Extend a Service/Procedure (Outpatient) Authorization

Quick Reference Guide

Service/Procedure (Outpatient) Authorizations can be extended upon request. 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.

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

When extending a service/procedure authorization, additional information such as attachments or notes may be required to support the specific request.

The Quick Reference Guide will provide the steps to extend an Outpatient authorization.

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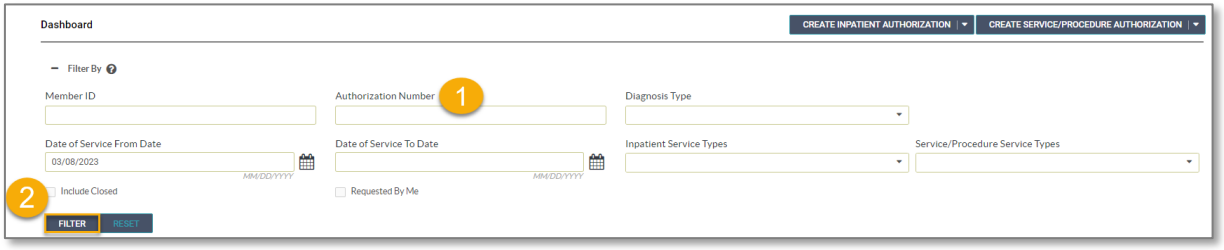
Extending a Service/Procedure Authorization

Follow the steps below to submit a request for an Outpatient or Service/Procedure Authorization extension:

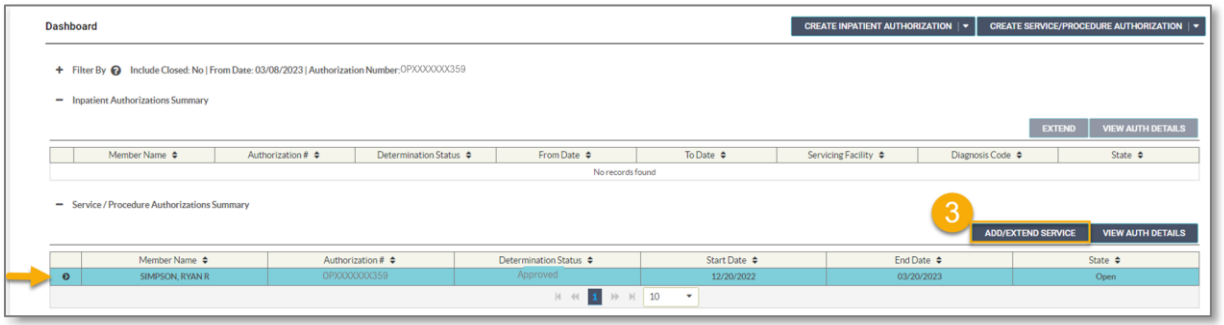
1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

2. Select the **FILTER** button.



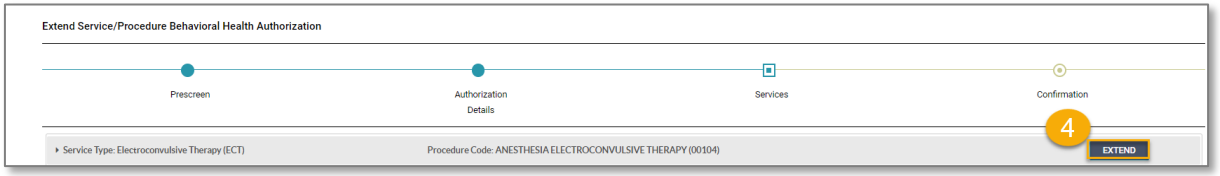
3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

   RESULT: The **Services** screen will display.



