

# Create a Service/Procedure (Outpatient) Authorization

## Quick Reference Guide

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Outpatient authorizations within Magellan's authorization system are called Service/Procedure authorizations. This guide includes the specific steps necessary to add a Service/Procedure authorization request.

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

- Intensive Behavioral Health Services (IBHS),
- Family Based Services (FBS), and
- Partial Hospitalization Program (PHP)/Mental Health.

**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.

This Quick Reference Guide will provide the steps to create a Service/Procedure or "Outpatient" authorization.

## Locate the Member

Follow the steps below to locate the Member to start an outpatient authorization:

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 Name and Date of Birth **FIRST** as the search criteria and select the **SEARCH** button. *(Member IDs can be used as an alternative)*
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 yellow circle 1). The main area is titled 'Member Search' and contains a search form. The form has two radio buttons: 'Search by ID' and 'Search by Name and Date of Birth' (selected). Below the radio buttons is a 'Member ID' input field with a placeholder 'Enter 6-18 characters'. The 'Search by Name and Date of Birth' section includes three input fields: 'First Name' (containing 'Victoria', placeholder 'Enter at least 2 characters'), 'Last Name' (containing 'Bell', placeholder 'Enter at least 2 characters'), and 'Date of Birth' (containing '10/02/1985', placeholder 'MM/DD/YYYY'). A yellow box highlights these three fields, with a yellow circle 2 next to it. Below the form are 'SEARCH' and 'RESET' buttons, with a yellow arrow pointing to the 'SEARCH' button. Below the search form is a 'Member Search Results' table with one row of results. The table has columns for Member ID, Name, Date of Birth, Gender, Active Eligibility, and Eligibility Effective Dates. The row contains: Member ID: 808C130471498C-01, Name: BELL, VICTORIA, Date of Birth: 10/02/1985, Gender: (blank), Active Eligibility: Yes, Eligibility Effective Dates: 01/01/2021-12/31/2049. Below the table are three buttons: 'VIEW SUMMARY', 'CREATE INPATIENT AUTHORIZATION', and 'CREATE SERVICE/PROCEDURE AUTHORIZATION'. A yellow circle 3 is next to the 'CREATE SERVICE/PROCEDURE AUTHORIZATION' button, which has a dropdown menu open showing 'Behavioral Health' and 'Medical' options.

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
808C130471498C-01	BELL, VICTORIA	10/02/1985		Yes	01/01/2021-12/31/2049

## 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

Progress: Prescreen (active), 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.

• 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:		
<b>Provider ID</b> 123456789	<b>Tax ID</b> 987654321	<b>NPI</b> 147258369
<b>Specialty</b> Unassigned	<b>Servicing address</b> 123 Main St. STE B Happytown, Ca. 90210-1234, United States	

11 **NEXT** **CANCEL**

You must submit a request for all services that require authorization.

## Complete Authorization Details

Follow the steps below to complete all **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.

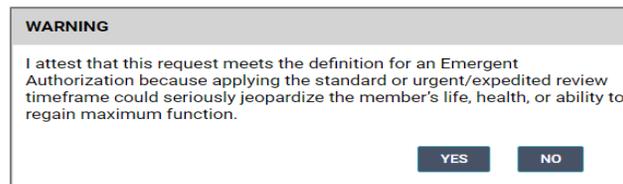
- a. Pop-up displays if “Emergent” is selected.
- b. Pop-up displays if “Standard/ Standard Organization Determination” is selected.
- c. Pop-up displays if “Urgent/ Expedited/ Expedited Organization Determination” is selected.

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

2. Select the **YES** button in the pop-up to continue with the authorization request.



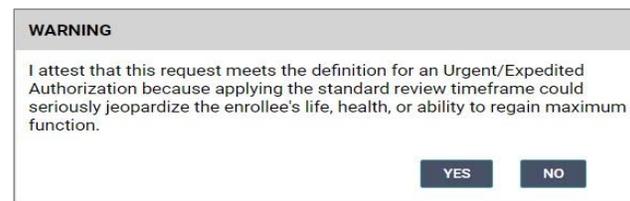
- a. Emergent pop-up example:



- 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.

