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 Gide will provide the steps to create a Service/Procedure or "Outpatient" authorization.

Locate the Member

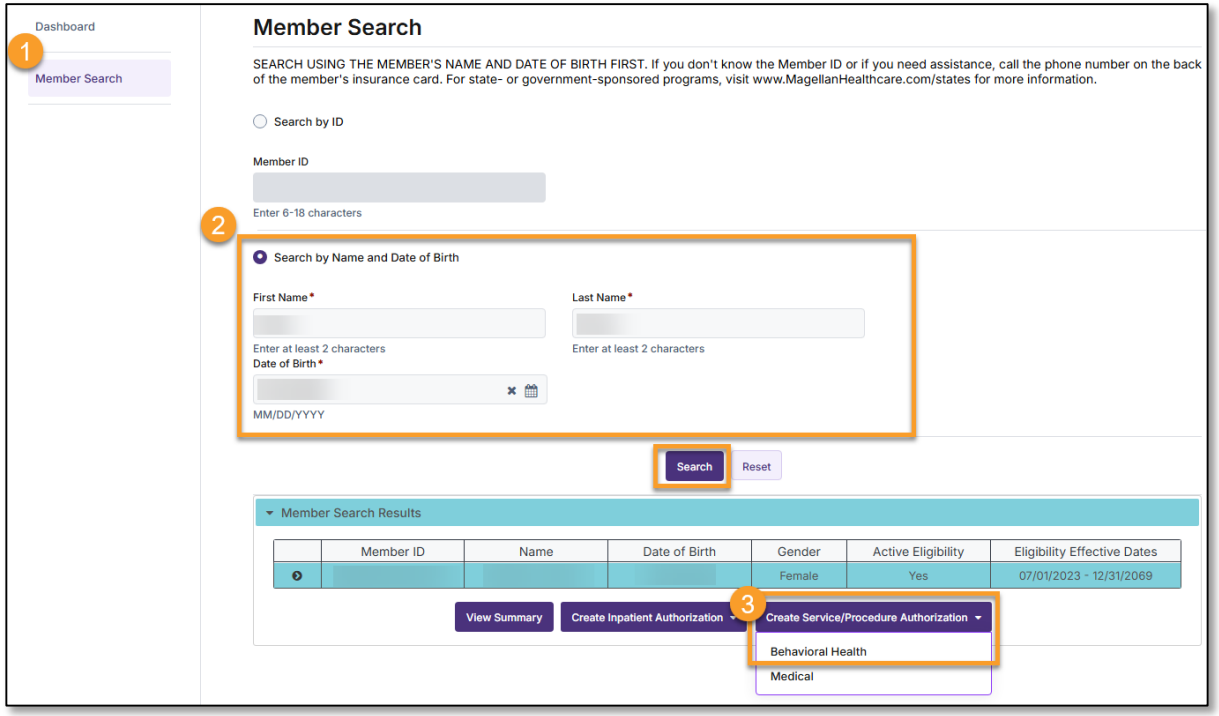
Follow the steps below to locate the Member to start an outpatient authorization:

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.



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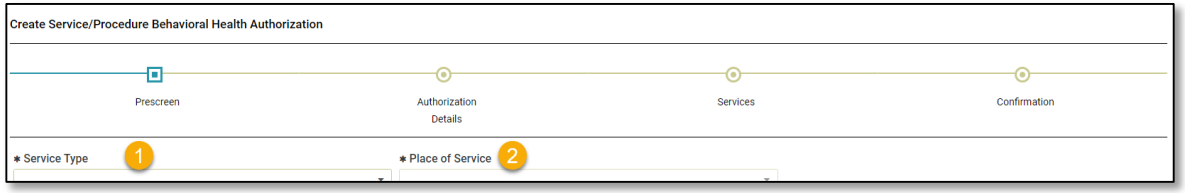
Complete the Prescreen

