Extend an Inpatient Authorization
Quick Reference Guide

You can request extensions for inpatient authorizations. This can only be done for an existing authorization. You will not be able to edit some fields of the authorization request, because they default from the initial authorization request. For example, when requesting an extension, you cannot change the primary diagnosis that was entered on the initial authorization request.

If the member is re-admitted, then Magellan requires a new authorization request submission.

When extending an inpatient authorization, additional information such as attachments or notes may be required to support the specific request.

This Quick Reference Gide will provide the steps to extend an Inpatient authorization.

Follow the steps below to submit a request for an Inpatient Authorization extension:

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **EXTEND** button.

   RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

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Most of the required fields are pre-entered based on data submitted during the initial authorization entry. You will not be able to edit those fields.

Follow the steps below to complete the remaining **Prescreen** required field(s) indicated by the asterisks (*****).

1. **Requested Days-** enter in the number of days for the extension.

2. Select the **NEXT** button.

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

3. Click the **NEXT** button again.

   RESULT: The **Authorization Details** will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Some of the required fields are pre-entered based on data submitted during the initial authorization entry. You will not be able to edit those fields.

Follow the steps below to complete the remaining **Authorization Details** required fields indicated by the asterisks (*****).
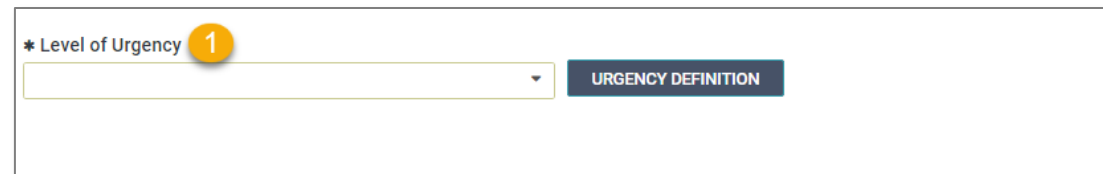
1. Select the **Level of Urgency** from the drop-down menu.

   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.

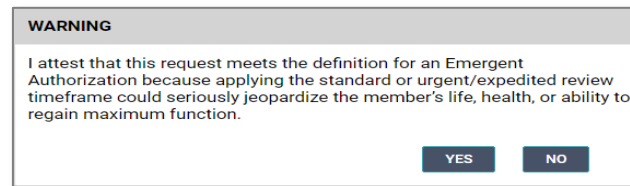   **NOTE:** The **Urgency Description** button will provide a description of each **Leve of Urgency** menu option.

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

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

5. **Attending Physician/Provider Degree** - select the correct option from the drop-down list; if unknown, select "MD".

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

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

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

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

10. **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.

* Attending Physician/Provider First Name 3

* Attending Physician/Provider Last Name 4

* Attending Physician/Provider Degree 5

Attending Physician/Provider is Unknown 6

Provider Email Address 7

Extension Requested 8

* Is the request being made within 24 hours of admission or authorization expiration? 9

Has the member been discharged from Inpatient or Residential Services within the last s 10

Unknown

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

12. **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.

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

    NOTE: Pennsylvania HealthChoices providers should answer as applicable.

14. Add any additional information via **Attachments** or **Notes**, if required.

Add a Note (if applicable)

Some authorization types require you to add a note; however, you can also add a note if you desire to provide additional information that may be helpful. When an authorization requires a note, the system will display the following error message: "*Error: The selected Service Type requires an associated note.*"