4. Select the **EXTEND** button once the authorization appears.

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



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Complete the Prescreen

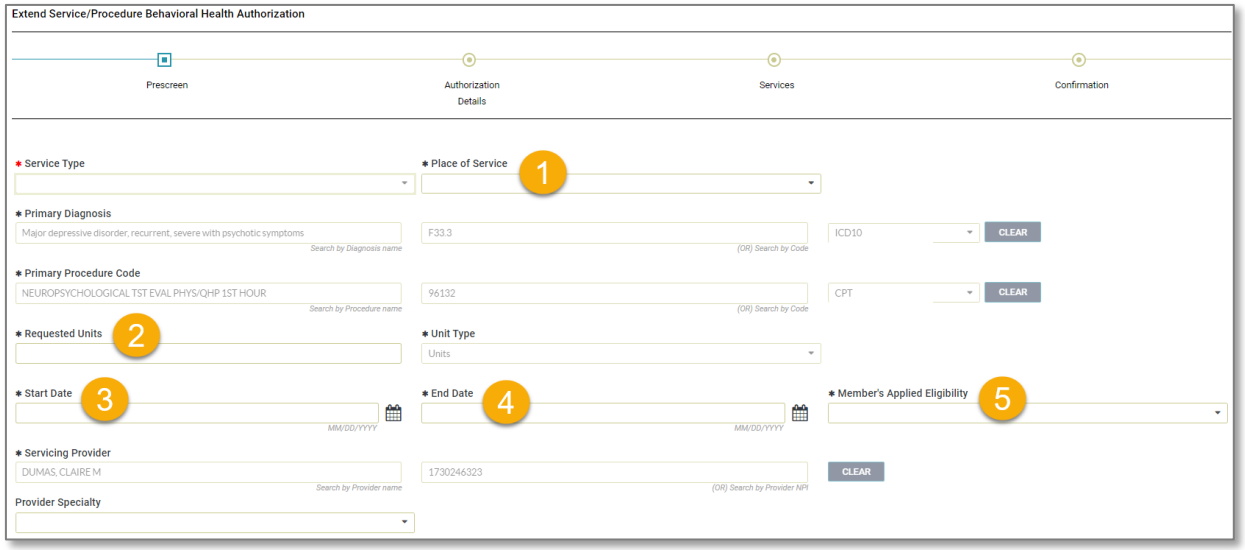
Some of the required fields are pre-entered based on data submitted during the initial authorization entry. You will not be able to edit those fields.

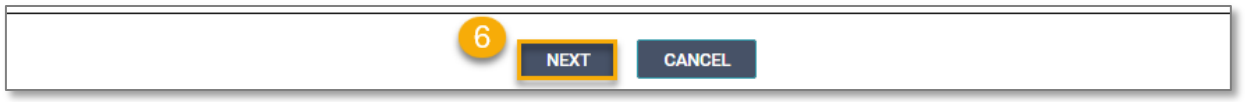
Follow the steps below to complete the remaining **Prescreen** required fields indicated by the asterisks (*).

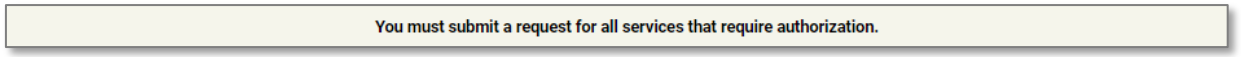
1. **Place of Service -** Select the place of service.
2. **Requested Units** - Enter the number of units requested for this procedure code.
3. **Start Date** - Enter the start date of the authorization.
4. **End Date** - Enter the end date of the authorization.
5. **Member Applied Eligibility**- Auto-populates based on the member's eligibility status- do **NOT** change.
6. Click the **NEXT** button**.**

   RESULT: A pop-up stating, "*You must submit a request for all services that require authorization.*" will display.
7. Click the **NEXT** button again.

   RESULT: The **Authorization Details** section will display with some pre-entered authorization information automatically populated.







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Complete Authorization Details

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.

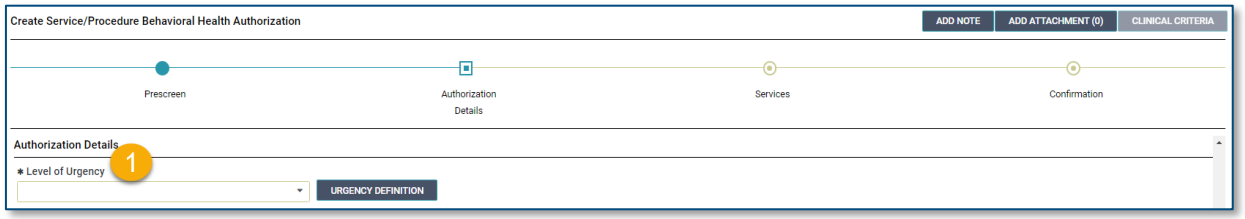
   RESULT: A pop-up window will appear asking you to attest that you understand the **Level of Urgency** definitions based on your selection.