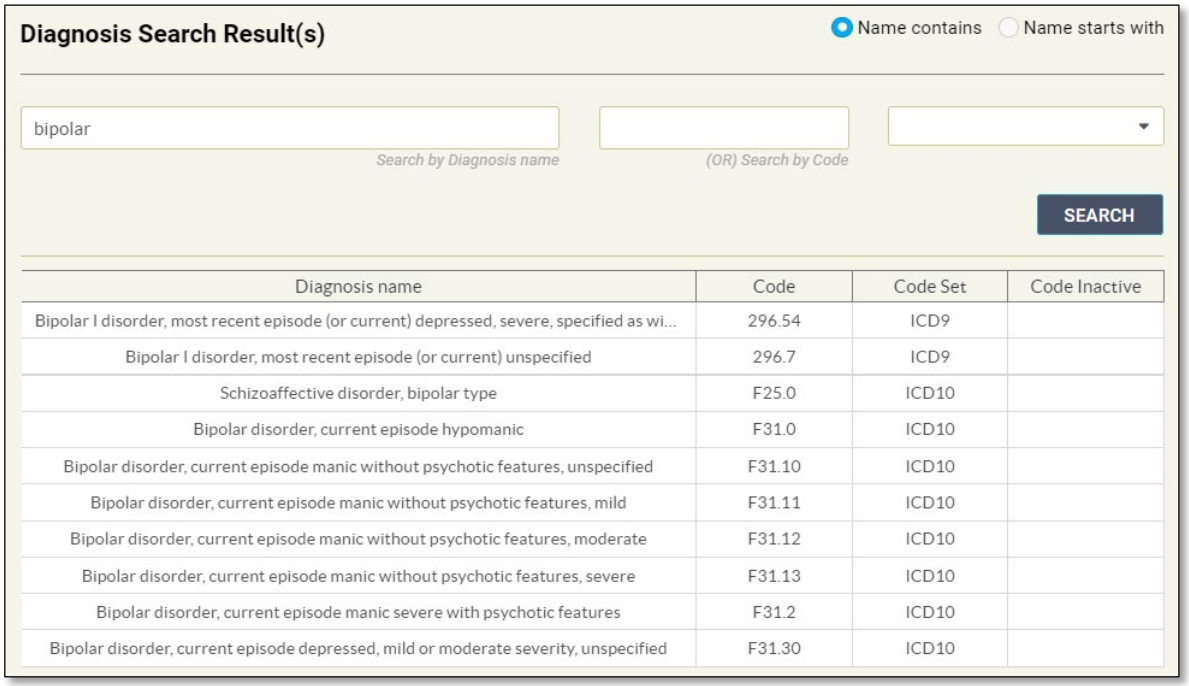
Follow the steps below to complete all **Prescreen** required fields indicated by the asterisks (*****).

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**.





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	

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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**.

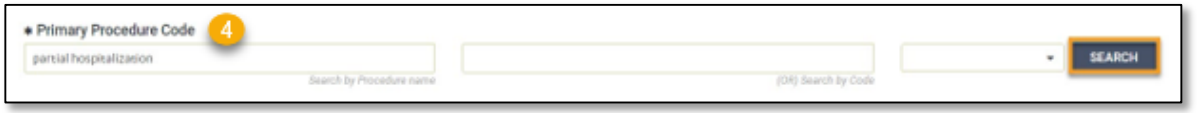
5. **Requested Units** - Enter the number of units requested for this procedure code.

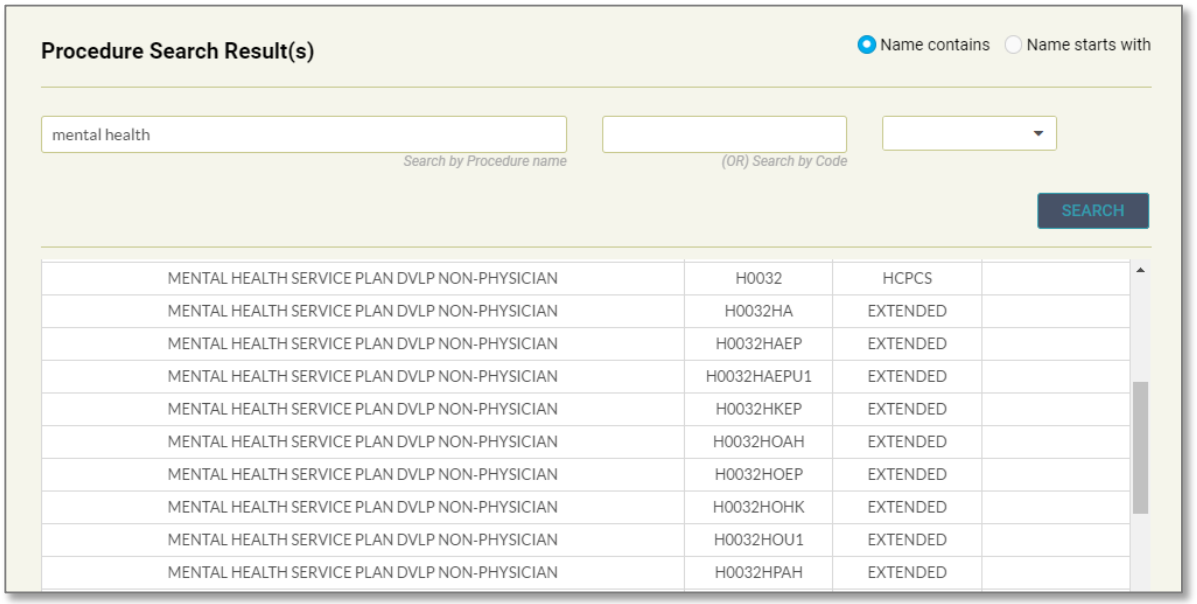
6. **Unit Type** – Select "Units".

