Creating an IBHS Authorization
Quick Reference Guide

This guide provides step-by-step support for providers who are using Magellan's authorization system to request authorizations for intensive behavioral health services (IBHS) and contains important tips for the best experience with Magellan's authorization system.

Magellan's new authorization system replaces the Request Member Care functions of MagellanProvider.com. Additional features commonly accessed on MagellanProvider.com will remain available. For example, if you typically View Authorizations on MagellanProvider.com, that feature remains available to you.

For assistance with locating, and/or accessing the Magellan's authorization system, view this guide.

Important Items

Helpful tips and information pertaining to IBHS authorizations:

- Request an authorization with a maximum of a six-month duration.
- Submit authorization requests that specify the number of units per service.
- Magellan's authorization system can support initial authorization requests (called "Create") and concurrent requests (called "Extend").

- For IBHS, most common authorizations are:
  - Initial Assessment Registration
  - Initial Service Request
  - Concurrent (Reauthorization) Service Request

Follow the steps below to locate a member and create an IBHS 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 (Member IDs can be used as an alternative).

3. Select the **SEARCH** button.

    RESULT: The member meeting the search criteria appears.

4. Click **CREATE SERVICE/PROCEDURE AUTHORIZATION**.

5. Select **Behavioral Health** from the drop-down.

    RESULT: The **Create Service/Procedure Behavioral Health Authorization Prescreen** screen appears.

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

1. **Service Type** - Select "Intensive Behavioral Health Services (IBHS)."

2. **Place of Service** - Select the place of service.

   NOTE: Each service code in your contract identifies the permissible Place of Service (POS) codes and unit description.

   If more than one Place of Service code applies to the authorization request, select the one that best fits.

3. **Primary Diagnosis:**

   Enter the member's **Primary Diagnosis** by name or code.

   > **NOTE:** Entering the Diagnosis Code into the **Code** field and clicking **[Enter]** auto-populates the Diagnosis name without needing to conduct a search.

   Click to select the correct diagnosis within the **Diagnosis Search Result(s)** – this adds it to the **Prescreen**.

Create Service/Procedure Behavioral Health Authorization

Prescreen — Authorization Details — Services — Confirmation

* Service Type ①
Intensive Behavioral Health Services (IBHS)

* Place of Service ②
Office

* Primary Diagnosis
Search by Diagnosis name | (OR) Search by Code | SEARCH ③

Diagnosis Search Result(s)

○ Name contains ○ Name starts with

Search by Diagnosis name | (OR) Search by Code

SEARCH

Diagnosis name	Code	Code Set	Code Inactive
Attention-deficit hyperactivity disorder, predominantly inattentive type	F90.0	ICD10	
Attention-deficit hyperactivity disorder, predominantly hyperactive type	F90.1	ICD10	
Attention-deficit hyperactivity disorder, combined type	F90.2	ICD10	
Attention-deficit hyperactivity disorder, other type	F90.8	ICD10	
Attention-deficit hyperactivity disorder, unspecified type	F90.9	ICD10	
Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	I69.010	ICD10	
Attention and concentration deficit following nontraumatic intracerebral hemorrhage	I69.110	ICD10	
Attention and concentration deficit following other nontraumatic intracranial hemorrhage	I69.210	ICD10	
Attention and concentration deficit following cerebral infarction	I69.310	ICD10	
Attention and concentration deficit following other cerebrovascular disease	I69.810	ICD10	

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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]** auto-populates 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 adds it to the **Prescreen**.

The following tables show the service and corresponding authorization extended code. **Please see your contract for specific codes and modifiers.**

Individual

Service	Procedure Name	Extended/Auth Code
IBHS – Individual Initial Assessment	MENTAL HEALTH SERVICE DVLP NON-PHYSICIAN	H0032HA
Behavior Consultation (BC)	MENTAL HEALTH SERVICE DVLP NON-PHYSICIAN	H0032UB
Mobile Therapy (MT)	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019UB
Behavioral Health Technician (BHT)	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MINUTES	H2021AH

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IBHS Group

Service	Procedure Name	Extended/Auth Code
IBHS Group	COMMUNITY-BASED WRAP-AROUND SERVICES PWER 15 MINUTES	H2021U6
IBHS – Group Initial Assessment	COMMUNITY-BASED WRAP-AROUND SERVICES PWER 15 MINUTES	H2021HA

ABA

Service	Procedure Name	Extended/Auth Code
IBHS – ABA Initial Assessment	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151HA
Behavior Consultant – ABA (BC – ABA)	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	97151HO
Behavioral Health Technician – ABA (BHT – ABA)	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97152HO

ABA Group

Service	Procedure Name	Extended/Auth Code
ABA Group – Graduate Level Professional	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	97158HO
ABA Group BHT	GROUP ADAPTIVE BHV TX BY PRTOCOL TECH EA 15 MIN	97154HO
IBHS – Group Initial Assessment	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	H2021HA

5. **Requested Units** – Enter the number of units requested for this procedure.

   NOTE: If the request is for greater than 999 units, you will need to add the excess units as a secondary service (see page 14).

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.

