



# Submitting an Authorization Request and the Clinical Review Process

*Magellan New Provider Orientation*

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# Agenda

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- » What is a prior authorization
- » How to request prior authorizations
- » How to request treatment through electronic submission
- » Prior authorization requirements
- » Medical necessity criteria
- » Services that are not covered
- » How to contact Magellan with authorization questions



# Prior Authorization

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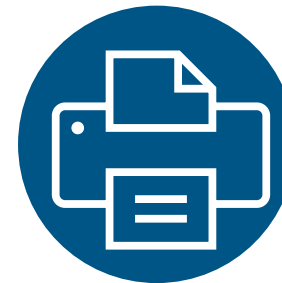
# Prior authorization



Electronic



Written



Faxed

# Prior authorization

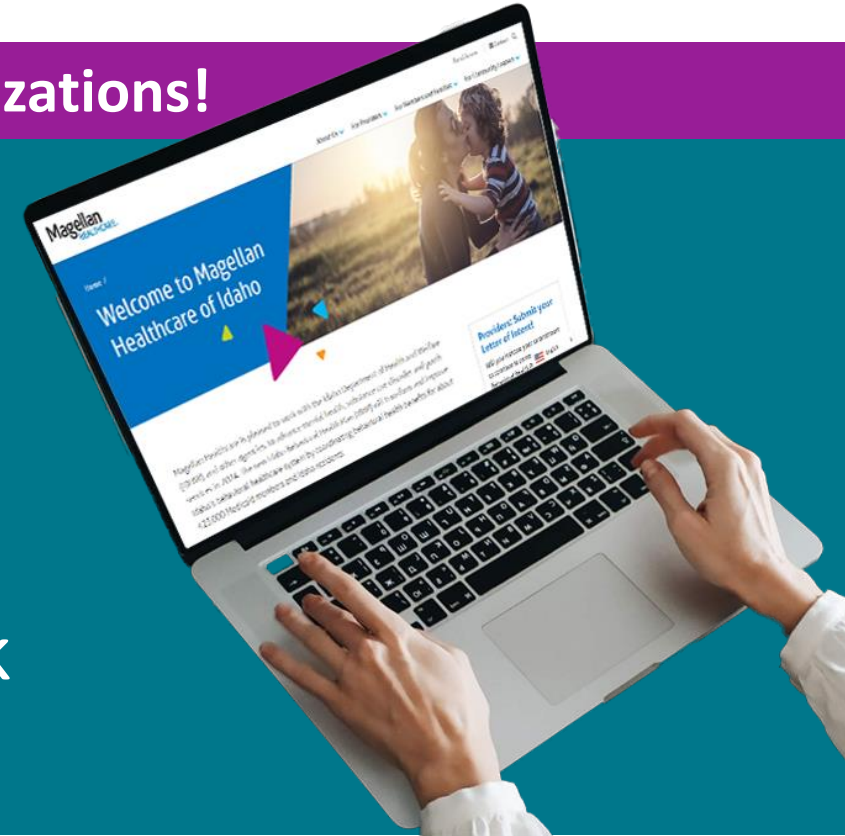


Not all service provisions require authorizations!



> Contact  
Magellan

> Check  
Provider  
Handbook



# Prior authorization



## Requesting a prior authorization



Electronic submission  
(preferred)



Telephonic review



Paper submission



**If no prior auth required, you should directly bill Magellan**



# Prior authorization



## Electronic Submission

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### > Availity Essentials

- Provider information
- Member information
- Clinical rationale



## NOAs may be submitted for certain levels of care:

- Inpatient mental health hospital or institution for mental diseases (IMD)
- ASAM 4.0 Medically Managed Intensive Inpatient Service
- ASAM 3.7 Medically Monitored High Intensity Inpatient Services



# Prior authorization



## Telephonic review

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- Review of clinical needs and medical necessity
- Authorized verbally

**Required for: ASAM 3.5 Clinically Managed Medium Intensity Residential Services and concurrent reviews**



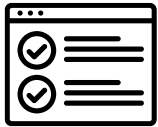
# Prior authorization



## Telephonic review



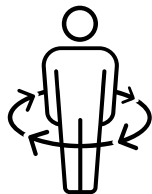
Please have ready:



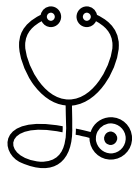
Diagnosis with  
ICD-10 codes



Medication  
update



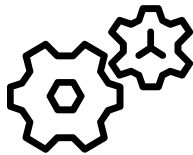
Status  
changes



Physical health  
concerns



Substance use  
concerns



System  
Involvement



Behavioral  
concerns



Treatment  
plan



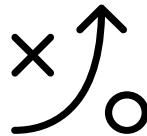
Crisis plan



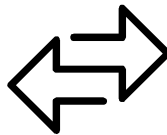
Summary of  
progress



Barriers to  
recovery



Coordination  
of care



Discharge/  
aftercare plan



Any other areas

# Prior authorization



## Paper submission

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**Include all pertinent clinical information**



**Print or type information**



**Be aware of fax machine quality of transmission**



# Requirements for Prior Authorizations

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# Requirements for prior authorizations



✓ Member eligibility

✓ Assessments

✓ Timely  
submissions

# Requirements for prior authorizations

## Turnaround times

IP, ASAM 4.0,  
ASAM 3.7 LOC



1 day

PRTF, RTC,  
ASAM 3.5



5 business days

All other  
outpatient



14 days





# Medical Necessity Criteria

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# Medical necessity criteria (MNC)



