Create an Inpatient Authorization

Quick Reference Guide

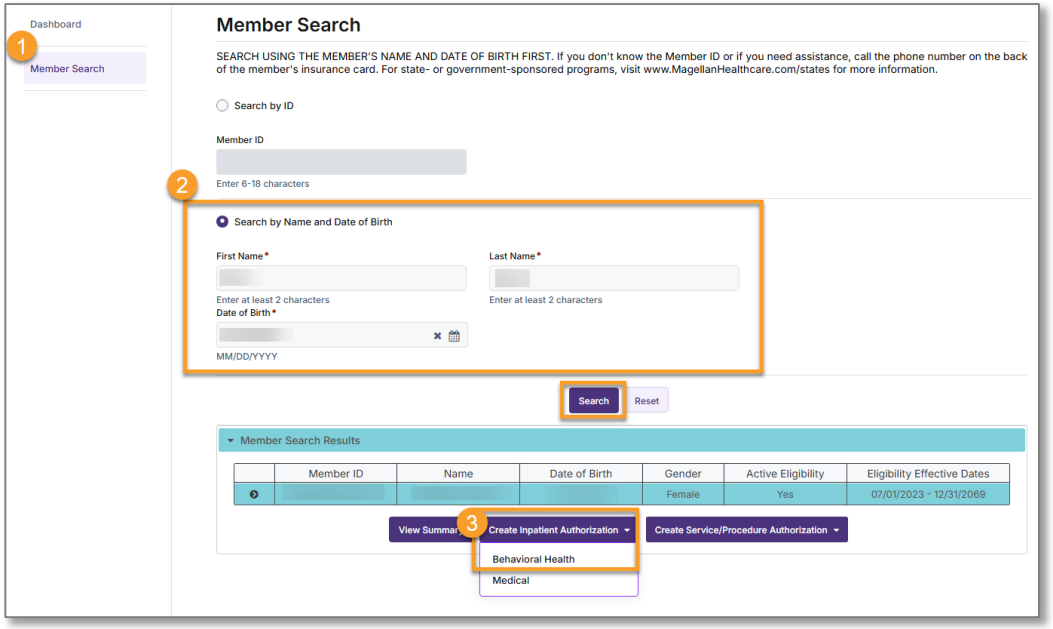
This Quick Reference Guide demonstrates how to create an inpatient authorization request as well as provides important tips for the best experience with Magellan's authorization system.

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.



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Complete the Prescreen

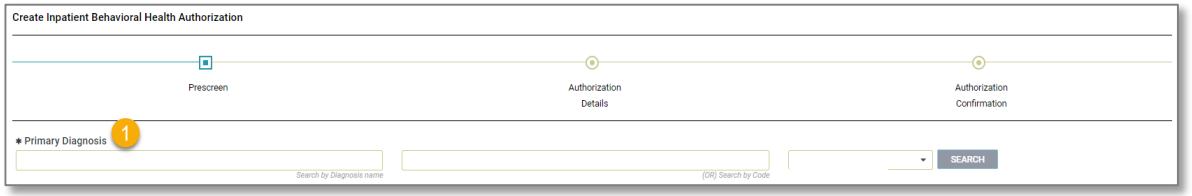
Follow the steps below to complete all **Prescreen** required fields indicated by the asterisks (*).