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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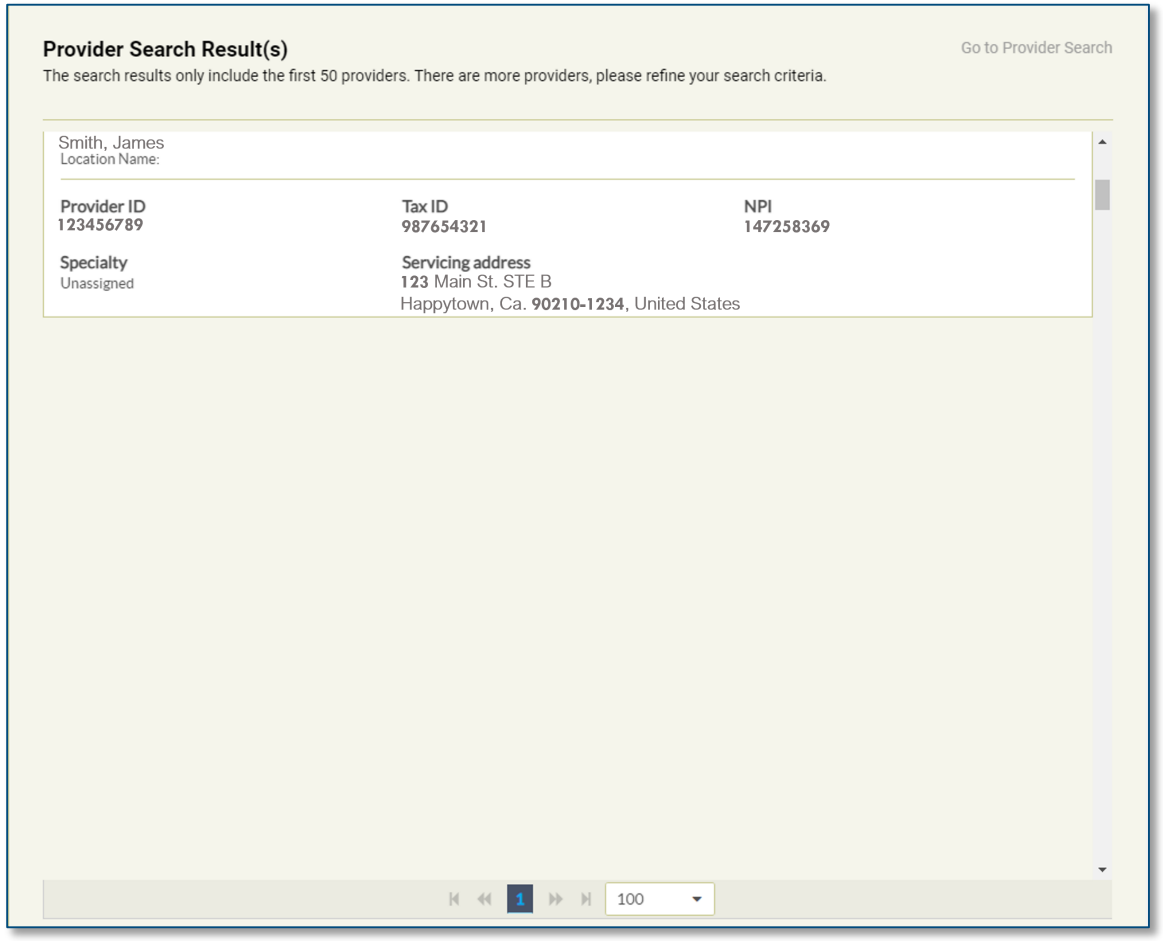
10. **Servicing Provider:**

    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.



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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.

