



How Do I Request Rehabilitation Authorizations? (For certain Medicaid accounts only)

For Additional Questions and Answers, visit our [FAQ](#) section

Step 1: Select the Application

Click **Request Rehab Auth** on the left-hand side menu on the *MyPractice* Page.

- Currently this application is only available for the Florida and Georgia Medicaid accounts.
- *Request Rehab Auth* is HIPAA-compliant.

Step 2: Start Screen

On the *Start* screen, if you have more than one MIS/TIN combination, or more than one address, you will be asked to indicate which of these you will use for the authorization.

Indicate whether your request is for an **Initial** or **Continued** authorization.

- *Continued* requests require that you select an existing Magellan authorization that you want to extend.

Click **Continue**.

Step 3: Initial Requests

On the *Eligibility Search* screen, enter **Member's First and Last Name, State/Province/Territory** and click **Search**.

- To narrow down your results, enter **Member's Date of Birth** and **Member's ID** number.
- To improve search results, remove the **Member Number** from your criteria.

On the *Eligibility Summary* screen, locate the member and click the circle to the left of his/her name.

Click **Select this Member**.

- Only members that are covered through a Medicaid account that is configured for this application will be displayed.

Step 4: Continued Requests

On the *Authorizations Search* screen, enter information that will enable us to retrieve the initial authorization data for the member for whom you are seeking authorization for initial sessions.

- Members must have a prior authorization to submit a continued request. You have the option of searching by any one of the following options:
 - Option 1 – By Authorization Number.** Enter your 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 Member Number.
 - Option 3 – By Date Range.** Enter authorization start date or decision date ranges using the mm/dd/yyyy format. Select date type from drop-down menu.

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

On the *Authorization Search Results* screen, locate the desired authorization and click the **Select** link in

the last column on the right side of the display.

- Only members that are covered through a Medicaid account that is configured for this application will be displayed.

On the *Initiate Authorization Request* screen, complete the **contact** and **requested services** sections for this request and click **Continue**.

- The service codes that require review are plan-specific.

On the *Additional Information* screen, complete the **Treatment Plan** and provide the clinical information requested, and then click **Continue**.

- The data requested may be slightly different, depending on the member's benefit plan.
- The service modifiers will only be requested for some procedure codes.
- Up to 6 Problems or Symptoms can be submitted.

On the *Preview* screen, confirm the information and either click **Revise** to make edits, or **Submit** to send the request.

- When you submit the request, the *Submission Complete* screen will display, indicating the request will be sent for internal processing and review.
- Automatic authorization is not available for these requests.
- You should expect to receive a letter indicating the outcome of the review or be contacted for additional information within 5 days.