

Create a Service/Procedure (Outpatient) Authorization

Quick Reference Guide

Outpatient authorizations within Magellan's authorization system are called Service/Procedure authorizations. This guide includes the specific steps necessary to add a Service/Procedure authorization request.

This guide is applicable to the following Service/Procedure authorization types:

- Family Based Services (FBS) and
- Partial Hospitalization Program (PHP)/Mental Health.

IMPORTANT: When adding a Service/Procedure authorization request, additional information such as attachments or notes may need to be added to support the specific request. The authorization system will inform you that a note or attachment is required when you attempt to submit the authorization request.

This Quick Reference Guide will provide the steps to create a Service/Procedure or "Outpatient" authorization.

Locate the Member

Follow the steps below to locate the Member to start an outpatient 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 SERVICE/PROCEDURE AUTHORIZATION** button when the member appears, and then select **Behavioral Health** from the drop-down menu.

RESULT: The **Prescreen** screen will appear.

The screenshot shows the 'Member Search' interface. On the left is a navigation pane with 'Dashboard' and 'Member Search' (highlighted with a blue circle and the number 1). The main area is titled 'Member Search' and contains instructions: '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.'

There are two search options: 'Search by ID' and 'Search by Name and Date of Birth' (selected with a blue circle and the number 2). The 'Search by Name and Date of Birth' section has fields for 'First Name' (with a hint 'Enter at least 2 characters'), 'Last Name' (with a hint 'Enter at least 2 characters'), and 'Date of Birth' (with a hint 'MM/DD/YYYY' and a calendar icon). A 'Search' button (highlighted with a blue circle and the number 2) and a 'Reset' button are at the bottom of this section.

Below the search section is a 'Member Search Results' table. It has columns: Member ID, Name, Date of Birth, Gender, Active Eligibility, and Eligibility Effective Dates. One result is shown: Member ID (with a blue circle icon), Name, Date of Birth, Gender: Female, Active Eligibility: Yes, and Eligibility Effective Dates: 07/01/2023 - 12/31/2029. Below the table are buttons: 'View Summary', 'Create Inpatient Authorization', and 'Create Service/Procedure Authorization' (highlighted with a blue circle and the number 3). A dropdown menu is open next to the 'Create Service/Procedure Authorization' button, showing 'Behavioral Health' (highlighted with a blue circle and the number 3) and 'Medical'.

Complete the Prescreen

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

1. **Service Type** - choose appropriate option from the drop-down list.
2. **Place of Service** - Select the place of service.
3. **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**.

Create Service/Procedure Behavioral Health Authorization

Prescreen Authorization Details Services Confirmation

* Service Type 1 * Place of Service 2

* Primary Diagnosis 3

bipolar

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	

4. Primary Procedure Code

- a. Enter the Primary Procedure Name or the Procedure Code and click **SEARCH** or click **[Enter]** on your keyboard.

NOTE: Entering the Procedure Code into the Code field and clicking **[Enter]** will auto-populate the Procedure Name without needing to conduct a search.

- b. Click to select the correct Procedure Name and Code within the Procedure Search Result(s) – this will add it to the **Prescreen**.

5. **Requested Units** - Enter the number of units requested for this procedure code.

6. **Unit Type** – Select “Units”.

7. **Start Date** - Enter the start date of the authorization.

8. **End Date** - Enter the end date of the authorization.

9. **Member Applied Eligibility**- Auto-populates based on the member’s eligibility status- do **NOT** change.

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* Primary Procedure Code

partial hospitalization

Search by Procedure name

(OR) Search by Code

SEARCH

Procedure Search Result(s)

☒ Name contains ☐ Name starts with

mental health

Search by Procedure name

(OR) Search by Code

SEARCH

MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032	HCPCS	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HA	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HAEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HAEP1	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HKEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOAH	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOEP	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOHK	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HOU1	EXTENDED	
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	H0032HPAH	EXTENDED	

* Requested Units 5

* Unit Type 6

* Start Date 7

* End Date 8

* Member's Applied Eligibility 9

MM/DD/YYYY

MM/DD/YYYY

None Available

10. Servicing Provider:

- a. Enter the Provider 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 Provider' 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 Provider within the Provider Search Result(s) – this will add it to the Prescreen.

• Servicing Provider **10**

Search by Provider name(OR) Search by Provider NPI

SEARCH

Provider Search Result(s)

Go to Provider Search

The search results only include the first 50 providers. There are more providers, please refine your search criteria.

Smith, James
Location Name:

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

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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.

11. Click **NEXT**.

RESULT: A pop-up stating, "You must submit a request for all services that require authorization." will appear.

12. Click **NEXT** again.

Provider Search Result(s) A Go to Provider Search

The search results only include the first 50 providers. There are more providers, please refine your search criteria.

Smith, James Location Name:		
Provider ID 123456789	Tax ID 987654321	NPI 147258369
Specialty Unassigned	Servicing address 123 Main St. STE B Happytown, Ca. 90210-1234, United States	

Search Provider

Provider Name 	Provider NPI
Provider ID B 	Tax ID
City 	State

C

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

RESULT: The **Authorization Details** screen will display.

