

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.

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.

The screenshot displays the 'Member Search' interface. On the left, a navigation pane shows 'Dashboard' and 'Member Search' (highlighted with a '1'). The main area has a 'Member Search' header and instructions: '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.' There are two search options: 'Search by ID' and 'Search by Name and Date of Birth' (selected with a '2'). The 'Search by Name and Date of Birth' section has three input fields: 'First Name' (Victoria), 'Last Name' (Bell), and 'Date of Birth' (10/02/1985). Below these is a 'SEARCH' button (with an arrow pointing to it) and a 'RESET' button. The 'Member Search Results' section shows a table with one result:

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
808C030471499C-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021 - 12/31/2049

Below the table are buttons for 'VIEW SUMMARY', 'CREATE INPATIENT AUTHORIZATION', and 'CREATE SERVICE/PROCEDURE AUTHORIZATION' (highlighted with a '3'). A dropdown menu is open under the 'CREATE SERVICE/PROCEDURE AUTHORIZATION' button, showing 'Behavioral Health' and 'Medical' options.

Complete the Prescreen

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	

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.

The screenshot displays the 'Servicing Provider' search interface. At the top, there are two search fields: 'Search by Provider name' (containing 'JAMES SMITH') and '(OR) Search by Provider NPI'. A 'SEARCH' button is to the right. Below the search fields is the 'Provider Search Result(s)' section, which includes a 'Go to Provider Search' link and a note: 'The search results only include the first 50 providers. There are more providers, please refine your search criteria.' A search result for 'Smith, James' is shown with the following details:

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	

At the bottom of the search results, there is a pagination control showing '1' of 100 results. Below the search results is a confirmation message: 'You must submit a request for all services that require authorization.' with 'NEXT' and 'CANCEL' buttons.

Complete Authorization Details

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

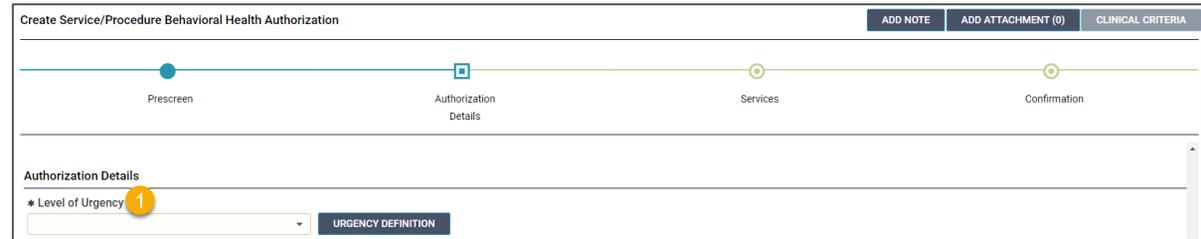
1. Select the **Level of Urgency** from the drop-down menu.

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

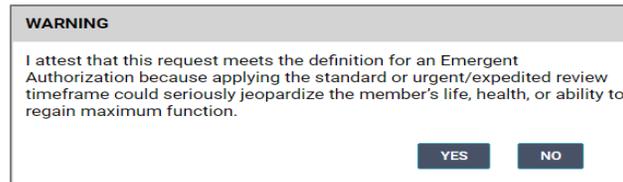
- a. Pop-up displays if “Emergent” is selected.
- b. Pop-up displays if “Standard/ Standard Organization Determination” is selected.
- c. Pop-up displays if “Urgent/ Expedited/ Expedited Organization Determination” is selected.

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.



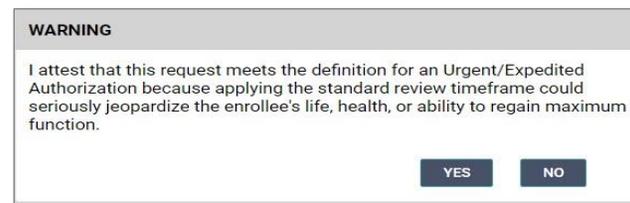
- a. Emergent pop-up example:



- 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** not required and can be skipped.

The screenshot shows a form with the following fields and callouts:

- 4: * Requesting Provider Contact Name
- 5: * Requesting Provider Contact Number
- 6: * Requesting Provider Fax Number
- 7: Servicing Provider Contact Name
- 8: Servicing Provider Contact Number
- 9: Servicing Provider Fax Number
- 10: Secondary diagnosis
- 11: Requesting Provider Contact Number (country code dropdown)
- 12: Servicing Provider Fax Number (country code dropdown)

At the bottom of the form, there are two search options: "Search by Diagnosis name" and "(OR) Search by Code", followed by a "SEARCH" button and a "+" button.

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'.

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:

- You *must* complete the required fields as outlined in the “**Complete the Prescreen**” section of this guide for the new service you are adding.
- The **Primary Diagnosis** field will populate with the diagnosis information from the previous **Prescreen** and *cannot* be changed.
- You *must* also complete the required fields as outlined in the “**Authorization Details**” section of this guide for the new service you are adding.
- The **Service Type** may require you to add a note. See “**Add a Note (if applicable)**” section of this guide if required.

