MAGELLAN HEALTH SERVICES® *Getting Better All the Time*™	How Do I Get Outpatient Authorizations?
For Additional Questions and Answers, visit our FAQ section	

Steps: Get Outpatient Authorizations	
1)	To access, **click *Request Outpatient Authorization*** on the left-hand side menu on the *MyPractice* page.
2)	At the *Start* screen, select the appropriate MIS/TIN and correct Service Location. **Click the appropriate selection "Start New OP Auth"** or **"Extend OP Auth/TRF."**
Start New OP Auth:	
3)	At the *Eligibility Search* screen, enter the required fields to search for the member. **PLEASE NOTE**: *Online initial authorizations are allowed only for certain benefit plans. To see the list of plans, click the link included in the instructions on this page.* **Click "Search."**
4)	On the *Search Results* screen, select the appropriate member and **click "Select this Member."** *(A link to the benefit plans that allow online initial authorizations also is included in the instructions on this page.)*
5)	The *Member Information* screen will display information and requirements based on the member's benefit plan. **Click "Continue."**
6)	On the *Initiate Authorization Request* screen, review the administrative information listed and select the appropriate *Service Type*. **Click "Continue."**
7)	On the *Enter Clinical Information* screen: - Enter the **Requested Start Date**. Please use the mm/dd/yyyy format. - Select **Primary Diagnosis** and **Secondary Diagnosis** (if applicable). If you are unsure of the diagnosis code, use the magnifying glass icon to search for the appropriate diagnosis code by description or partial number. - Select the box next to the appropriate Requested Services (CPT4). **Click "Continue."**
8)	On the *Preview* screen, **confirm the information and either click "Revise" to make edits or "Submit" to send the request.**
9)	When you submit the request, it will be reviewed immediately by our systems. If there are sufficient benefits in place and you are in the member's network, you will receive your authorization information on the *Submission Complete* screen. If the request could not be authorized, you will be informed why and you will need to call the customer service number on the member's benefit identification card to obtain authorization.
Extend OP Auth/TRF:	
3)	On the *Authorization Search* screen, enter information that will enable us to retrieve the ***initial*** authorization data for the member for whom you are seeking authorization for additional sessions. ***Members must have a prior authorization in order to submit an online Treatment Request Form (TRF).*** You have the option of searching by any ***one*** of the following options: **Option 1 –** **By Authorization Number**. Enter the Authorization Number exactly as it

appears on your authorization letter.

Option 2 – **By Member Name/Patient Information**. Enter the Member/Patient's Last Name, First Name, and optional Date of Birth.

Option 3 – **By Expiration Date Within a Date Range.** Enter authorization expiration date ranges using the mm/dd/yyyy format.

Option 4 – **By Expiration Date Within a Specific Time Period.** Make the appropriate selection from the drop-down menu.

After entering desired search criteria, **click "Go."**

4) This screen provides the information Magellan has in our system for the search criteria you entered on the previous screen.

- Locate the desired authorization and choose **Select** for the patient/member for whom you wish to request authorization for more sessions.
- To review more details about a particular authorization, click **View Details**.

If the *Authorization Number and Patient/Member Name* does not appear in the list displayed, return to the **Authorization Search** page and enter the current authorization number for the member for whom you are requesting authorization for additional sessions.

5) On the *Initiate Authorization Request* screen, complete the **Requested Services – Health Services Review** section:

- If you selected an authorization from the **Authorization Search Results** page and you wish to change your selection, select **Choose Another Member**.
- If you wish to enter new search criteria, select **Revise Search.**
- If the authorization you selected from the **Authorization Search Results** page is correct:
  - Enter the **Requested Start Date**. Please use the mm/dd/yyyy format.
  - Select **Primary Diagnosis** and **Secondary Diagnosis** (if applicable). If you are unsure of the diagnosis code, use the magnifying glass icon to search for the appropriate diagnosis code by description or partial number.
  - Select the box next to the appropriate **CPT4 Code(s)** and **select the appropriate Frequency**.
  - Select the **Place of Service** from the drop-down menu. If the location is not **11-Office**, select the correct service location from the drop-down menu.
  - Select the appropriate **Release of Information Code** from the drop-down menu if you do not have a signed statement for release of medical data on file.

Additional Member Information
Select the primary reason for requesting additional sessions.

Select **Yes** or **No** to indicate if the patient is currently on medication prescribed by you or another physician.

Select **Yes** or **No** to indicate if the patient has a chronic medical condition.

Select **Yes**, **No** or **Member Refused Permission** to indicate whether you communicated with the primary care physician or other relevant health care providers about treatment.

Select **Yes or No** to indicate if the member is on mental health or chemical dependency short- or long-term disability.

Select **SF-BH/CHI**, **None** or **Other** to indicate clinical outcomes measured.

Click **"Continue."**

6) On the *Review Authorization Request* screen, review your authorization and make sure that all information is correct. If all of the information is correct, select **Submit**.
   - To change incorrect information, select **Revise** and correct the information.
   - To cancel your authorization request, select **Cancel**.

7) The *Submission Complete* screen confirms submission of your TRF. *If the data submitted can be confirmed with the information we have on record for the member, this page also will confirm your new authorization number*. **Print this page and file it in the member's medical record** by selecting **Print Copy** at the bottom of this page.

   If your submission was not received, or if information is missing or cannot be verified, the **Status** box will indicate **Requires Review** and will be followed by an explanation as to why further review is required. When your TRF requires additional review, Magellan will contact you by mail with the authorization determination.

   Select **Extend Another Outpatient Auth/TRF** or **Return to MyPractice Page** to exit the current authorization request and initiate your next transaction.

TIPS:

- *Start New OP Auth* currently is available only for certain benefit plans.
- You must be in-network for the member's plan to use Start New OP Auth.
- HIPAA-compliant.
- To improve search results in the *Eligibility Search* screen, remove the Date of Birth and/or Member Number from your criteria.