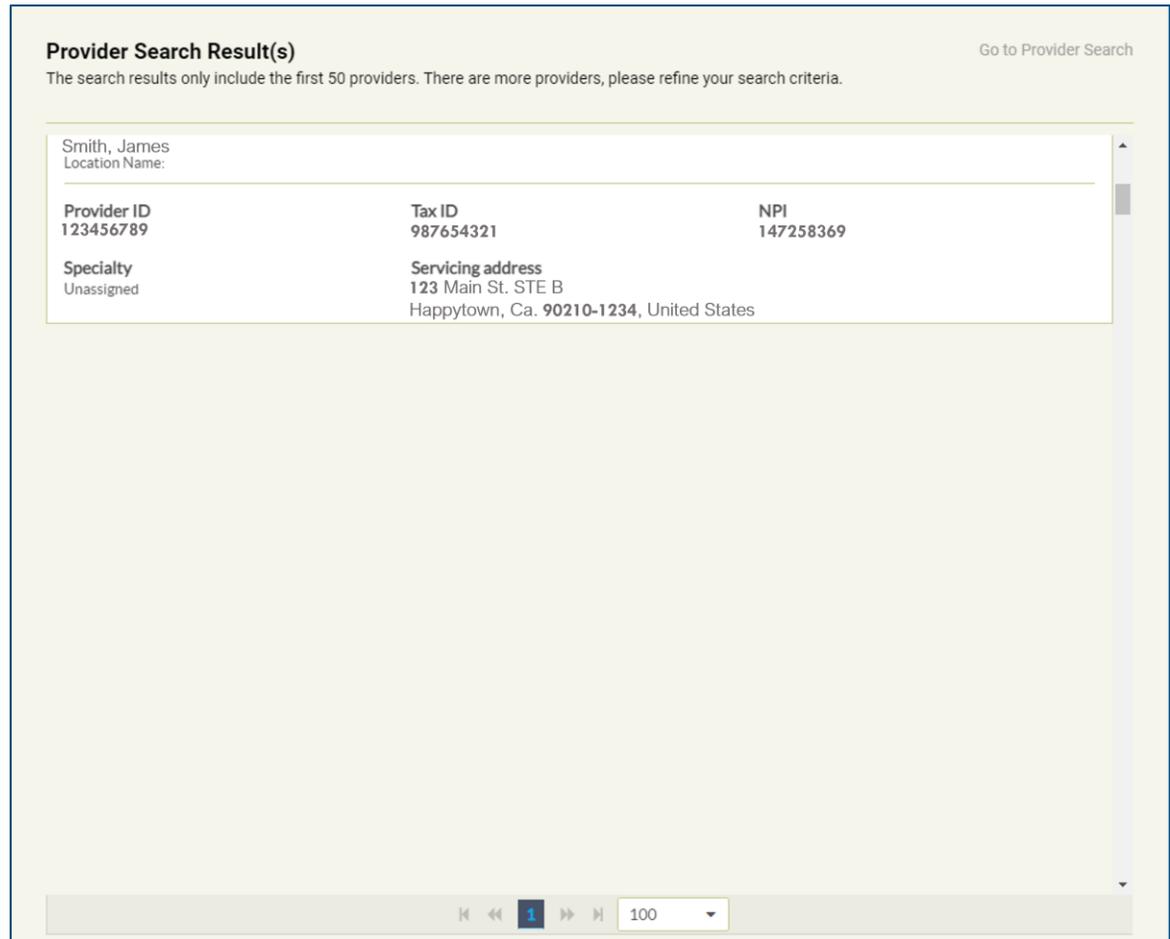
**NOTE:** Entering the provider's NPI into the **Provider NPI** field and clicking **[Enter]** will auto-populate the Requesting Provider name without needing to conduct a search.



\* 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:		
<b>Provider ID</b> 123456789	<b>Tax ID</b> 987654321	<b>NPI</b> 147258369
<b>Specialty</b> Unassigned	<b>Servicing address</b> 123 Main St. STE B Happytown, Ca. 90210-1234, United States	

Navigation: ⏪ ⏩ 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 web form with the following fields and callouts:

- 4**: \* Requesting Provider Contact Name (text input)
- 5**: \* Requesting Provider Contact Number (text input with format: + 1 [999] 999-9999 x9999)
- 6**: \* Requesting Provider Fax Number (text input with format: + 1 [999] 999-9999)
- 7**: Servicing Provider Contact Name (text input)
- 8**: Servicing Provider Contact Number (text input with format: + 1 [999] 999-9999 x9999)
- 9**: Servicing Provider Fax Number (text input with format: + 1 [999] 999-9999)
- 10**: Secondary diagnosis (text input)

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

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

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' (labeled 19) and 'Housing Status' (labeled 20). Below the dropdowns is a large empty text area. At the bottom right of the form, there are three buttons: 'NEXT' (labeled 21), 'BACK TO PRESCREEN', and 'CANCEL'. The 'NEXT' button is highlighted with a yellow border.

22. 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 ID: 123456789 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 EDIT

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

23. 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 steps: 'Prescreen', 'Authorization Details', 'Services', and 'Confirmation'. The 'Confirmation' step is currently active. A message states: 'You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.' Below this, a table provides details for the authorization request.

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

Service 1	Service Type	Servicing Provider
Procedure MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS (H0035)	Partial Hospitalization Program(PHP) Mental Health	DUMAS, CLAIRE M

Status	Units	Unit Type
Pending	10	Units

Start Date	End Date	Member's applied eligibility
12/30/2022	01/09/2023	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'.