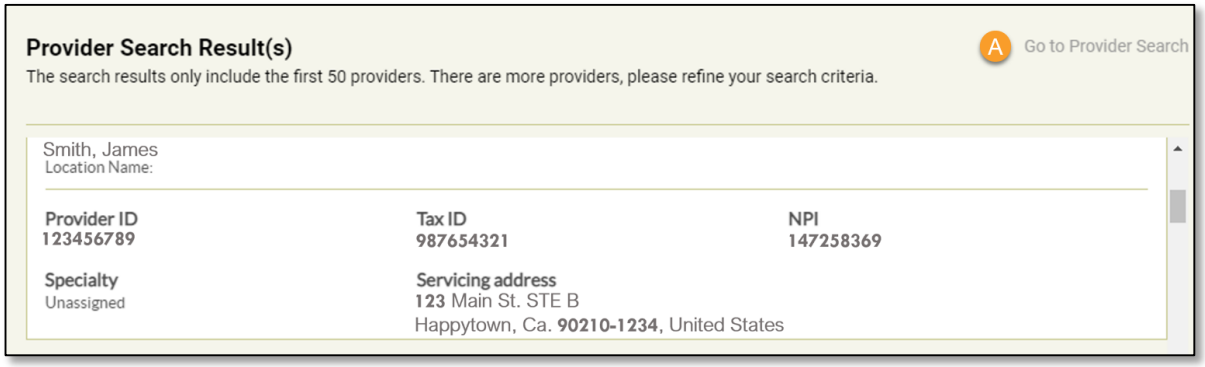
  C. Click the **SEARCH** button.

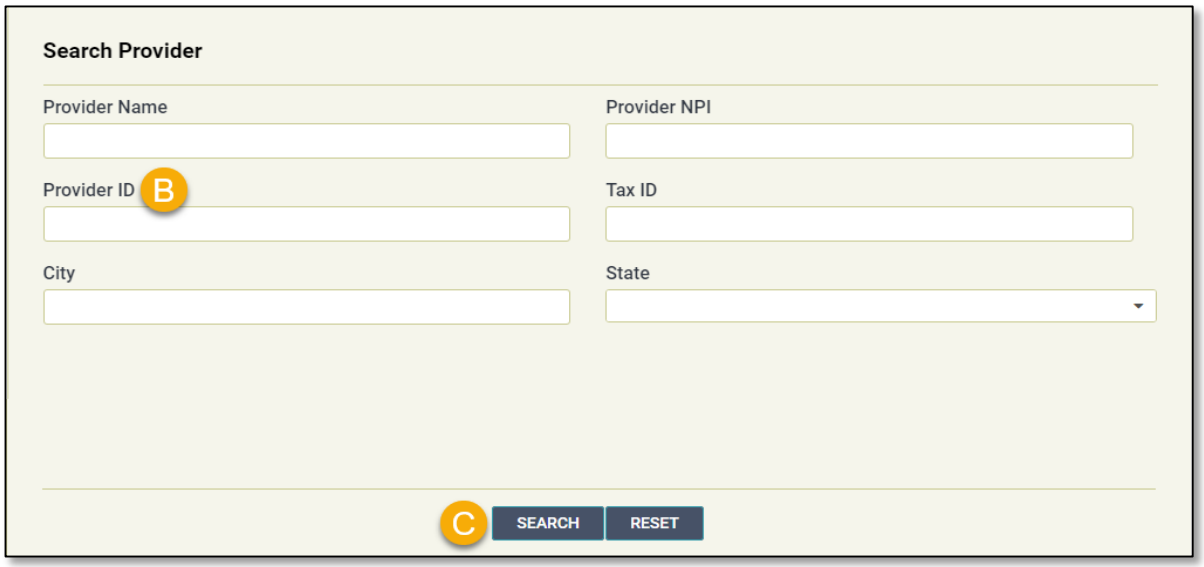
NOTE: *Provider ID is the same as your Management Information System (MIS) number which can be found on your initial Welcome Letter.

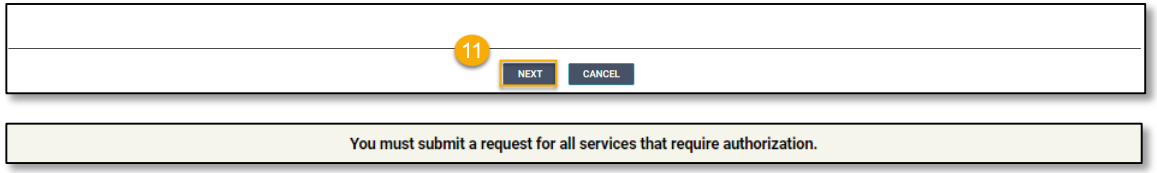
11. Click **NEXT**.