10. **Servicing Provider:**

    a. Enter the Provider Name or the Provider NPI and click **SEARCH** or **[Enter]** on your keyboard.

    b. Click to select the appropriate Servicing Provider within the **Provider Search Result(s)** – this adds it to the **Prescreen**.

   **NOTE:** Entering the provider's NPI into the

Provider NPI field and clicking **[Enter]** auto-populates the Servicing Provider name without needing to conduct a search.

11. Click **NEXT**.

    RESULT: A pop-up banner stating, *"You much submit a request for all services that require authorization."* appears.

12. Click **NEXT** again.

    RESULT: the **Authorization Details** screen displays.

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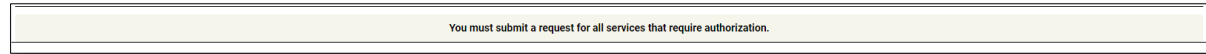
Follow the steps below to complete all **Authorization Details** required fields indicated by the asterisks (*).

1. Select the *"Standard/Standard Organization Determination"* option from the **Level of Urgency** drop-down list.

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

   NOTE: The **URGENCY DEFINITION** button provides 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. *Standard/Standard Organization Determination pop-up example:*

3. **Requesting Provider:**

   a. Enter the Provider Name or the Provider NPI and click **SEARCH** or **[Enter]** on your keyboard.

   b. Click to select the appropriate Requesting Provider within the **Provider Search Result(s)** –

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this adds it to the **Authorization Details**.

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

Provider Search Result(s)   Go to Provider Search

A NEW DAWN PSYCHOTHERAPY ASSOCIATES
Location Name: A NEW DAWN PSYCTHRPY ASSOCS

Provider ID	Tax ID	NPI
601274241	824772535	1851895163

Type   **Servicing address**
Group   1180 ROUTE 100
                         BECHTELSVILLE, PA, 19505-9016, United States

Specialties
Bariatric Assessments
Comorbid Obesity
Panic Disorder
Police/Fire Fighters
Psychological First Aid Trained
Brief Solution Focused
Women's Issues
Unassigned

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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 enter as appropriate.

8. **Servicing Provider Contact Number** - not required and can be skipped or enter as appropriate.

9. **Servicing Provider Fax Number** - not required and can be skipped or enter as appropriate.

10. **Secondary Diagnosis** - not required and can be skipped or enter as appropriate.

11. **Attending Physician /Provider First Name** – enter as appropriate.

12. **Attending Physician/Provider Last Name** – enter as appropriate.

13. **Attending Physician/Provider Degree** – select the correct option from the drop-down list.

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.

16. **Extension Requested** – not required and can be skipped.

17. **County Program** – select from the drop-down list.

18. **Housing Status** – select from the drop-down list.

   NOTE: Check the upper right-hand corner for attachment/note requirements.

19. Select **ADD ATTACHMENT**.

* Attending Physician/Provider First Name — 11

John

* Attending Physician/Provider Last Name — 12

Smith

* Attending Physician/Provider Degree — 13

MD ✕ ▼

Attending Physician/Provider is Unknown — 14

▼

Provider Email Address — 15

Extension Requested — 16

▼

County Program — 17

▼

Housing Status — 18

▼

*An Attachment is required. | ADD NOTE | ADD ATTACHMENT (0) — 19 | IICAL CRITERIA

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Follow the steps below to add an attachment to the authorization request:

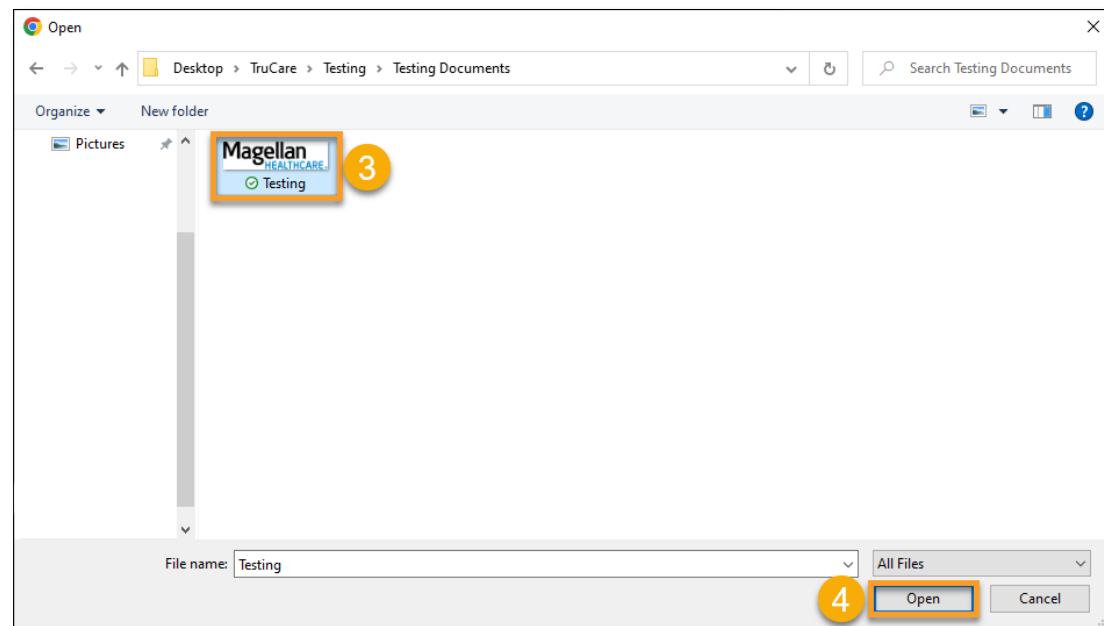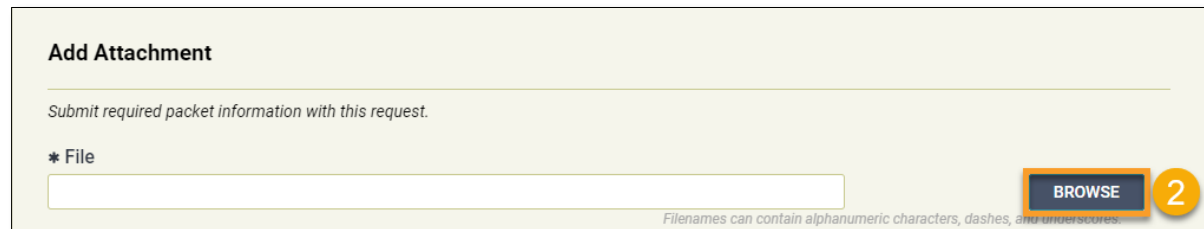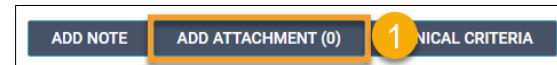1. Select the **ADD ATTACHMENT** button.