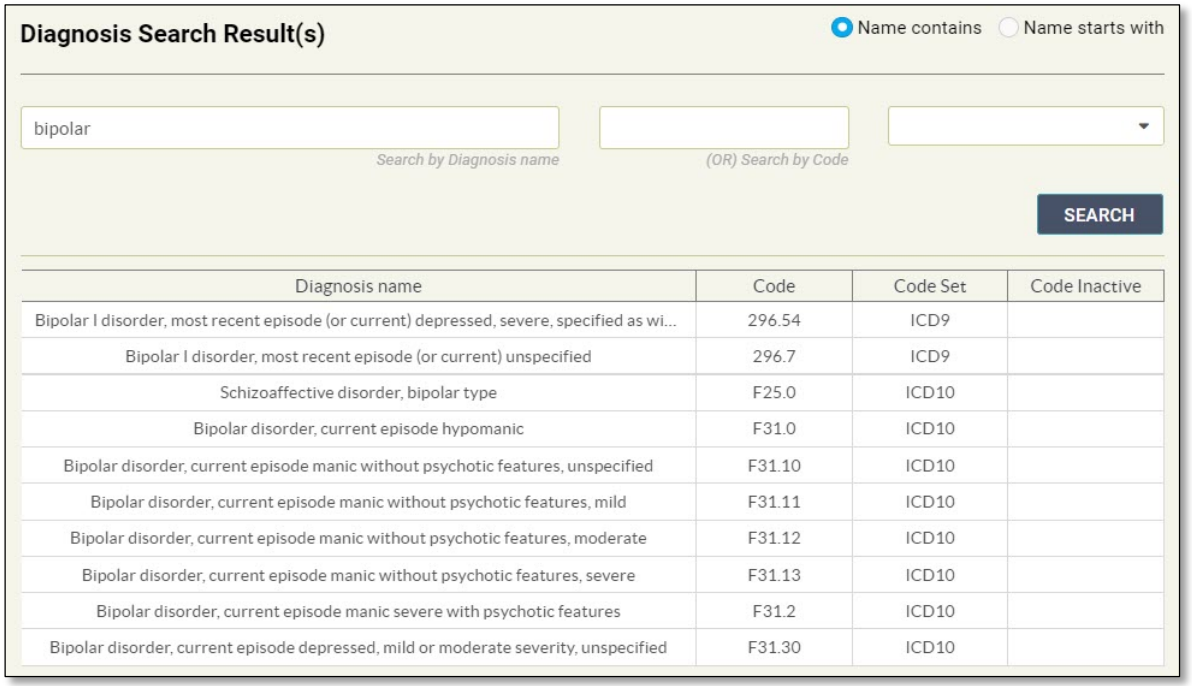
1. **Primary Diagnosis:**

   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.

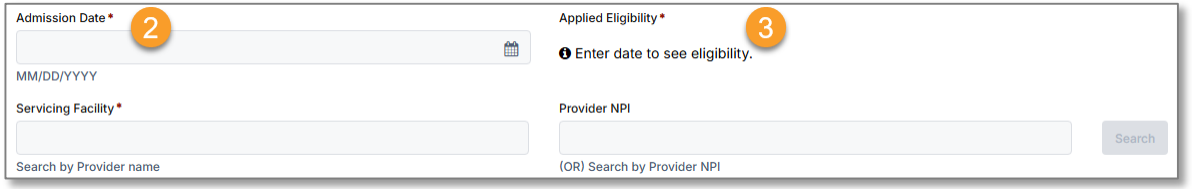
   b. Click to select the correct diagnosis within the Diagnosis Search Result(s) – this will add it to the **Prescreen**.





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.



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4. **Servicing Facility:**

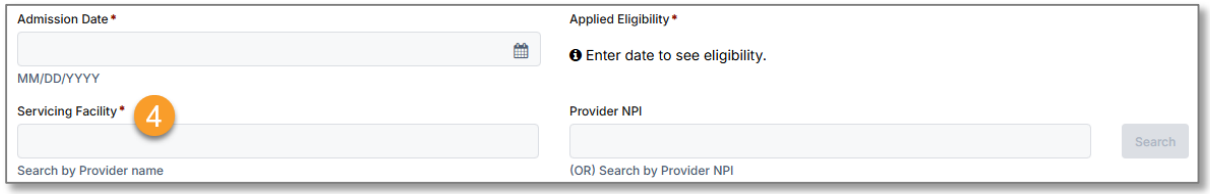
   a. Enter the Servicing Facility's name and click **SEARCH** or click **[Enter]** on your keyboard.