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

12. Click **NEXT** again.







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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.

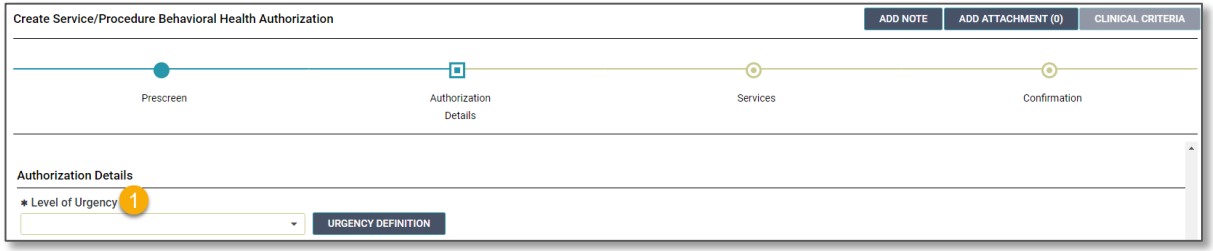
   RESULT: A pop-up window will appear asking you to attest that you understand the **Level of Urgency** definitions based on your selection.

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

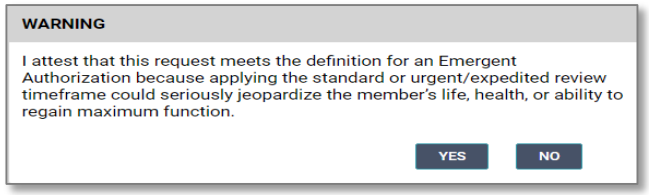
   b. *Pop-up displays if "Standard/ Standard Organization Determination" is selected.*

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

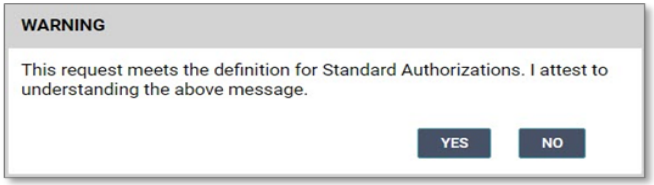
   NOTE: The **Urgency Description** button will provide a description of each **Leve of Urgency** menu option.



a. Emergent pop-up example:



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



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

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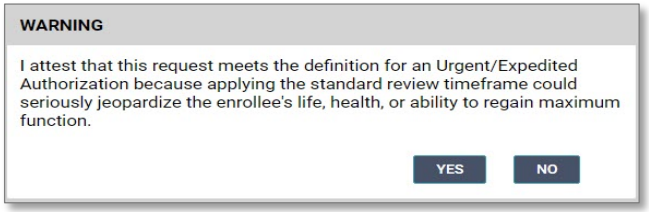
2. Select the **YES** button in the pop-up to continue with the authorization request.

