Provider Notice

From: Magellan Healthcare
Subject: Submit expedited requests only when CMS criteria are met

Overview

To ensure timely and appropriate authorization processing, Magellan is sharing an important reminder regarding expedited or urgent request submissions.

The Centers for Medicare & Medicaid Services (CMS) defines an expedited/urgent request as:
A request in which waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

The definitions for Standard, Emergent, and Urgent are provided within Magellan's Authorization System when submitting an electronic authorization. Please note that you are required to attest that your request aligns with the appropriate level of urgency. Please review "***Section 3: Before Services Begin***" in the IBHP Provider Handbook Supplement for authorization details.

Contracted providers should follow CMS guidelines and **submit prior authorization requests under the standard turnaround time**, unless the situation meets the CMS definition for expedited/urgent review. Submitting determinations correctly ensures timely processing and supports the member's care needs.

We appreciate your continued attention to this requirement and your partnership in serving members.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.