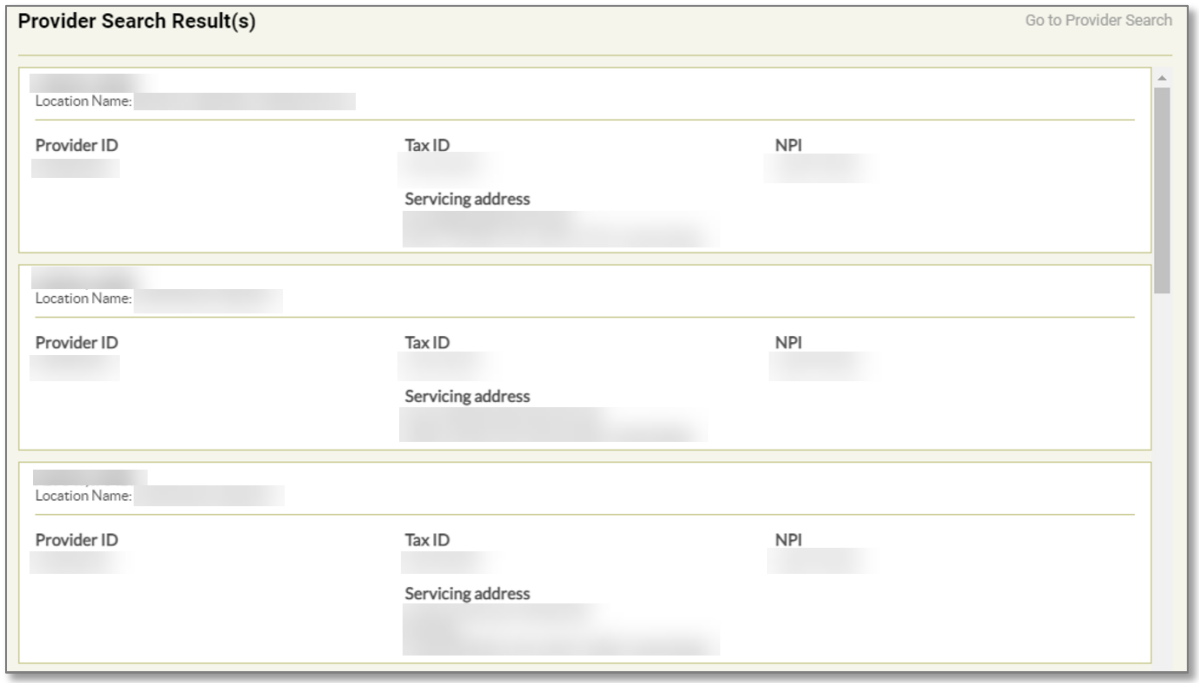
   NOTE: When submitting a prior authorization request, you do not need to select a specific NPI for the 'Servicing Facility' if multiple NPIs are associated for the same service location. If searching your NPI number gives you any issues, we recommend you search by the servicing facility name that is in-network 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.





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IMPORTANT:

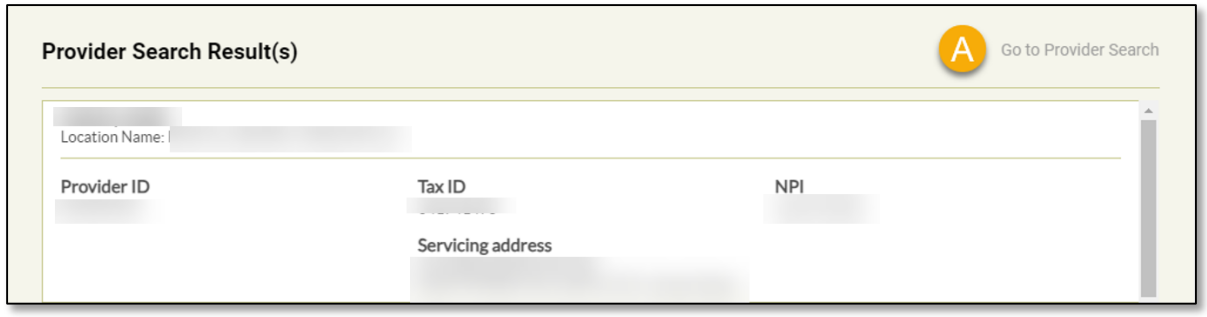
- If the Servicing Facility shows out-of-network, however, the provider is in-network, conduct a search using the *Provider ID number via the steps below.

