Add a Service/Procedure (Outpatient) Authorization with Multiple Services
Quick Reference Guide

Outpatient or Service/Procedure (SP) Authorizations can have multiple line items representing different services as needed for the authorization and/or the member. This guide includes the specific steps necessary to add a Service/Procedure authorization request with multiple line items.

This guide is applicable to the following Service/Procedure authorization types:

- Intensive Behavioral Health Services (IBHS),
- Psychological Testing, and/or
- Any Service/Procedure authorization that requires multiple procedure codes by the **same** provider.

IMPORTANT: When adding a Service/Procedure authorization request, additional information such as attachments or notes may need to be added to support the specific request. The authorization system will inform you that a note or attachment is required when you attempt to submit the authorization request.

The Quick Reference Guide will provide steps to add a Service/Procedure or "Outpatient" authorization with multiple services.

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.

Follow the steps below to complete all **Prescreen** 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**.

Create Service/Procedure Behavioral Health Authorization

| Prescreen | Authorization Details | Services | Confirmation |

* Service Type ①　　　　　* Place of Service ②

* Primary Diagnosis ③
bipolar
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	

Magellan HEALTHCARE®

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 hospitalizaion | | | SEARCH |
| Search by Procedure name | (OR) Search by Code | | |

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	H0032HAEPU1	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

Magellan HEALTHCARE.

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	Tax ID	NPI
123456789	987654321	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.

Magellan HEALTHCARE®

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 **Leve of Urgency** menu option.

2. Select the **YES** button in the pop-up to continue with the authorization request.
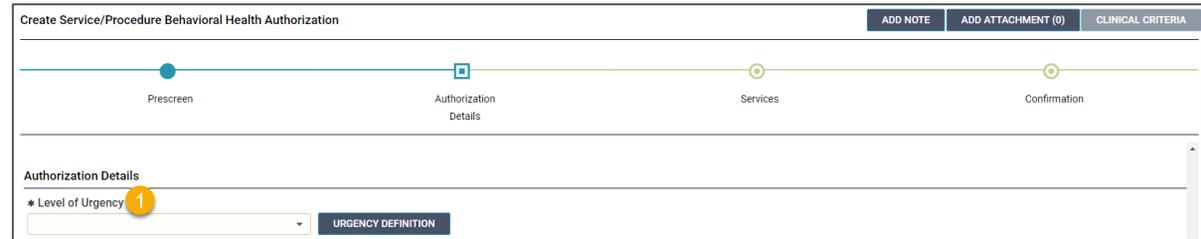
a. Emergent pop-up example:
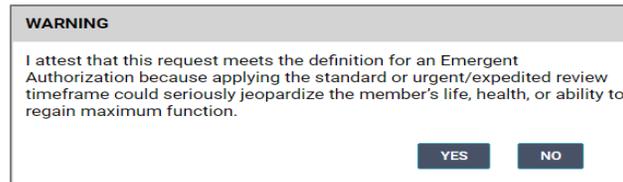
b. Standard/Standard Organization Determination pop-up example:

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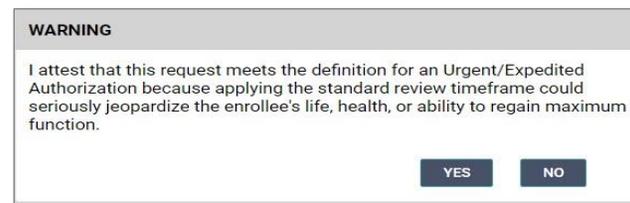
3. **Requesting Provider:**

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 by Provider name   (OR) Search by Provider NPI   ☐ Search All Providers   **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	Tax ID	NPI
123456789	987654321	147258369

Specialty   Servicing address
Unassigned   123 Main St. STE B
Happytown, Ca. **90210-1234**, United States

|◁ ◁◁ **1** ▷▷ ▷| 100 ▾

Magellan HEALTHCARE®

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** not required and can be skipped.

* Requesting Provider Contact Name (4)		
* Requesting Provider Contact Number (5) (11)		* Requesting Provider Fax Number (6)
+ 1	(999) 999-9999	x9999	+ 1	(999) 999-9999
Servicing Provider Contact Name (7)		
Servicing Provider Contact Number (8)		Servicing Provider Fax Number (9)
+ 1	(999) 999-9999	x9999	+ 1	(999) 999-9999
Secondary diagnosis (10)	(12)	
	Search by Diagnosis name	(OR) Search by Code	SEARCH	+

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

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

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

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.

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.

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.

* Attending Physician/Provider First Name (11)	* Attending Physician/Provider Last Name (12)

* Attending Physician/Provider Degree (13)	Attending Physician/Provider is Unknown (14)

Provider Email Address (15)	Extension Requested (16)

* 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)
	Unknown

Magellan HEALTHCARE®

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.

County Program 19

Housing Status 20

21

NEXT   BACK TO PRESCREEN   CANCEL

Magellan HEALTHCARE®

Add a New Line Item / Service

Follow the guidelines below to add a new Line Item/Service:

NOTE: These steps can be followed to add Line Items 2 and 3 to the authorization.

You must click the **ADD SERVICE** button on the **Services** screen to begin to add another service to your authorization.

RESULT: The system will return you to the **Prescreen** to add the new service.

IMPORTANT:

a. You *must* complete the required fields as outlined in the "**Complete the Prescreen**" section of this guide for the new service you are adding.

b. The **Primary Diagnosis** field will populate with the diagnosis information from the previous **Prescreen** and *cannot* be changed.

c. You *must* also complete the required fields as outlined in the "**Authorization Details**" section of this guide for the new service you are adding.

d. The **Service Type** may require you to add a note. *See "**Add a Note (if applicable)**" section of this guide 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 **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.
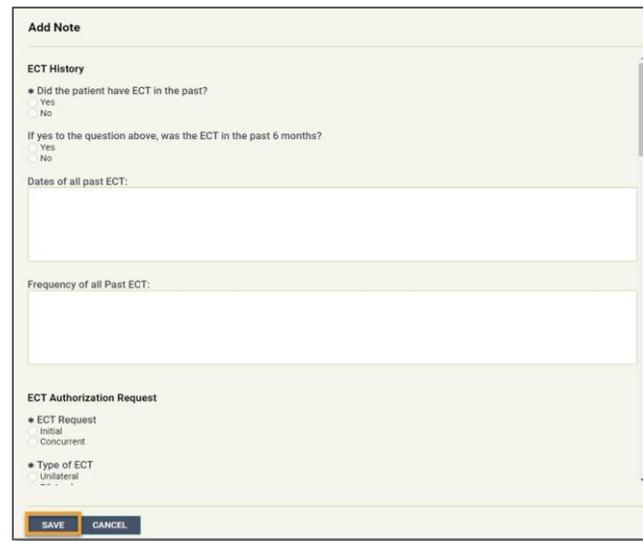
Add an Attachment (if applicable)

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.

Magellan HEALTHCARE®

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.

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.