

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

Creating an IBHS authorization

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.

The screenshot displays the 'Member Search' interface. On the left is a 'Dashboard' sidebar with a 'Member Search' link highlighted by a yellow circle with the number 1. The main area is titled 'Member Search' and contains a search form. The form has two radio buttons: 'Search by ID' (unselected) and 'Search by Name and Date of Birth' (selected). The search criteria are: Member ID (empty), First Name 'daryl', Last Name 'kent', and Date of Birth '01/09/2018'. A yellow circle with the number 2 is next to the search criteria fields. Below the form are 'SEARCH' and 'RESET' buttons, with a yellow circle and the number 3 next to the 'SEARCH' button. The search results are displayed in a table with the following data:

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
808K09480948K-01	KENT, DARYL J	01/09/2018		Yes	01/13/2021 - 12/31/2069

Below the table are buttons for 'VIEW SUMMARY' and 'CREATE INPATIENT AUTHORIZATION'. A yellow circle with the number 4 is next to the 'CREATE SERVICE/PROCEDURE AUTHORIZATION' button. A dropdown menu is open below this button, showing 'Behavioral Health' (selected) and 'Medical'. A yellow circle with the number 5 is next to the 'Behavioral Health' option.

Complete the Prescreen

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**.

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	

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

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

- 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).

- Unit Type** – Select “Units.”
- Start Date** – Enter the start date of the authorization.
- End Date** – Enter the end date of the authorization.
- Member Applied Eligibility** – Auto-populates based on the member’s eligibility status – do NOT change.

A screenshot of a web form with five fields, each marked with a numbered callout in a yellow circle:

- 5**: Requested Units (text input field with value ".10")
- 6**: Unit Type (dropdown menu with "Units" selected)
- 7**: Start Date (calendar icon, text input field with value "04/20/2023")
- 8**: End Date (calendar icon, text input field with value "04/30/2023")
- 9**: Member's Applied Eligibility (dropdown menu with value "SSI & HH W/O MED A - AGE 0 - 20-01-S")

10. Servicing Provider:

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

A screenshot of a search bar labeled "* Servicing Provider" with a numbered callout "10". It contains two input fields: "Search by Provider name" and "(OR) Search by Provider NPI". A "SEARCH" button is located to the right of the input fields.

A screenshot of a "Provider Search Result(s)" page. It includes a link "Go to Provider Search" and a note: "The search results only include the first 50 providers. There are more providers, please refine your search criteria." Below this is a scrollable list of search results. The first result is for "1555 A NEW LLC" with the following details:

1555 A NEW LLC Location Name: 1555 A NEW LLC		
Provider ID 601543970	Tax ID 845111580	NPI 1174197511
Type Group	Servicing address	
Specialties Adult (18-64) Substance Abuse Disorders Adolescent (13-17) ADHD		

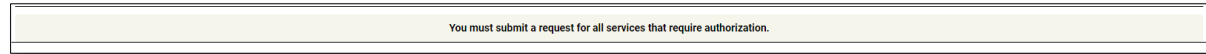
Provider NPI field and clicking **[Enter]** auto-populates the Servicing Provider name without needing to conduct a search.

11. Click **NEXT**.

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

12. Click **NEXT** again.

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



Complete Authorization Details

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.

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)** –

Create Service/Procedure Behavioral Health Authorization

*An Attachment is required. ADD NOTE ADD ATTACHMENT (0) CLINICAL CRITERIA

Prescreen Authorization Details Services Confirmation

Authorization Details

* Level of Urgency 1

URGENCY DEFINITION

- a. *Standard/Standard Organization Determination pop-up example:*

WARNING

This request meets the definition for Standard Authorizations. I attest to understanding the above message.

2 YES NO

* Requesting Provider 3

Search by Provider name (OR) Search by Provider NPI

Search All Providers SEARCH

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 601274241	Tax ID 824772535	NPI 1851895163
Type Group	Servicing address 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		

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.

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

- 4**: * Requesting Provider Contact Name (text input, contains "John Smith")
- 5**: * Requesting Provider Contact Number (text input, contains "(123) 456-7890")
- 6**: * Requesting Provider Fax Number (text input, contains "(123) 456-7890")
- 7**: Servicing Provider Contact Name (text input, empty)
- 8**: Servicing Provider Contact Number (text input, contains "(999) 999-9999")
- 9**: Servicing Provider Fax Number (text input, contains "(999) 999-9999")
- 10**: Secondary diagnosis (text input, empty)

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.

Adding an Attachment (if applicable)