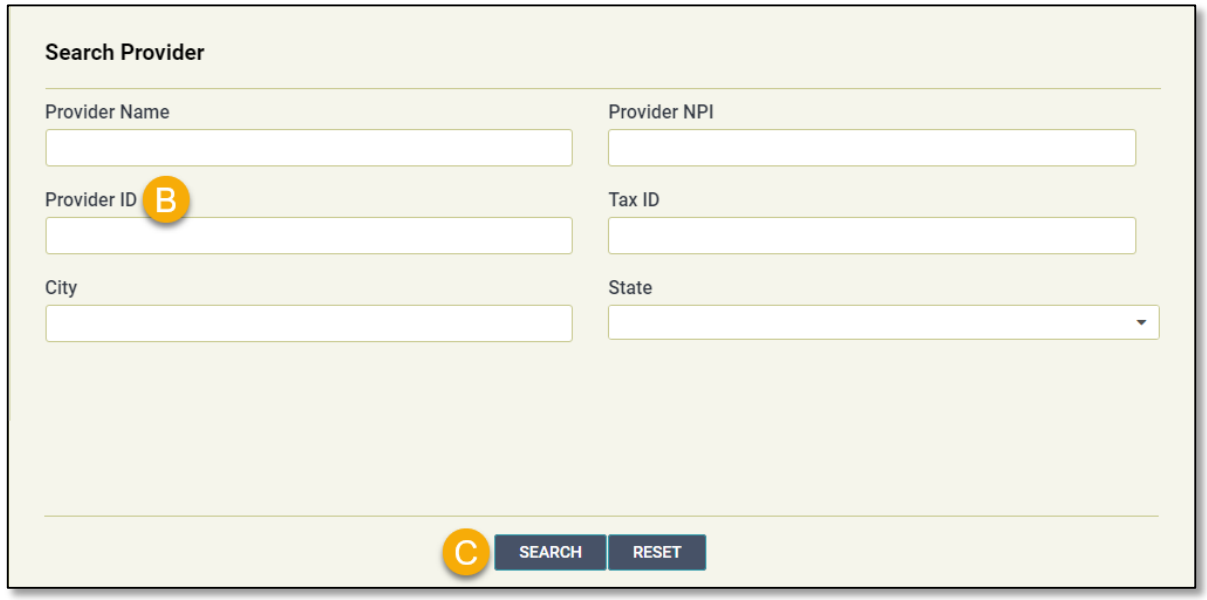
  A. Click on **Go to Provider Search**.

  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.





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5. **Primary Procedure Code-** enter applicable procedure code or **leave blank** (optional).

6. **Stay Level**- select the stay level as appropriate.

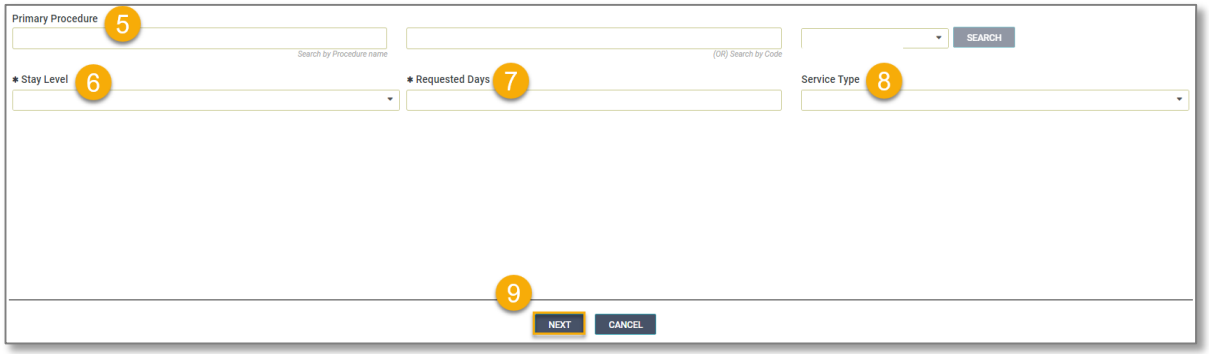
7. **Requested Days**- enter the requested days as appropriate.

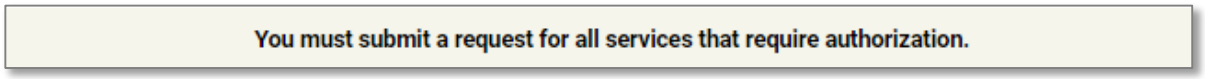
8. **Service Type-** select "N/A."

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.





