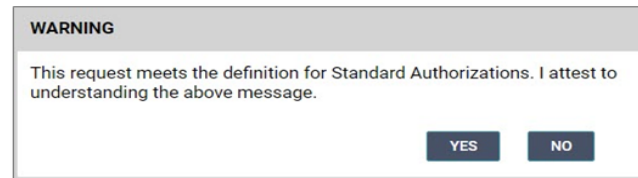
The screenshot shows a web interface for selecting the level of urgency. It features a dropdown menu labeled '* Level of Urgency' with a yellow circle containing the number '5' next to it. To the right of the dropdown is a button labeled 'URGENCY DEFINITION'.

- a. *Emergent pop-up example:*



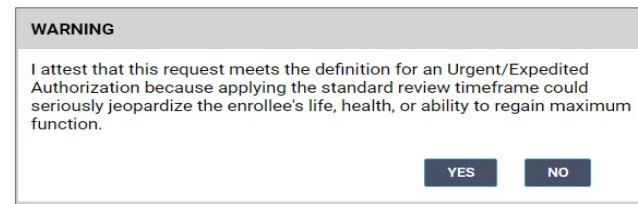
The screenshot shows a pop-up window titled 'WARNING'. The text inside reads: 'I attest that this request meets the definition for an Emergent Authorization because applying the standard or urgent/expedited review timeframe could seriously jeopardize the member's life, health, or ability to regain maximum function.' At the bottom right, there are two buttons: 'YES' and 'NO'.

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



The screenshot shows a pop-up window titled 'WARNING'. The text inside reads: 'This request meets the definition for Standard Authorizations. I attest to understanding the above message.' At the bottom right, there are two buttons: 'YES' and 'NO'.

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



The screenshot shows a pop-up window titled 'WARNING'. The text inside reads: '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.' At the bottom right, there are two buttons: 'YES' and 'NO'.

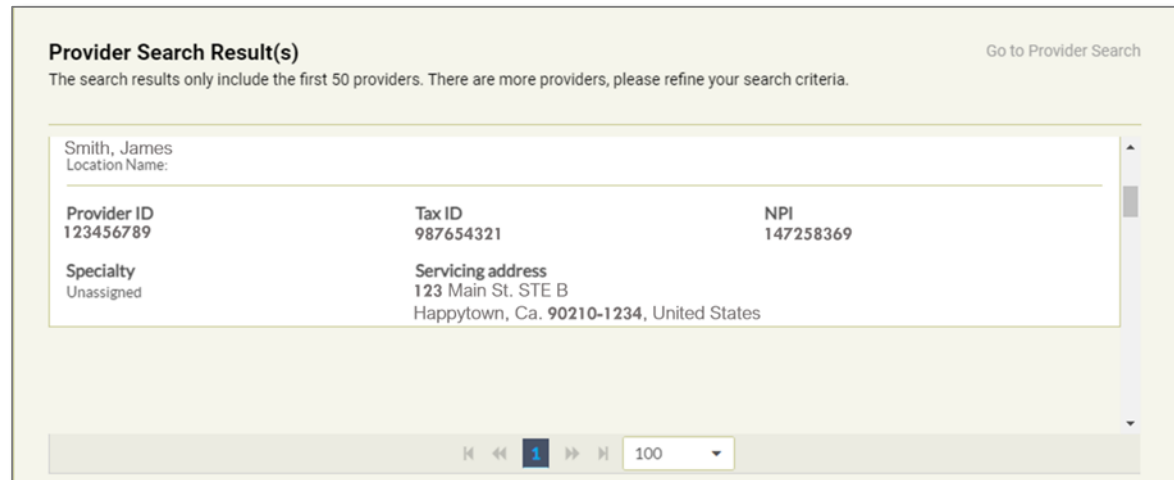
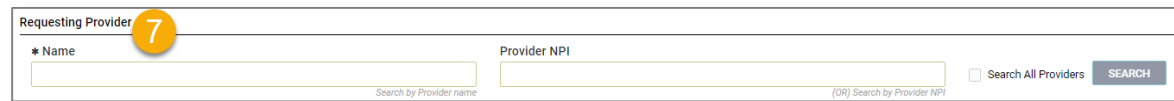
7. **Requesting Provider:**

- 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**.

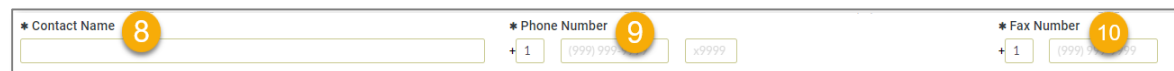
NOTE: Entering the provider's NPI into the **Provider NPI** field and clicking **[Enter]** will auto-populate the Requesting Provider name without needing to conduct a search.

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.



Provider ID	Tax ID	NPI	Servicing address
123456789	987654321	147258369	123 Main St. STE B Happytown, Ca. 90210-1234, United States



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*

Servicing Facility:

Contact Name:

Contact Number: +1 (999) 999-9999 x9999

Fax Number: +1 (999) 999-9999

Primary Procedure:

Additional Procedure:

Secondary diagnosis:

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

* Attending Physician/Provider First Name 17

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

* Attending Physician/Provider Last Name 18

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

* Attending Physician/Provider Degree 19

20. **Attending Physician/Provider is Unknown** - select "Attending Physician UM dept" or leave blank (optional).

Attending Physician/Provider is Unknown 20

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**- only required, when applicable for Pennsylvania HealthChoices members, otherwise can be skipped.

NOTE: Pennsylvania HealthChoices providers should answer only if applicable to the member.

25. **Housing Status** - only required for Pennsylvania HealthChoices members, otherwise can be skipped.

NOTE: Pennsylvania HealthChoices providers should answer as applicable.

26. **Has the member started treatment?** – not required and can be skipped.

27. Click the **SUBMIT** button.

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

This screenshot shows the top portion of a web form. It contains two input fields. The first field is labeled 'Provider Email Address' with a yellow circle containing the number 21 next to it. The second field is labeled 'Extension Requested' with a yellow circle containing the number 22 next to it. Both fields are empty and have a light gray border.

This screenshot shows the bottom portion of the web form. It contains four dropdown menus in a row. The first is labeled 'Involuntary Admission Type' with a yellow circle containing the number 23. The second is labeled 'County Program' with a yellow circle containing the number 24. The third is labeled 'Housing Status' with a yellow circle containing the number 25. The fourth is labeled 'Has the member started treatment?' with a yellow circle containing the number 26. Below these fields are three buttons: 'BACK TO PRESCREEN' (dark blue), 'SUBMIT' (orange with a yellow circle containing the number 27), and 'CANCEL' (dark blue).

28. 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, admission date, requested days, 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.

Prescreen	Authorization Details	Authorization Confirmation
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You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.

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

RETURN TO MEMBER SEARCH RETURN TO DASHBOARD PRINT