

Service/Procedure (Outpatient) Authorizations with Two or More Diagnoses

Quick Reference Guide

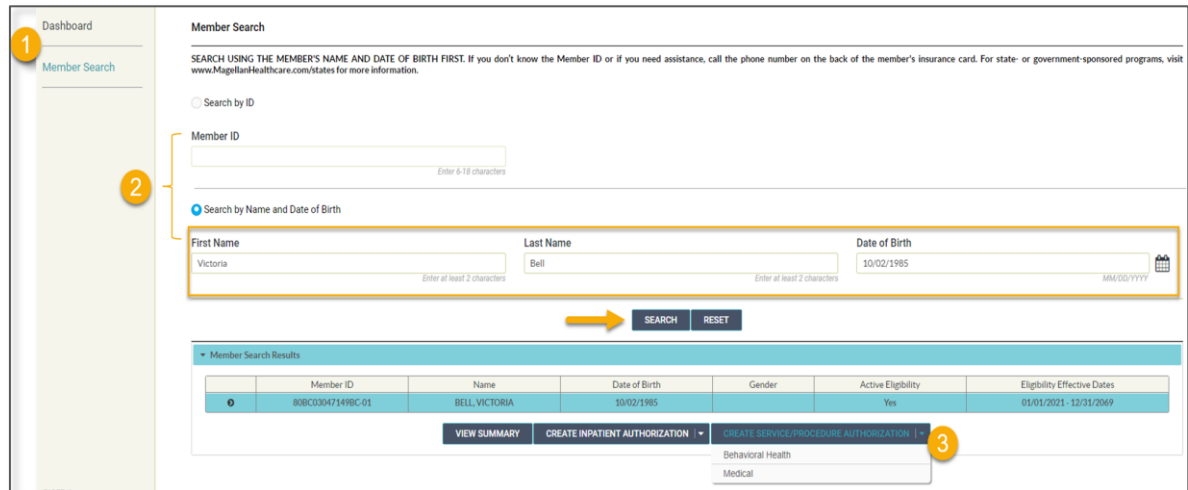
This Quick Reference Guide will provide the steps to submit an Outpatient or Service/ Procedure (SP) Authorization with multiple diagnosis procedure codes.

Locate the Member

Follow the steps below to locate the Member and start an outpatient authorization with two or more diagnoses:

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 search criteria (either member ID or demographic information) and select the **Search** button.
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.



Member Search

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.

Search by ID

Member ID

Search by Name and Date of Birth

First Name Last Name Date of Birth

Member Search Results

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
806C030471496C-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021 - 12/31/2049

Behavioral Health
Medical

Complete the Prescreen

Follow the steps below to enter all information in the 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 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.

* Primary Procedure Code 4
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 or the Provider NPI and click **SEARCH** or click [Enter] on your keyboard.
- b. Click to select the appropriate Servicing Provider within the Provider Search Result(s) – this will add it to the Prescreen.

NOTE: 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.

- 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.

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

• Servicing Provider **10**

JAMES SMITH 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	

« 1 » 100 ▾

11 **NEXT** **CANCEL**

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

Complete Authorization Details

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

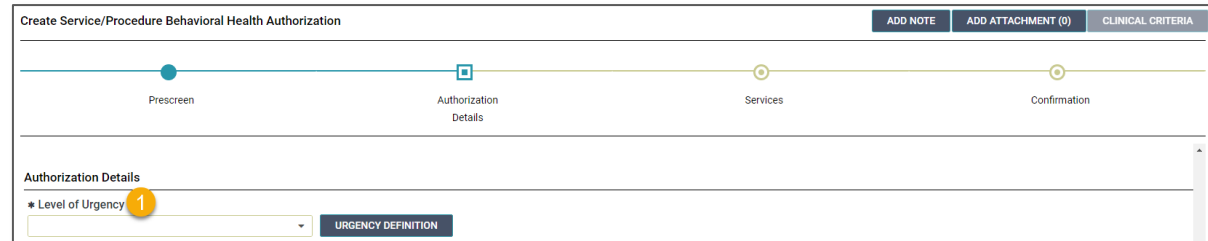
1. Select the **Level of Urgency** from the drop-down menu.

