

Create an Inpatient Authorization

Quick Reference Guide

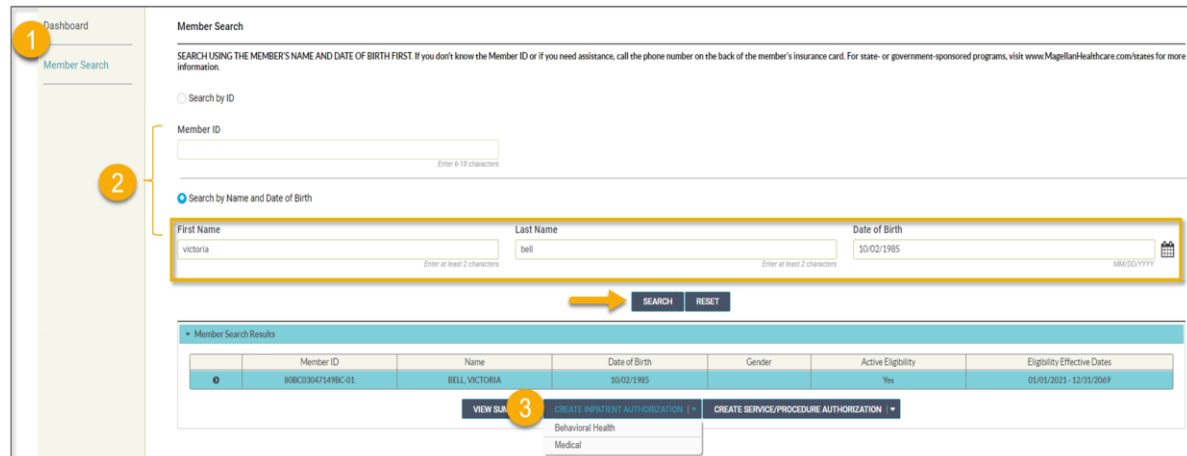
This Quick Reference Guide demonstrates how to create an inpatient authorization request as well as provides important tips for the best experience with Magellan’s authorization system.

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.



The screenshot shows the 'Member Search' interface. It includes a search bar with 'Member ID' and 'Search by Name and Date of Birth' options. The search criteria are: First Name: victoria, Last Name: bell, Date of Birth: 10/02/1985. A 'SEARCH' button is highlighted with an orange arrow. Below the search bar, a table displays search results for 'BELL, VICTORIA' with Member ID '808C03471498C-01'. A 'VIEW SUR' button is highlighted with an orange circle, and a dropdown menu is open showing 'Behavioral Health' and 'Medical' options.

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
808C03471498C-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021 - 12/31/2069

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**.

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	

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.

* Admission Date **2** MM/DD/YYYY

* Applied Eligibility **3** Enter date to see eligibility.

* Servicing Facility **4** Search by Provider name

Provider NPI (OR) Search by Provider NPI

4. **Servicing Facility**-
 - a. Enter the Servicing Facility’s name or the Provider NPI and click **SEARCH** or click **[Enter]** on your keyboard.
 - 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.
- Entering the provider’s NPI into the **Provider NPI** field and clicking **[Enter]** will auto-populate the Servicing Provider name without needing to conduct a search.

Provider Search Result(s) Go to Provider Search

ADAMS, JAMES Location Name: PSYCHL & BHVRL CONSLNTS LLC		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 255 SPENCER RD STE 201 SAINT PETERS, MO, 63376-2576, United States		
ADAMS, JAMES Location Name: LIFESTANCE HEALTH		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 816 S KIRKWOOD RD STE 105 SAINT LOUIS, MO, 63122-6056, United States		
ADAMS, JAMES Location Name: LIFESTANCE HEALTH		
Provider ID 601481315	Tax ID 341741475	NPI 1649733932
Servicing address 16020 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO, 63017-2085, United States		

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 contains the following fields and elements:

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

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.
IMPORTANT: Louisiana Providers must select “Involuntary”.
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 shows the 'Create Inpatient Behavioral Health Authorization' form. At the top, there are three progress indicators: 'Prescreen' (completed), 'Authorization Details' (current step), and 'Authorization Confirmation'. Below the progress bar, the 'Admission Details' section contains the following fields:

- * Admission Type (1) - A dropdown menu with a yellow circle containing the number 1.
- Admission Source (2) - A dropdown menu with a yellow circle containing the number 2.
- * Place of Service (3) - A dropdown menu with a yellow circle containing the number 3.
- Target Discharge Date (4) - A date picker field with a yellow circle containing the number 4.
- * 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.