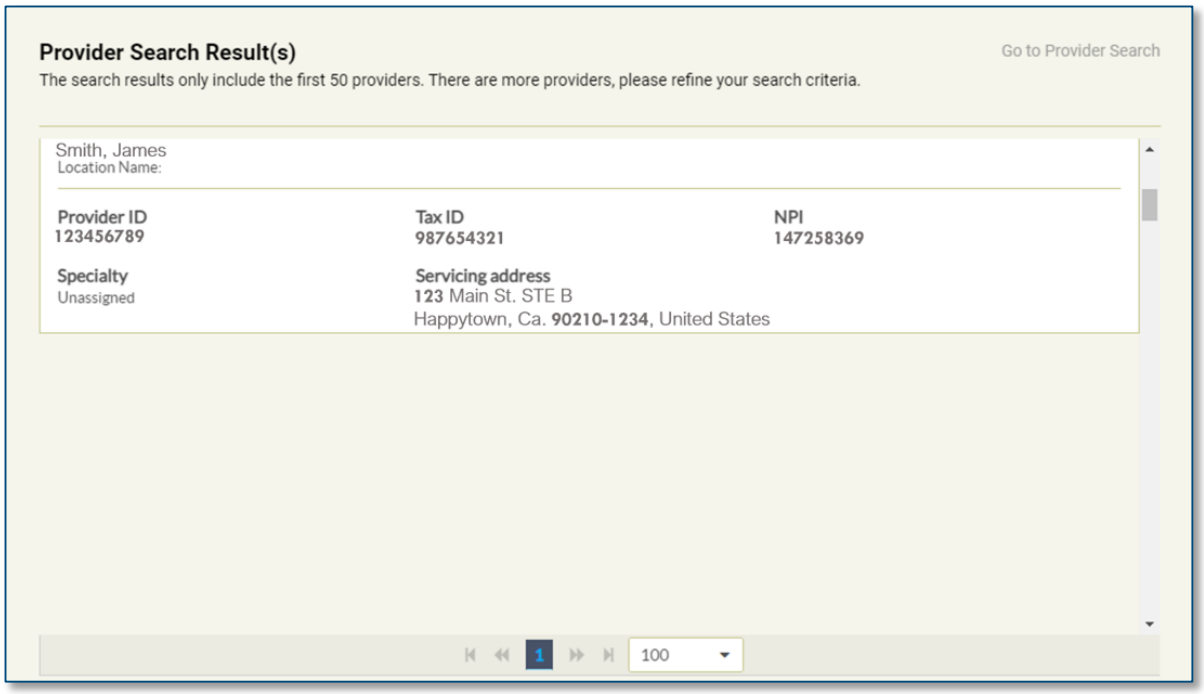


3. **Requesting Provider:**

   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.



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4. **Requesting Provider Contact Name** - enter as appropriate.

5. **Requesting Provider Contact Number** - enter as appropriate.

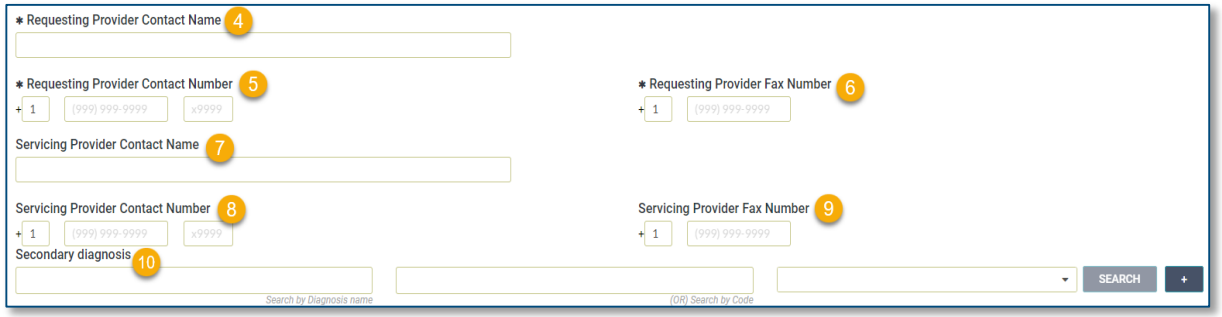
6. **Requesting Provider Fax Number** - enter as appropriate.

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.



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

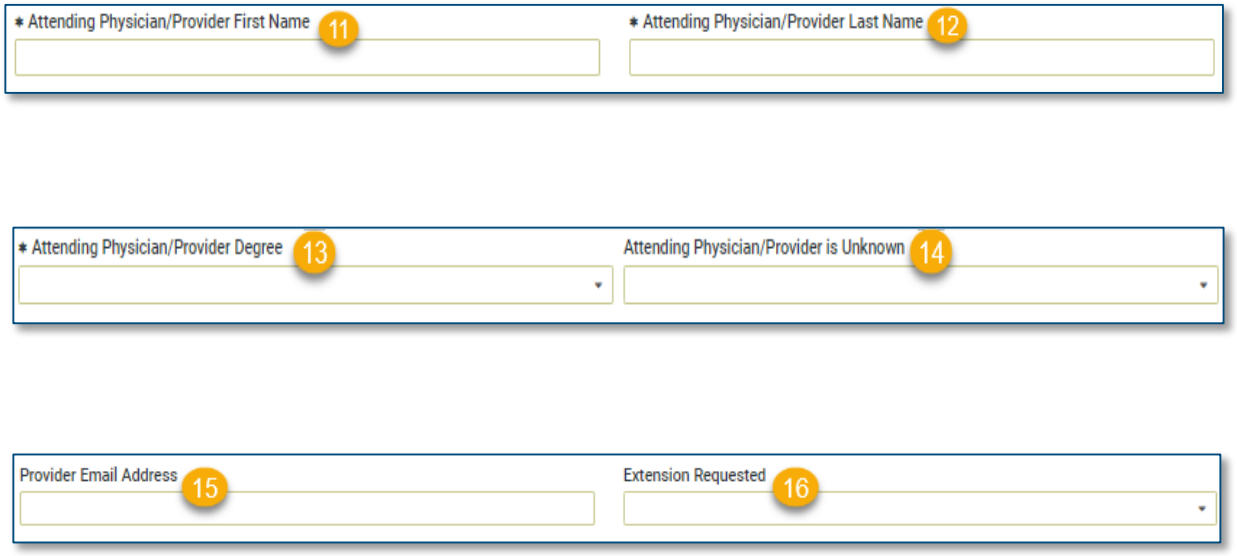
12. **Attending Physician/Provider Last Name** - enter as appropriate.