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

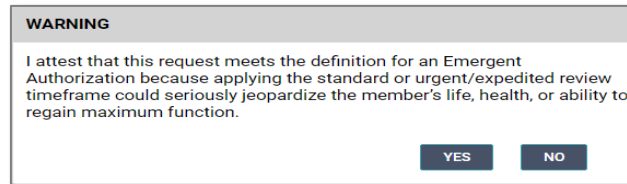
- a. Pop-up displays if “Emergent” is selected.
- b. Pop-up displays if “Standard/ Standard Organization Determination” is selected.
- c. Pop-up displays if “Urgent/ Expedited/ Expedited Organization Determination” is selected.

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

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



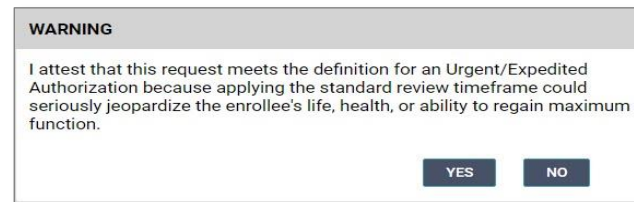
- a. Emergent pop-up example:



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



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



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	

100 ▾

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** – Enter another diagnosis - Click the [+] button to enter yet another diagnosis to the authorization.

RESULT: A new **Secondary Diagnosis** row will display.

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

* Attending Physician/Provider First Name 11	* Attending Physician/Provider Last Name 12
<input type="text"/>	<input type="text"/>

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

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

* Attending Physician/Provider Degree 13	Attending Physician/Provider is Unknown 14
<input type="text"/>	<input type="text"/>

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.

Provider Email Address 15	Extension Requested 16
<input type="text"/>	<input type="text"/>

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

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

* Is the request being made within 24 hours of admission or authorization expiration? 17	Has the member been discharged from Inpatient or Residential Services within the last s 18
<input type="text"/>	Unknown <input type="text"/>

18. **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.

19. **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.

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

NOTE: Pennsylvania HealthChoices providers should answer as applicable.

21. 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 two dropdown menus at the top: 'County Program' (with a yellow callout bubble containing the number 19) and 'Housing Status' (with a yellow callout bubble containing the number 20). Below the dropdowns is a large empty rectangular area. At the bottom right of the form, there are three buttons: 'NEXT' (with a yellow callout bubble containing the number 21), 'BACK TO PRESCREEN', and 'CANCEL'.

22. 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 ID: 123456789 Help About

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 (40033)

Start Date: 12/30/2022 End Date: 01/09/2023 Requested Units: 10 Units Member's Applied Eligibility: FPG GOLD FULL PPO 250/30 OFFEX +SA-01-F

Start Date: 12/30/2022	End Date: 01/09/2023	Requested Units: 10 Units	Member's Applied Eligibility: FPG GOLD FULL PPO 250/30 OFFEX +SA-01-F
Primary Procedure: MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (40035)	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

23. 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.

The screenshot displays the 'Create Service/Procedure Behavioral Health Authorization' page in the Magellan Healthcare system. The page features a progress bar with four steps: Prescreen, Authorization Details, Services, and Confirmation. A confirmation message states: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' Below this, a table provides details for the authorization request.

Authorization Number	Primary Diagnosis	Requesting Provider
OPXXXXXXXX123	Generic Diagnosis (F0.XX)	DOE, JOHN

Service 1	Service Type	Servicing Provider
Procedure MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)	Partial Hospitalization Program(PHP) Mental Health	DUMAS, CLAIRE M
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

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