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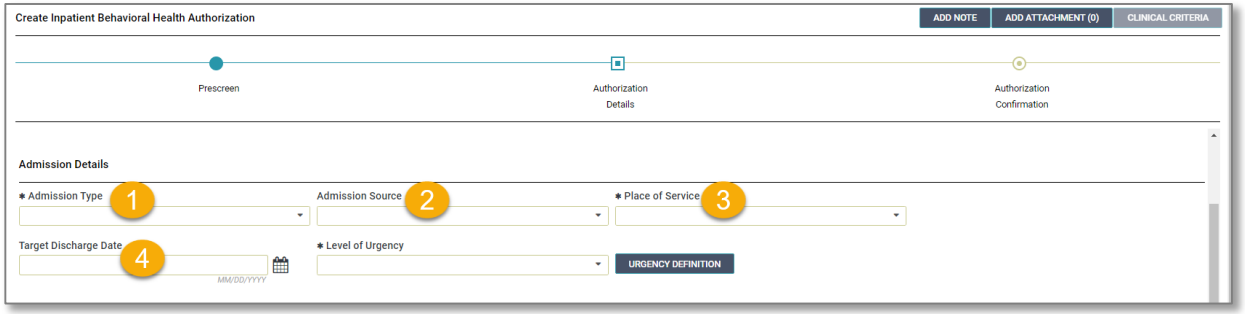
Complete Authorization Details

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).



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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.

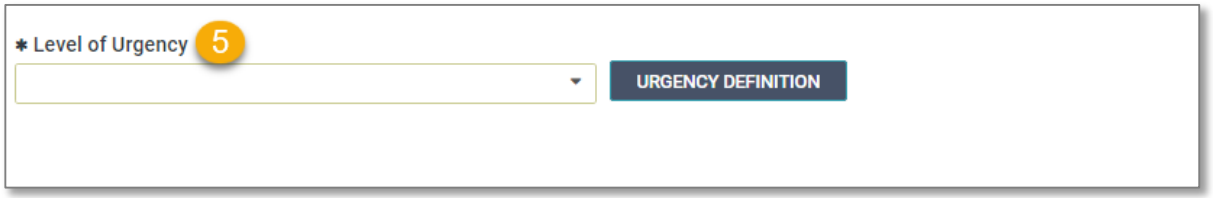
   a. *Pop-up displays if "Emergent" is selected.*

   b. *Pop-up displays if "Standard/ Standard Organization Determination" is selected.*

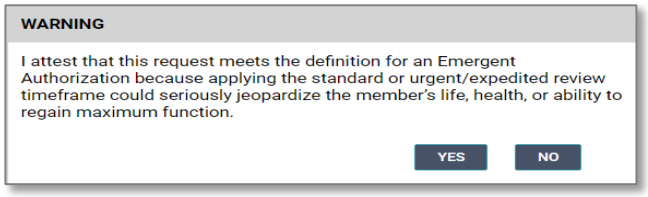
   c. *Pop-up displays if "Urgent/ Expedited/ Expedited Organization Determination" is selected.*

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

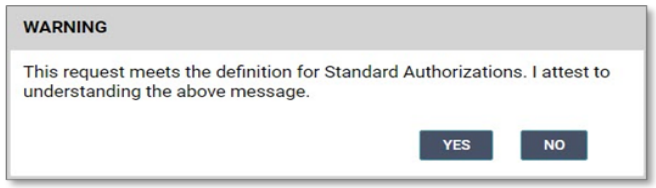
6. Select the **YES** button in the pop-up to continue with the authorization request.



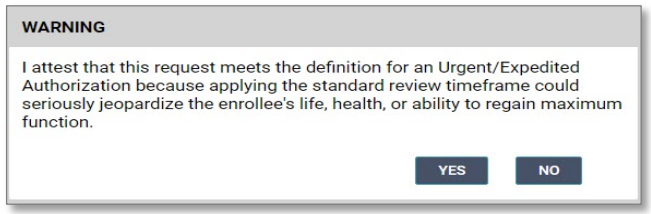
a. Emergent pop-up example:



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



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



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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**.