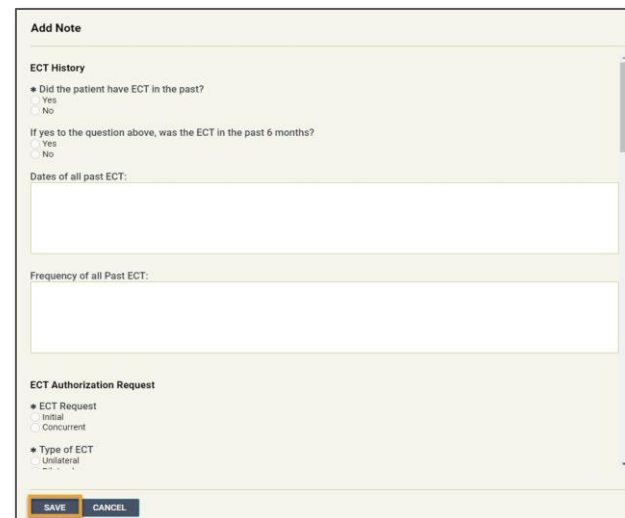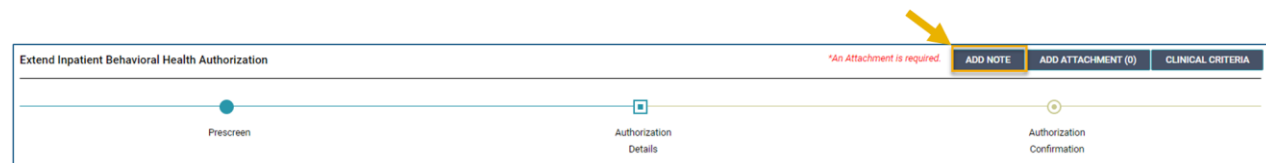Error: The selected Service Type requires an associated note.

Follow the steps below to add a Note, when required or desired:

1. Click the **ADD NOTE** button at the top of the **Extend Inpatient Behavioral Health Authorization** screen.

   RESULT: The system will automatically populate the appropriate note that is required for the authorization.

2. Complete the fields of the Note as required and applicable.

3. Click **SAVE.**

   RESULT: The system will return you to the previous screen.

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Add an Attachment (if applicable)

Some authorization types may require you to add an attachment; however, you can also add an attachment if you desire to provide additional information that may be helpful.

Follow the steps below to add an attachment, when required or desired:

1. Click the **ADD ATTACHMENT** button at the top of the **Extend Inpatient Behavioral Health Authorization** screen.

2. Click **BROWSE** to locate the appropriate file on your computer.

3. Select the appropriate option from the drop-down list in the **Document Type** field.

4. Add any additional details as needed in the **Comment** field.

5. Click the **ADD** button**.**

6. Click the **CLOSE** button to return to the authorization.
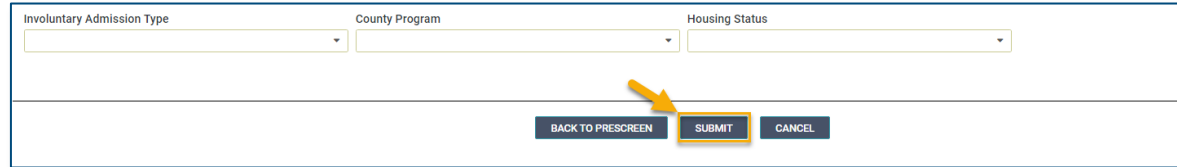
   RESULT: The system will return you to the **Authorization Details** screen.

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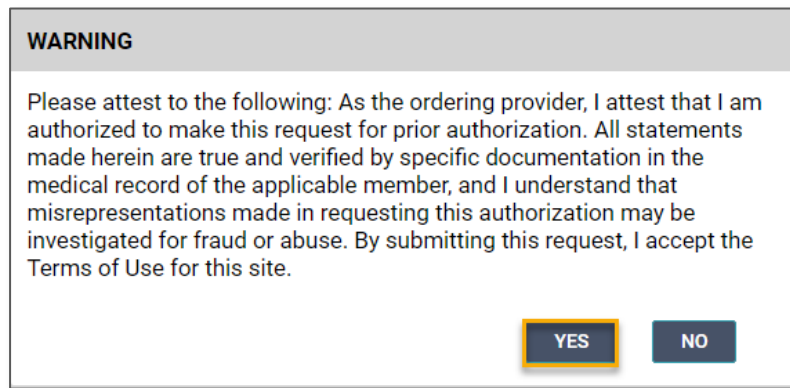
   RESULT: A pop-up window will appear stating you agree to the Terms of Use for the site.

Involuntary Admission Type	County Program	Housing Status
▾	▾	▾

BACK TO PRESCREEN   SUBMIT   CANCEL

2. 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, extension start 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

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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.

Prescreen ● Authorization Details ● Authorization Confirmation ▣

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

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)	

RETURN TO MEMBER SEARCH   RETURN TO DASHBOARD   PRINT

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