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

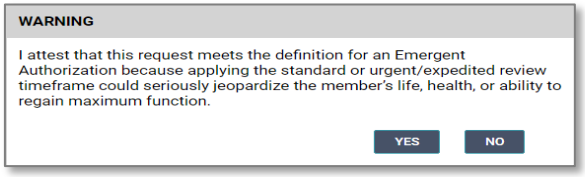
   b. *Pop-up displays if "Standard/ Standard Organization Determination" is selected.*

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

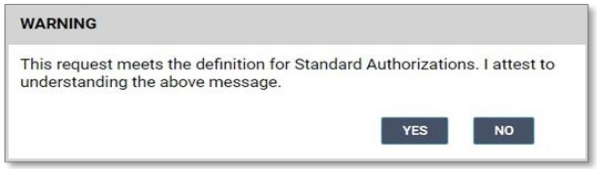
   NOTE: The **Urgency Description** button will provide a description of each **Leve of Urgency** menu option.



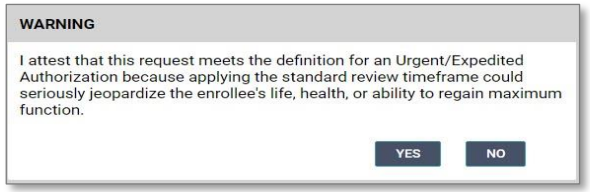
a. Emergent pop-up example:



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



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



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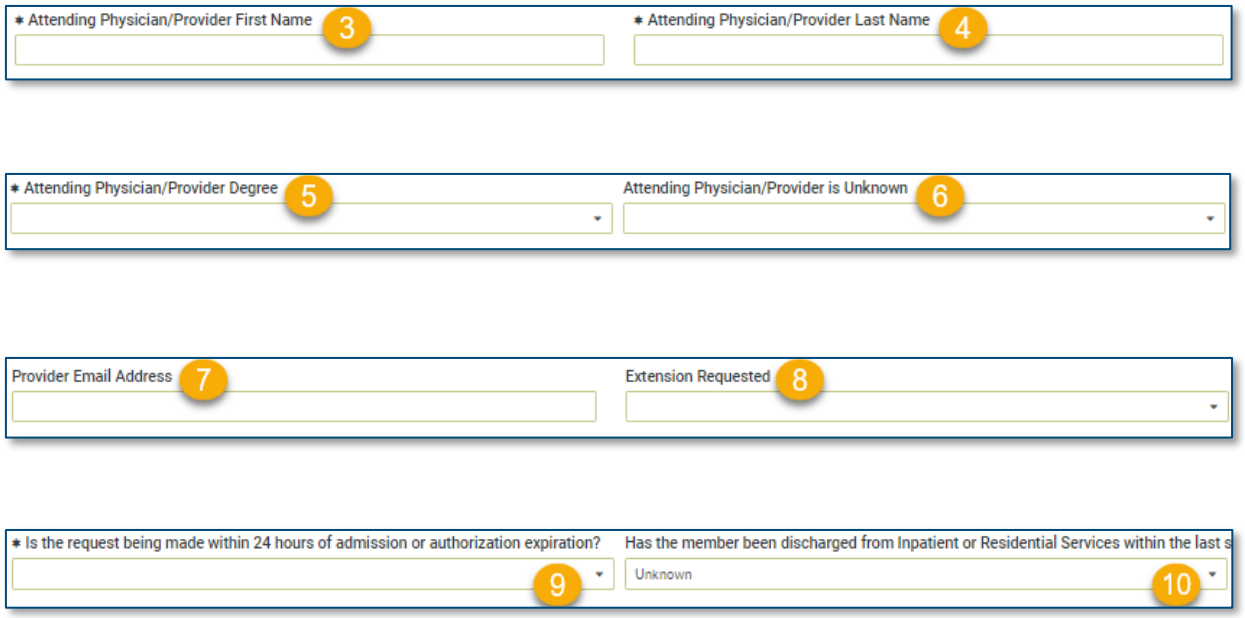
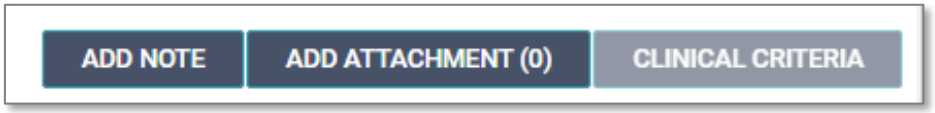
2. Select the **YES** button in the pop-up to continue with the authorization request.
3. **Attending Physician/Provider First Name** - enter as appropriate.
4. **Attending Physician/Provider Last Name** - enter as appropriate.
5. **Attending Physician/Provider Degree** - select the correct option from the drop-down list.
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.