   RESULT: the **Add Attachment** pop-up window appears.

2. Select the **BROWSE** button.

   RESULT: The file selection window appears.

3. Select the appropriate attachment needed.

4. Select the **Open** button.

5. Select "Treatment Authorization Request Packet" from the drop-down list.

   NOTE: You can add comments in the Comment section (optional).

6. Select the **ADD** button to add the attachment.

   RESULT: The attachment is added to the authorization.

7. Select the **CLOSE** button.

NOTE: Filenames can **ONLY** contain alphanumeric characters, dashes, spaces, and underscores.

Add Attachment

Submit required packet information with this request.

✱ File

[   ] **BROWSE**

Filenames can contain alphanumeric characters, dashes, and underscores.

✱ Document Type   **5**

[▾]

Comment

[   ]
[   ]
[   ]

ADD   **6**

Attached Files (1)   **REMOVE**

File	Document Type	Comment
Testing.png	Treatment Authorization Request Packet	Training Purposes

⏮ ◀◀ **1** ▶▶ ⏭   10 ▾

CLOSE   **7**

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From the Services screen that appears, you may add additional procedure codes, as well as additional services to add required units (exceeding 999). If the authorization request does not require any additional procedure codes/units, skip to the Submit Authorization section below.

You must click the **ADD SERVICE** button on the **Services** screen to begin to add another service to your authorization.

RESULT: The system returns you to the **Prescreen** to add the new service.

IMPORTANT:

a. You *must* complete the required fields as outlined in the "**Complete the Prescreen**" section of this guide for the new service.

b. The **Primary Diagnosis** field populates with the diagnosis information from the previous **Prescreen** and *cannot* be changed.

c. You *must* also complete the required fields as outlined in the "**Authorization Details**" section of this guide for the new service.

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1. Review the information to ensure accuracy.

   NOTE: If any information is incorrect, select the **EDIT** button.

2. Select the **SUBMIT** button.

   RESULT: A pop-up window appears stating you agree to the **Terms of Use** for the site.

3. Select the **YES** button to continue with the authorization request.

   RESULT: The **Authorization Confirmation** screen populates indicating that the authorization request has been successfully submitted. It displays the authorization status, start date, end date, servicing facility, and primary diagnosis code.

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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.

NOTE: To view the status of an authorization, see our *View an Authorization Status* quick reference guide or *View an Authorization Status* video.

Create Service/Procedure Behavioral Health Authorization

Prescreen — Authorization Details — Services — Confirmation

You have successfully submitted your authorization request. You may track status using the Dashboard, if applicable. Thank you.

Authorization Number
OP0005642196

Primary Diagnosis
Attention-deficit hyperactivity disorder, unspecified type (F90.9)

Requesting Provider
A NEW DAWN PSYCHOTHERAPY ASSOCIATES

Service 1

Procedure	**Service Type**	**Servicing Provider**
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)	Intensive Behavioral Health Services (IBHS)	ACCESS SERVICES

Status
Pending

Units
10

Unit Type
Units

Start Date
04/20/2023

End Date
04/30/2023

Member's applied eligibility
SSI & HH W/O MED A - AGE 0 - 20-01-S

Service 2

Procedure	**Service Type**	**Servicing Provider**
MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)	Intensive Behavioral Health Services (IBHS)	ACCESS SERVICES

Status
Pending

Units
10

Unit Type
Units

RETURN TO MEMBER SEARCH | RETURN TO DASHBOARD | PRINT

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