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

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

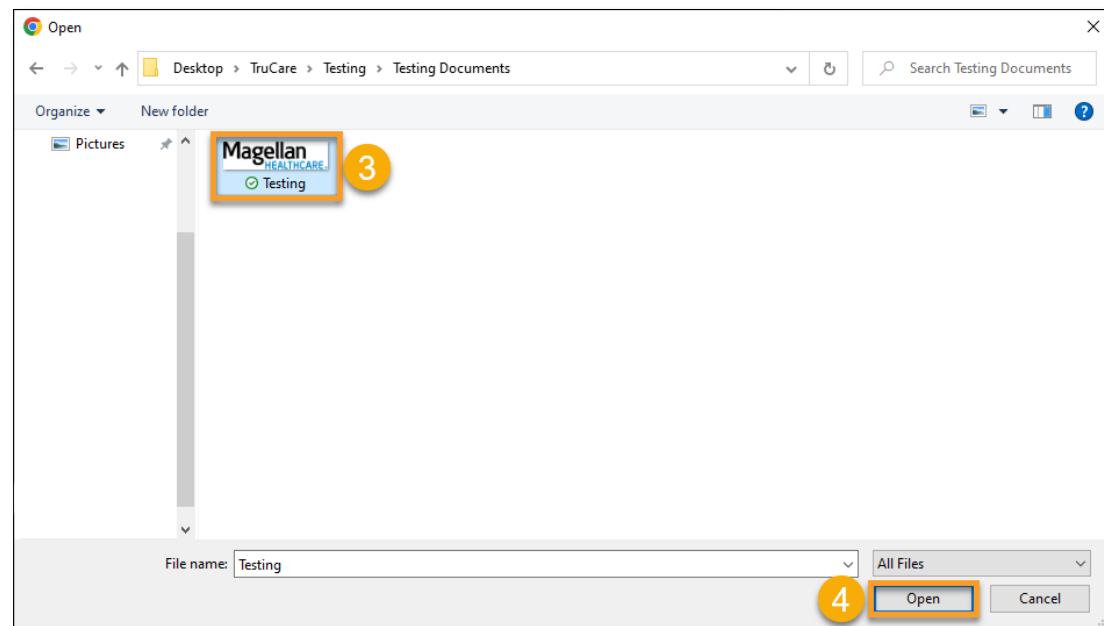
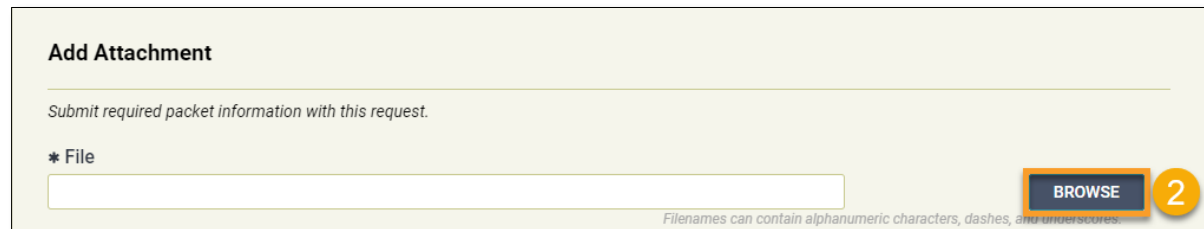
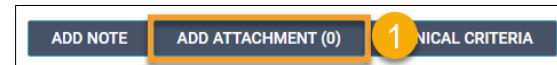
RESULT: the **Add Attachment** pop-up window appears.

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** **REMOVE**

Attached Files (1)

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

1 10

CLOSE **7**

Add a New Line Item/Services

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:

- You *must* complete the required fields as outlined in the “**Complete the Prescreen**” section of this guide for the new service.
- The **Primary Diagnosis** field populates 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.

Dashboard

Member Search

KENT, DARYL

Member ID
80BK09488094BK-01

Date of Birth (Age)
01/09/2018 (5 years)

Gender

Active Eligibility
Yes

Policy #

Product
SSI & HH W/O MED A - AGE 0 - 20-01-S

Group #
HCBUC

Eligibility Effective Dates
01/13/2021 - 12/31/2069

Create Service/Procedure Behavioral Health Authorization

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

Service Type: Intensive Behavioral Health Services (IBHS) Procedure Code: MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)

Start Date: 04/20/2023 End Date: 04/30/2023 [EDIT]

Start Date 04/20/2023	End Date 04/30/2023	Requested Units 10 Units	Member's Applied Eligibility SSI & HH W/O MED A - AGE 0 - 20-01-S
Primary Procedure MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)	Service Type Intensive Behavioral Health Services (IBHS)	Servicing Provider ACCESS SERVICES	Servicing Provider OON Reason
Primary Diagnosis Attention-deficit hyperactivity disorder, unspecified type (F90.9)	Level of Urgency Standard/Standard Organization Determination	Place of Service Office	Treatment Type
Requesting Provider A NEW DAWN PSYCHOTHERAPY ASSOCIATES	Requesting Provider Contact Name John Smith	Requesting Provider Contact Number (123) 456-7890	Requesting Provider Fax Number (123) 456-7890

[1] ADD SERVICE SUBMIT CANCEL

Submit the Authorization

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.

Create Service/Procedure Behavioral Health Authorization

Progress: Prescreen — Authorization Details — Services — Confirmation

Service Type: Intensive Behavioral Health Services (IBHS) | Procedure Code: MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)

Start Date	End Date	Requested Units	Member's Applied Eligibility
04/20/2023	04/30/2023	10 Units	SSI & HH/W/O MED A - AGE 0 - 20-01-S
04/20/2023	04/30/2023		

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

Primary Diagnosis	Level of Urgency	Place of Service	Treatment Type
Attention-deficit hyperactivity disorder, unspecified type (F90.9)	Standard/Standard Organization Determination	Office	

Requesting Provider	Requesting Provider Contact Name	Requesting Provider Contact Number	Requesting Provider Fax Number
A NEW DAWN PSYCHOTHERAPY ASSOCIATES	John Smith	(123) 456-7890	(123) 456-7890

ADD SERVICE | SUBMIT | ANCEL

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

3 NO

Confirmation

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 MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)	Service Type Intensive Behavioral Health Services (IBHS)	Servicing Provider 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 MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN (H0032HPEP)	Service Type Intensive Behavioral Health Services (IBHS)	Servicing Provider ACCESS SERVICES
Status Pending	Units 10	Unit Type Units

RETURN TO MEMBER SEARCH RETURN TO DASHBOARD PRINT