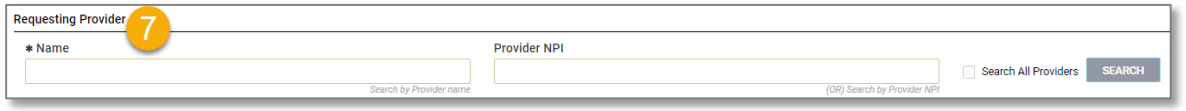
   NOTE: Entering the provider's NPI into the **Provider NPI** field and clicking **[Enter]** will auto-populate the Requesting Provider name without needing to conduct a search.

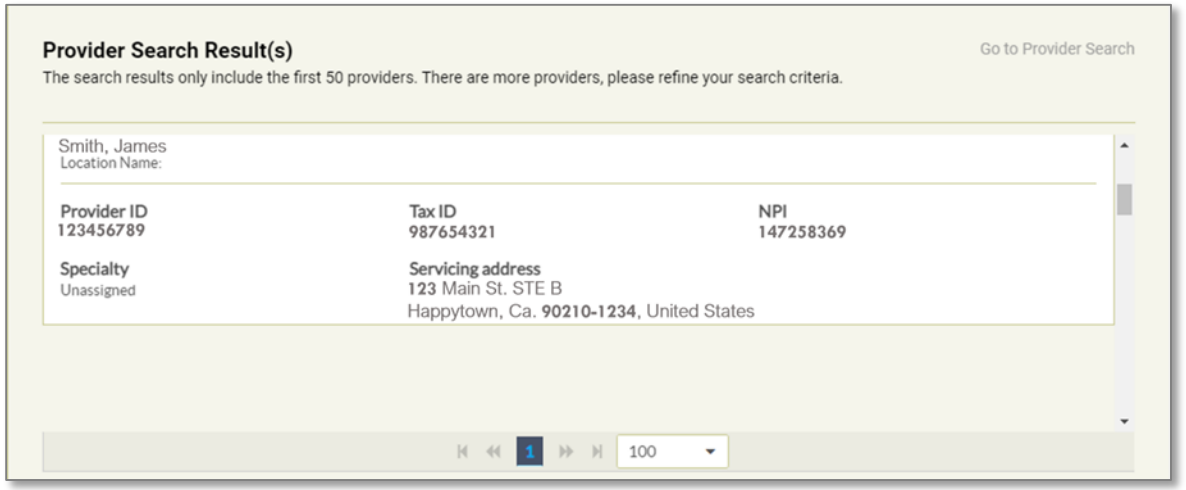
   REMINDER: Provider must be one of the providers in your **Provider Filter** to see the authorization on the system Dashboard.

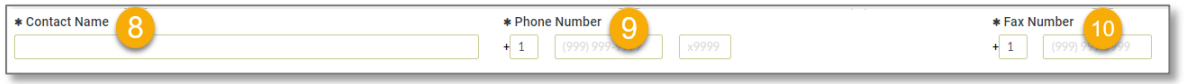
8. **Contact Name** - enter the contact name as appropriate.

9. **Contact Number** - enter the contact number as appropriate.

10. **Fax Number** - enter the fax number as appropriate.







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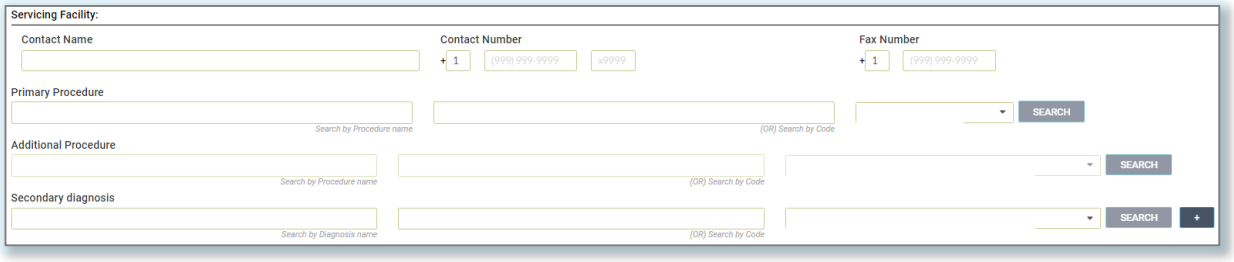
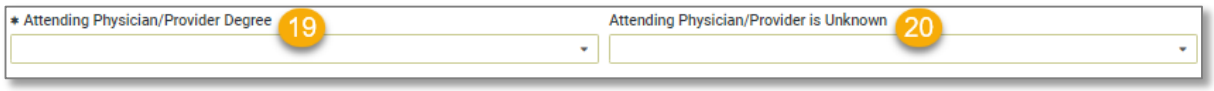
The following fields of the **Servicing Facility** section *are not required* but can be entered as appropriate:

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



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).