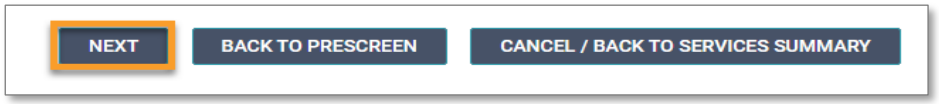


11. Add any additional information via **Attachments** or **Notes**, if required.



12. Click the **NEXT** button at the bottom of the screen.

    RESULT: The **Service** screen will display.



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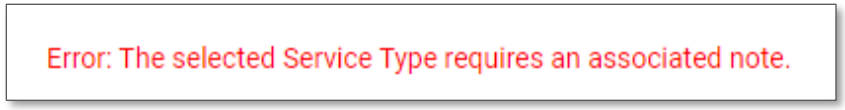
Add a Note (if applicable)

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.*"



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

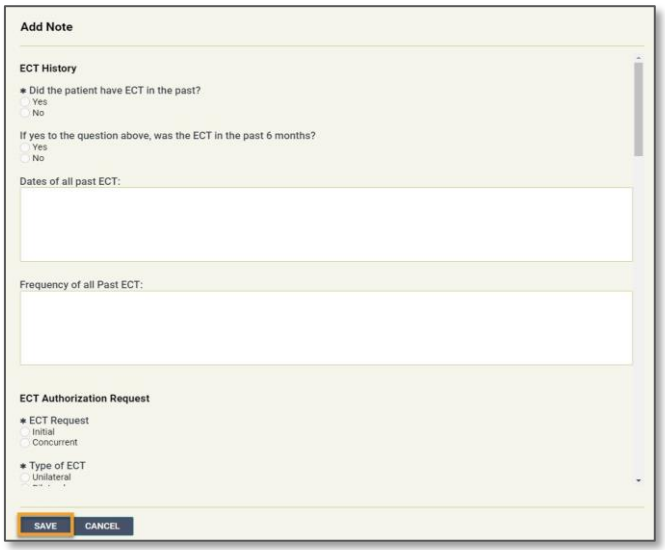
1. Click the **ADD NOTE** button at the top of the **Create Service/Procedure Behavioral Health Authorization** screen.

   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.