* Level of Urgency 5

URGENCY DEFINITION

- a. *Emergent pop-up example:*

WARNING

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.

YES NO

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

WARNING

This request meets the definition for Standard Authorizations. I attest to understanding the above message.

YES NO

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

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

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.

Requesting Provider

* Name 7 Search by Provider name

Provider NPI (OR) Search by Provider NPI Search All Providers

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	

Navigation: < << 1 >> > 100

* Contact Name 8

* Phone Number 9 +1 (999) 999-9999 x9999

* Fax Number 10 +1 (999) 999-9999

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

The screenshot shows a form titled "Servicing Facility:" with the following fields and features:

- Contact Name:** A text input field.
- Contact Number:** A field with a "+ 1" prefix, a "(999) 999-9999" area code, and an "x9999" extension field.
- Fax Number:** A field with a "+ 1" prefix, a "(999) 999-9999" area code, and a "SEARCH" button.
- Primary Procedure:** A text input field with "Search by Procedure name" below it, and a "(OR) Search by Code" dropdown menu with a "SEARCH" button.
- Additional Procedure:** A text input field with "Search by Procedure name" below it, and a "(OR) Search by Code" dropdown menu with a "SEARCH" button.
- Secondary diagnosis:** A text input field with "Search by Diagnosis name" below it, and a "(OR) Search by Code" dropdown menu with a "SEARCH" button and a "+" icon.

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

The screenshot shows two text input fields:

- * Attending Physician/Provider First Name** (labeled with a circled 17)
- * Attending Physician/Provider Last Name** (labeled with a circled 18)

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".

The screenshot shows two dropdown menus:

- * Attending Physician/Provider Degree** (labeled with a circled 19)
- Attending Physician/Provider is Unknown** (labeled with a circled 20)

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

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

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

23. **Is the request being made within 24 hours of admission or authorization expiration?** - select the appropriate option from the drop-down list.

24. **Has the member been discharged from Inpatient or Residential Services within the last seven calendar days?** - select the appropriate option from the drop-down list.

25. **Involuntary Admission Type**- not required and can be skipped.

26. **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.

A screenshot of a form section containing two input fields. The first field is labeled "Provider Email Address" and has a yellow circle with the number "21" next to it. The second field is labeled "Extension Requested" and has a yellow circle with the number "22" next to it. Both fields are empty.

A screenshot of a form section containing two dropdown menus. The first dropdown menu is labeled "* Is the request being made within 24 hours of admission or authorization expiration?" and has a yellow circle with the number "23" next to it. The second dropdown menu is labeled "Has the member been discharged from Inpatient or Residential Services within the last s" and has a yellow circle with the number "24" next to it. The second dropdown menu currently displays "Unknown".

A screenshot of a form section containing three dropdown menus. The first dropdown menu is labeled "Involuntary Admission Type" and has a yellow circle with the number "25" next to it. The second dropdown menu is labeled "County Program" and has a yellow circle with the number "26" next to it. The third dropdown menu is labeled "Housing Status". Below the dropdown menus are three buttons: "BACK TO PRESCREEN", "SUBMIT", and "CANCEL".

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

NOTE: Pennsylvania HealthChoices providers should answer as applicable.

The screenshot shows a form with three dropdown menus: "Involuntary Admission Type", "County Program", and "Housing Status". The "Housing Status" dropdown is highlighted with a yellow circle containing the number 27. Below the dropdowns are three buttons: "BACK TO PRESCREEN", "SUBMIT" (highlighted with a yellow circle containing the number 28), and "CANCEL".

28. Click the **SUBMIT** button.

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

29. 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.

The screenshot displays a web interface for authorization confirmation. At the top, a progress bar shows three steps: 'Prescreen', 'Authorization Details', and 'Authorization Confirmation', with the third step being the active one. Below the progress bar is a light green message box stating: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' Underneath is a table with the following data:

Authorization Number	Authorization Status	Admission Date	Requested Days
IP0009834643	Pending	12/13/2022	5
Servicing Facility	Primary Diagnosis	Primary Procedure Code	
AGGARWAL DUTTA, RICHA	Acute amebic dysentery (A06.0)		

At the bottom of the page, there are three buttons: 'RETURN TO MEMBER SEARCH', 'RETURN TO DASHBOARD', and 'PRINT'.