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.



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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.

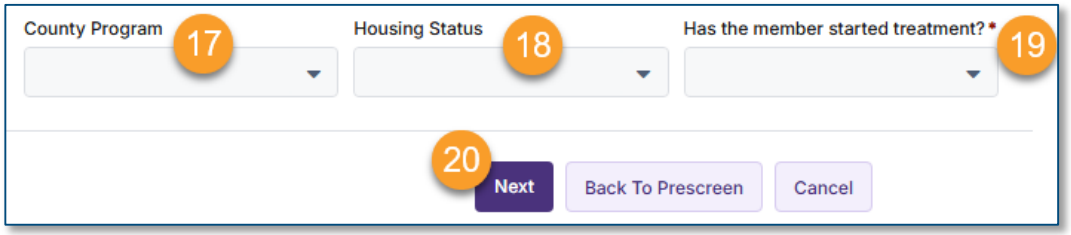
18. **Housing Status** - only required for Pennsylvania HealthChoices members, otherwise can be skipped.

    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.



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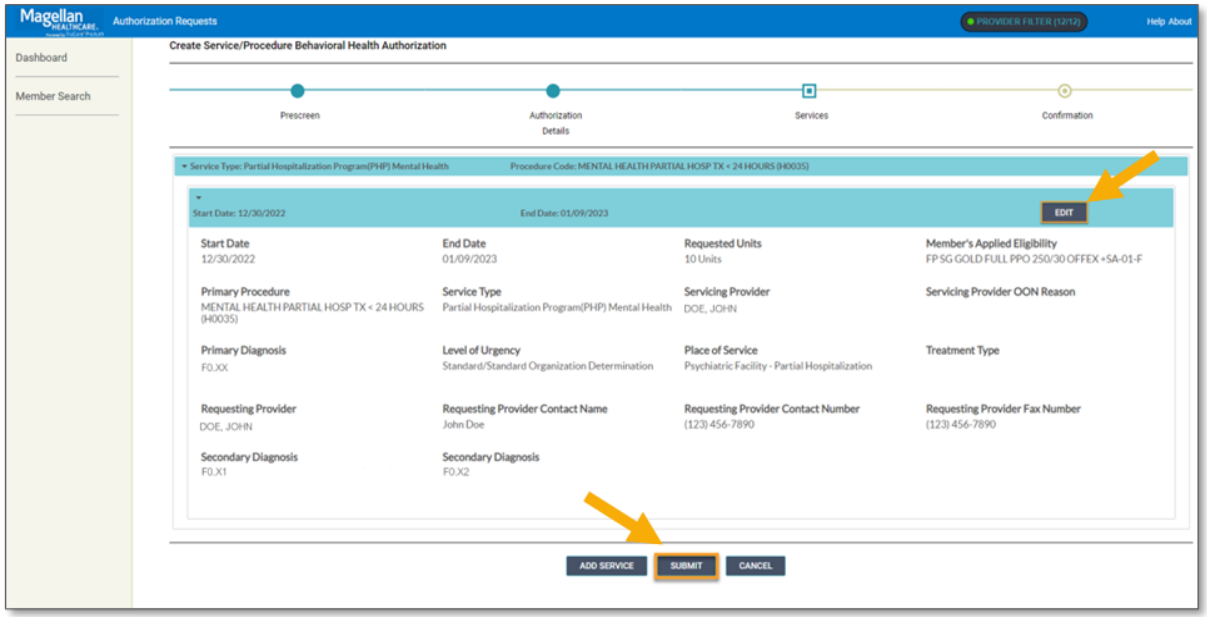
21. Review the information to ensure accuracy:

    a. If any information is incorrect, select the **EDIT** button.