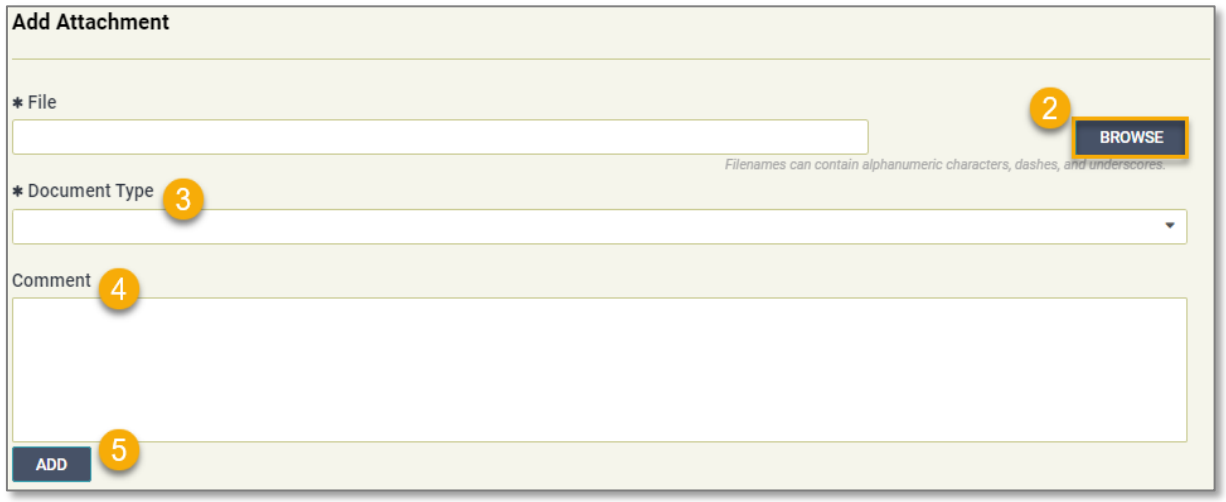
Add an Attachment (if applicable)

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 **Create Service/Procedure 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 **Service** screen.