**ASAM** American Society of  
Addiction Medicine

American Society of  
Addiction Medicine (ASAM)

**m**cg  
PART OF THE  
HEARST HEALTH NETWORK

**MCG Care Guidelines**

**Magellan**  
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Magellan Care Guidelines



**State Specific  
Guidelines**

[Magellan Healthcare of Idaho](#)





Services Not Covered

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# Services not covered by Magellan



Non-covered services include:



**Nursing home care**



**Dental care**



**Vision care**



**Hearing care**



**Chiropractic care**



**X-rays**



**Family planning –  
birth control**



**Pregnancy  
testing**



**Prescription coverage**





# Questions About Prior Authorization

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# Questions about prior authorization



## Magellan Healthcare of Idaho Website

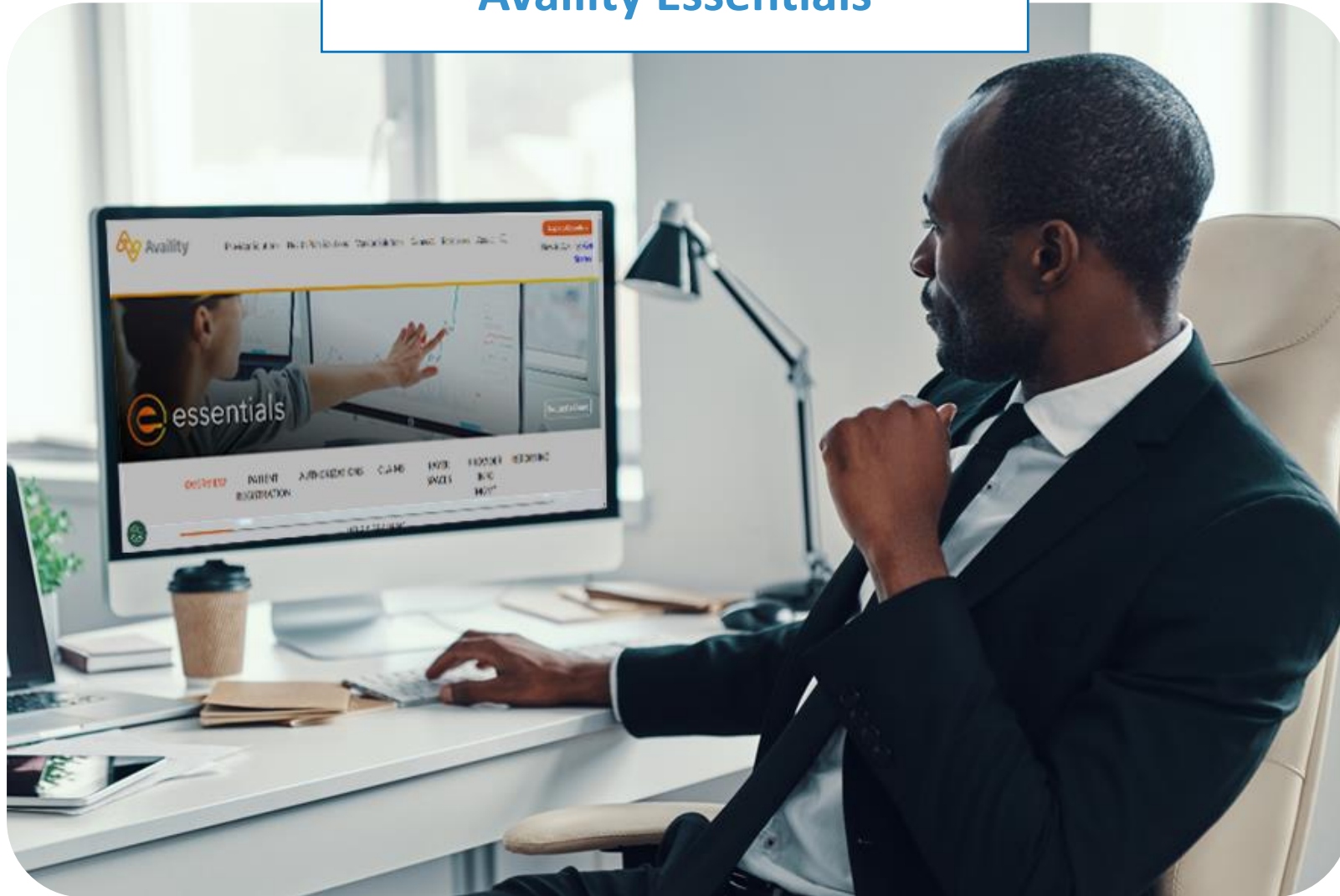




# Questions about prior authorization



## Availity Essentials



# Questions about prior authorization



## Magellan's Idaho Provider Services



**1-855-202-0983**

8 hours a day during normal business hours

Do you have any  
**Questions?**



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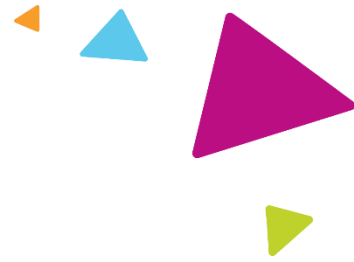


# Thank you

**Magellan**  
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