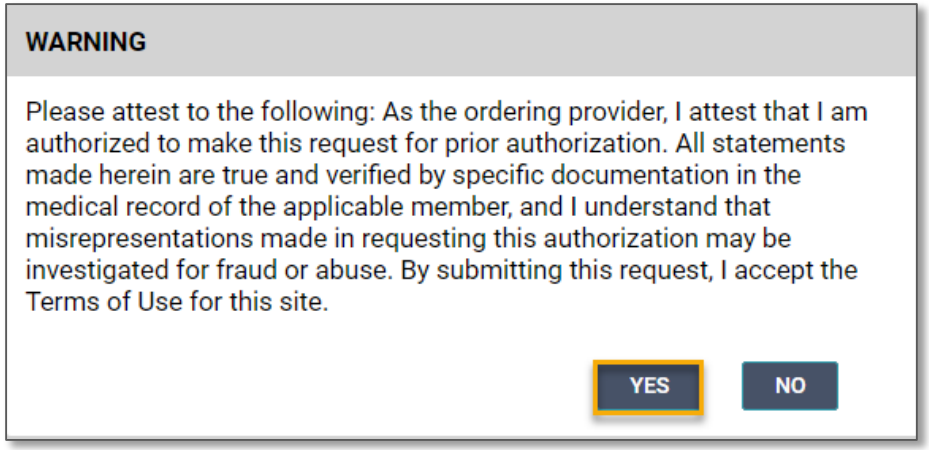
    b. If all information is correct, select the **SUBMIT** button.

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



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.



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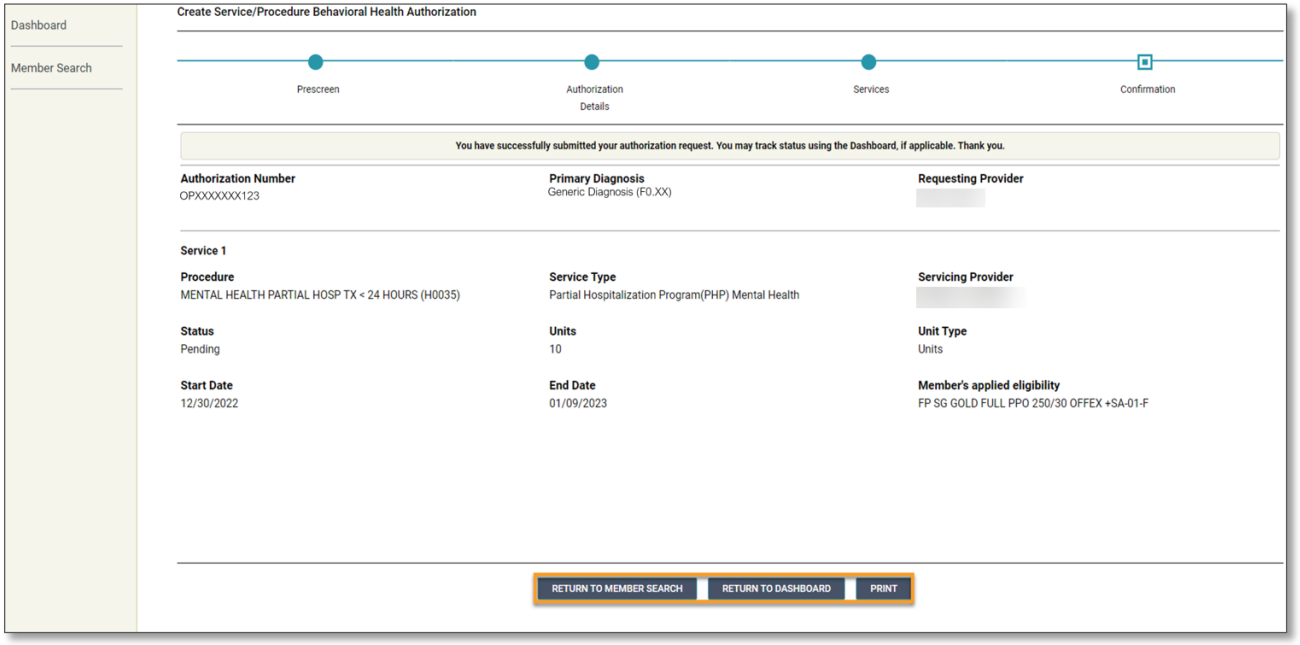
NOTE: You can now use one of the following navigation buttons if you need to complete additional tasks:

- **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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