Complete Authorization Details

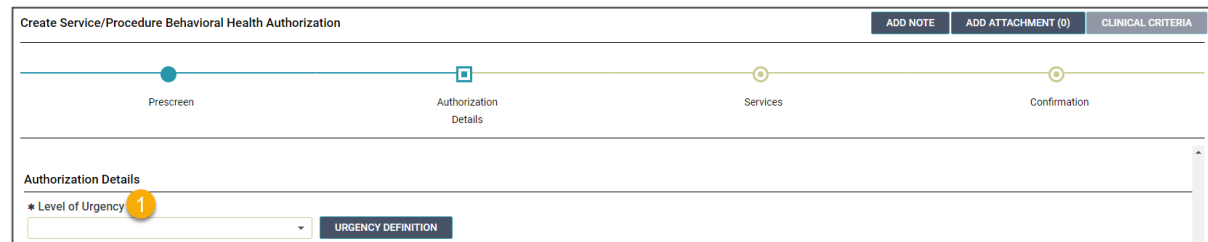
Follow the steps below to complete all **Authorization Details** required fields indicated by the asterisks (*).

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

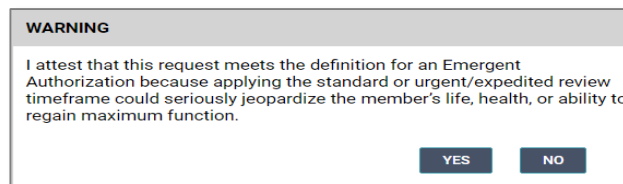
RESULT: A pop-up window will appear asking you to attest that you understand the **Level of Urgency** definitions based on your selection.

- 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.

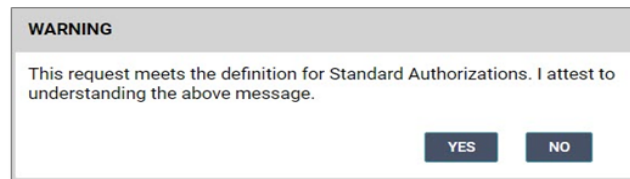
NOTE: The **Urgency Description** button will provide a description of each **Level of Urgency** menu option.



- 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.

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**

3. **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.

* Requesting Provider 3

☐ Search All Providers

SEARCH

Search by Provider name

(OR) Search by Provider NPI

Provider Search Result(s) Go to Provider Search
The search results only include the first 50 providers. There are more providers, please refine your search criteria.

Smith, James
Location Name:

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

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4. **Requesting Provider Contact Name** - enter as appropriate.
5. **Requesting Provider Contact Number** - enter as appropriate.
6. **Requesting Provider Fax Number** - enter as appropriate.
7. **Servicing Provider Contact Name** - not required and can be skipped or entered as appropriate.
8. **Servicing Provider Contact Number** - not required and can be skipped or entered as appropriate.
9. **Servicing Provider Fax Number** - not required and can be skipped or entered as appropriate.
10. **Secondary Diagnosis** - not required and can be skipped.

The screenshot shows a form with the following fields and callouts:

- 4**: * Requesting Provider Contact Name (text input)
- 5**: * Requesting Provider Contact Number (input with country code +1, area code [999] 999-9999, and extension x9999)
- 6**: * Requesting Provider Fax Number (input with country code +1 and area code [999] 999-9999)
- 7**: Servicing Provider Contact Name (text input)
- 8**: Servicing Provider Contact Number (input with country code +1, area code [999] 999-9999, and extension x9999)
- 9**: Servicing Provider Fax Number (input with country code +1 and area code [999] 999-9999)
- 10**: Secondary diagnosis (text input)

At the bottom, there are two search options: "Search by Diagnosis name" and "(OR) Search by Code", followed by a "SEARCH" button and a "+" button.

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

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

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

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

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

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

* Attending Physician/Provider First Name 11	* Attending Physician/Provider Last Name 12

* Attending Physician/Provider Degree 13	Attending Physician/Provider is Unknown 14

Provider Email Address 15	Extension Requested 16

17. **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.

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

NOTE: Pennsylvania HealthChoices providers should answer as applicable.

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

20. Click the **NEXT** button.

RESULT: The system will proceed to the **Services** screen where you can review for the authorization or add a new service to the authorization prior to submitting it.

The screenshot shows a form with three dropdown menus and three buttons. The first dropdown menu is labeled 'County Program' and has an orange circle with the number 17 next to it. The second dropdown menu is labeled 'Housing Status' and has an orange circle with the number 18 next to it. The third dropdown menu is labeled 'Has the member started treatment?' and has an orange circle with the number 19 next to it. Below the dropdown menus are three buttons: 'Next' (with an orange circle with the number 20 next to it), 'Back To Prescreen', and 'Cancel'.

21. 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)

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 (940035)

Start Date: 12/30/2022 End Date: 01/09/2023 EDIT

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 (940035)	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

22. 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.

Dashboard
Member Search

Create Service/Procedure Behavioral Health Authorization

Prescreen
Authorization Details
Services
Confirmation

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

Authorization Number OPXXXXXX123	Primary Diagnosis Generic Diagnosis (F0.XX)	Requesting Provider
Service 1		
Procedure MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)	Service Type Partial Hospitalization Program(PHP) Mental Health	Servicing Provider
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

RETURN TO MEMBER SEARCH
RETURN TO DASHBOARD
PRINT