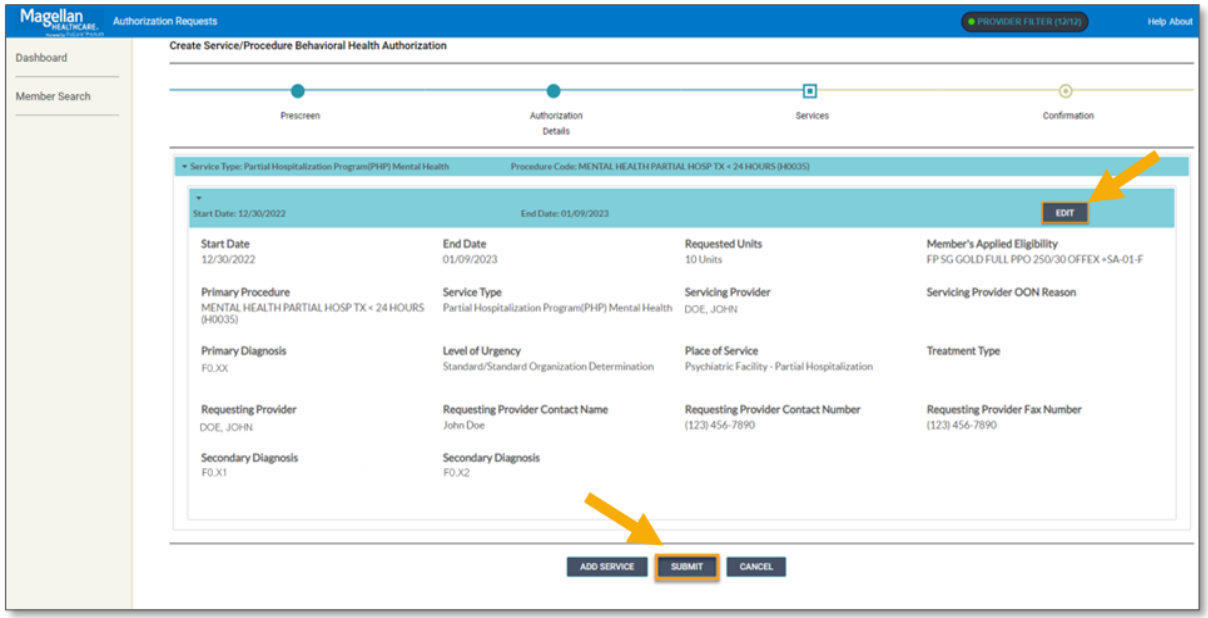
Submit the Authorization

1. Review the information to ensure accuracy:

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

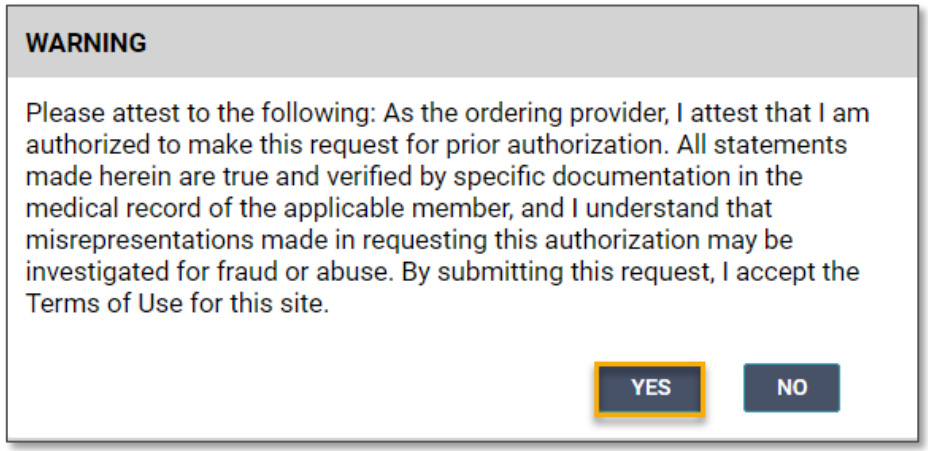
   b. If all information is correct, select the **SUBMIT** button.

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



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 status, start date, end date, servicing facility, and primary diagnosis codes.



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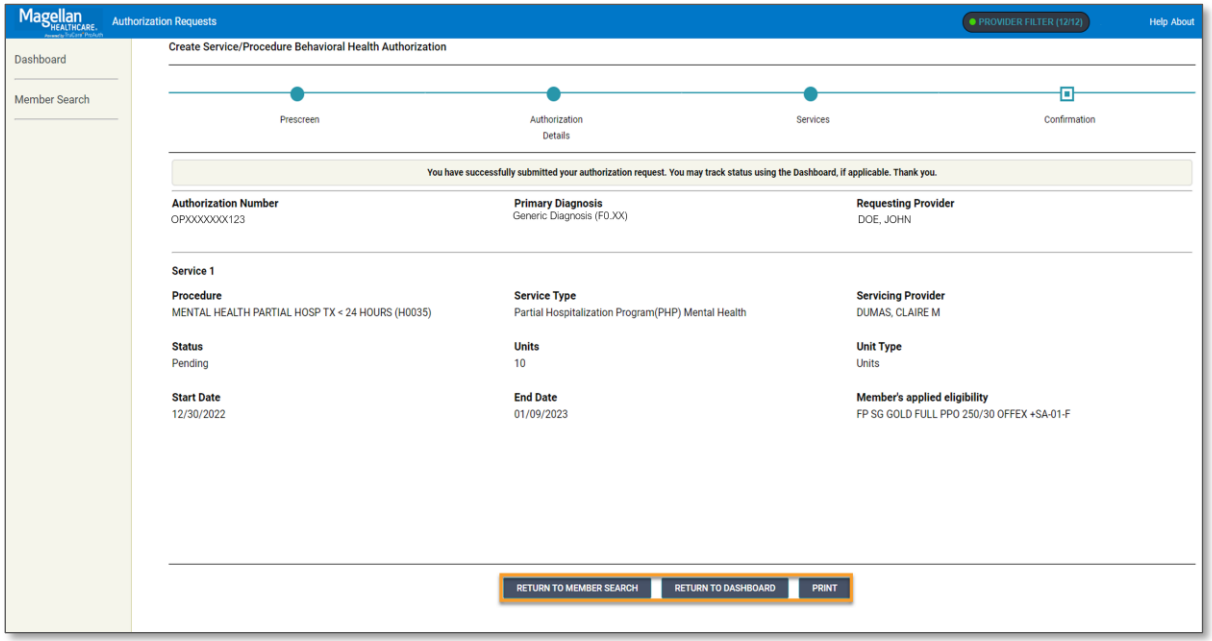
NOTE: You can now use one of the following navigation buttons if you need to complete additional tasks :

- **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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