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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.

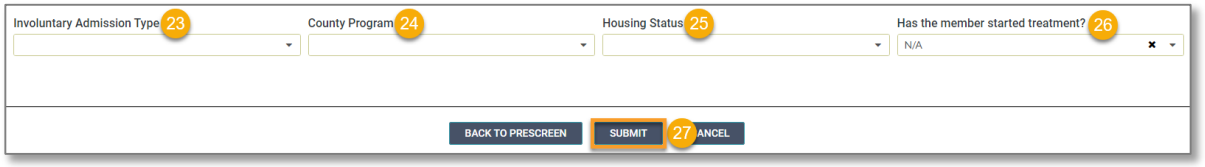
25. **Housing Status** - only required for Pennsylvania HealthChoices members, otherwise can be skipped.

    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.



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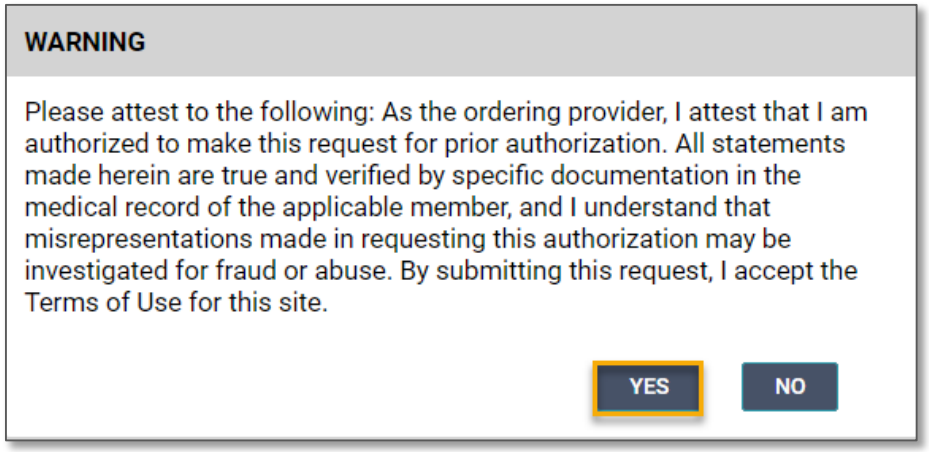
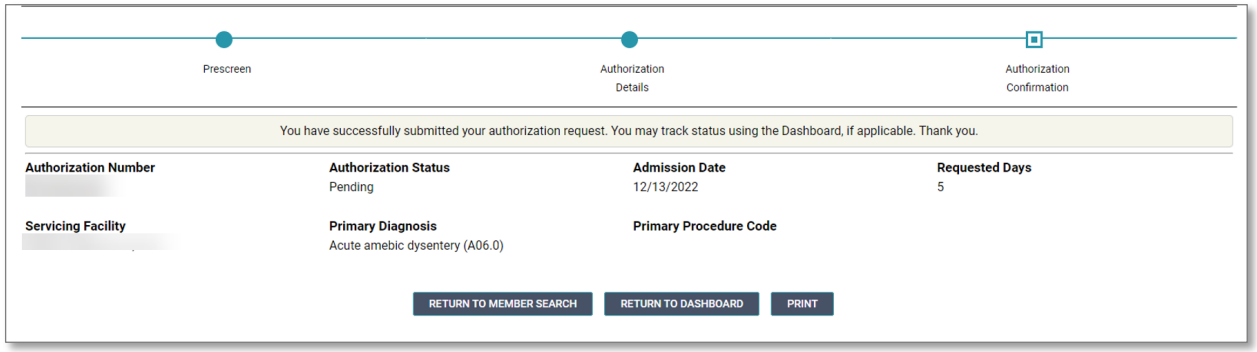
28. Select the **YES** button to continue with the authorization request.

    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.



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.



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