Create Service/Procedure Behavioral Health Authorization

Progress bar: Prescreen, Authorization Details, **Services**, Confirmation

Service Type: Outpatient Services Traditional | Procedure Code: PSYCHOTHERAPY COMPLEX INTERACTIVE (90785)

Start Date: 12/20/2022 | End Date: 03/20/2023 | EDIT

Start Date 12/20/2022	End Date 03/20/2023	Requested Units 10 Units	Member's Applied Eligibility SECURE PLAN HMO BR/IND RIVERS-01-S
Primary Procedure PSYCHOTHERAPY COMPLEX INTERACTIVE (90785)	Service Type Outpatient Services Traditional	Servicing Provider SMITH, JAMES	Servicing Provider OON Reason
Primary Diagnosis Major depressive disorder, recurrent, severe with psychotic symptoms (F33.3)	Level of Urgency Standard/Standard Organization Determination	Place of Service Office	Treatment Type
Requesting Provider SMITH, JAMES	Requesting Provider Contact Name SMITH, JAMES	Requesting Provider Contact Number (123) 456-7891	Requesting Provider Fax Number (987) 654-3210

Buttons: **ADD SERVICE**, SUBMIT, CANCEL

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.

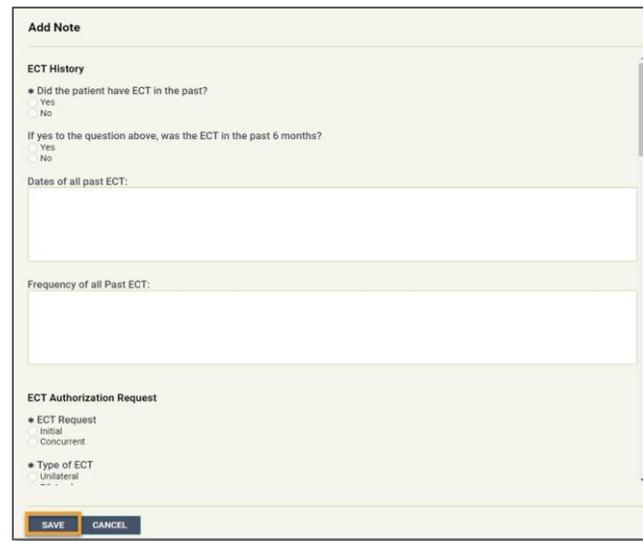


The screenshot shows the top of the 'Create Service/Procedure Behavioral Health Authorization' screen. A progress bar is visible with four steps: 'Prescreen', 'Authorization Details', 'Services', and 'Confirmation'. The 'ADD NOTE' button is highlighted with a yellow arrow.

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.



The screenshot shows the 'Add Note' form. It contains sections for 'ECT History' and 'ECT Authorization Request'. The 'ECT History' section includes questions about ECT in the past and in the past 6 months, with radio button options for 'Yes' and 'No'. There are also text input fields for 'Dates of all past ECT:' and 'Frequency of all Past ECT:'. The 'ECT Authorization Request' section includes radio button options for 'ECT Request' (Initial, Concurrent) and 'Type of ECT' (Unilateral, Bilateral). The 'SAVE' button is highlighted.

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.

The screenshot shows the top navigation bar of the 'Create Service/Procedure Behavioral Health Authorization' screen. The navigation bar includes buttons for 'ADD NOTE', 'ADD ATTACHMENT (0)', and 'CLINICAL CRITERIA'. Below the navigation bar is a progress indicator with four steps: 'Prescreen', 'Authorization Details', 'Services', and 'Confirmation'. The 'ADD ATTACHMENT (0)' button is highlighted with a red circle and the number 1.

The screenshot shows the 'Add Attachment' form. It includes a text input field for '* File' with a 'BROWSE' button to its right. Below this is a dropdown menu for '* Document Type'. There is a text area for 'Comment'. At the bottom left of the form is an 'ADD' button. The 'BROWSE' button is highlighted with a red circle and the number 2. The '* Document Type' dropdown is highlighted with a red circle and the number 3. The 'Comment' text area is highlighted with a red circle and the number 4. The 'ADD' button is highlighted with a red circle and the number 5.

The screenshot shows the bottom navigation bar of the 'Add Attachment' form. It includes a 'CLOSE' button. The 'CLOSE' button is highlighted with a red circle and the number 6.

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.

Magellan HEALTHCARE Authorization Requests

PROVIDER FILTER (12/12) 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 (H0035)

Start Date: 12/30/2022 End Date: 01/09/2023

Requested Units: 10 Units Member's Applied Eligibility: FP-SG GOLD FULL PPO 250/30 OFFEX +SA-01-F

Primary Procedure: MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035) 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

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.

The screenshot displays the 'Create Service/Procedure Behavioral Health Authorization' page in the Magellan Healthcare system. The page features a progress bar at the top with four stages: Prescreen, Authorization Details, Services, and Confirmation. The 'Confirmation' stage is currently active, indicated by a square icon. Below the progress bar, a message states: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' The main content area contains a table with the following information:

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

Service 1		
Procedure MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)	Service Type Partial Hospitalization Program(PHP) Mental Health	Servicing Provider 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'.