

This checklist is intended as a resource for providers when submitting Intensive Behavioral Health Services (IBHS) authorization requests. Completion of this checklist may be required by Magellan in specific circumstances.

Initial Assessment Request

- ☐ Online authorization request
- ☐ Registration Treatment Authorization Request (TAR) Form
- ☐ Individual or Group Initial Assessment – 60 units for 30 days
- ☐ ABA Initial Assessment – 96 units for 45 days
- ☐ Written Order – Completed within 1 yr of submission

Pre-Service Request

- ☐ Online authorization request
- ☐ Treatment Authorization Request (TAR) Form
- ☐ Written Order – Completed within 1 yr of submission
- ☐ Assessment – Please be sure this includes specific service(s) recommendation.
- ☐ Individualized Treatment Plan (ITP)
- ☐ ISPTM summary note if BHT/BHT-ABA services are requested in school/daycare/preschool/camp/afterschool programs
- ☐ CANS summary report – To be completed for all members 3 years of age and older.

Concurrent Service Request

- ☐ Online authorization request
- ☐ Treatment Authorization Request (TAR) Form
- ☐ Written Order – Completed within 1 yr of submission
- ☐ Assessment – Please be sure this includes specific service(s) recommendation.
- ☐ Individualized Treatment Plan (ITP)
- ☐ ISPTM summary note if BHT/BHT-ABA services are requested in school/daycare/preschool/camp/afterschool programs
- ☐ CANS summary report – To be completed for all members 3 years of age and older.

Change of Prescription Request

Option A. Change of hours in the same setting as the currently authorized request

- ☐ Fax request
- ☐ Written Order
- ☐ Updated assessment
- ☐ Updated TAR (Enter current auth start and end date with the new, total units for the entire auth timeframe)

Option B. Adding a new service OR location to currently authorized request that is not already in the Written Order

- ☐ Fax request
- ☐ WO – Updated if needed for new recommendations
- ☐ Updated assessment
- ☐ TAR – Containing just the newly requested service(s)
- ☐ Updated ITP as necessary
- ☐ ISPT meeting notes if adding BHT/BHT-ABA in school type program

1-30 Day Administrative Extension Request

- ☐ Fax request
- ☐ TAR – Enter current auth start date, new end date being requested, and total new units needed for updated auth.
- ☐ Letter of explanation explaining the reason for the delay or additional time needed

Auth Transfer Request

- ☐ Fax request
- ☐ Letter from currently authorized provider agreeing to transfer with date of transfer
- ☐ Letter from new requesting provider agreeing to transfer with date of transfer
- ☐ TAR – Transfer date (start date) to currently authorized end date

Stop Current Auth/Start New Request

- ☐ Fax request
- ☐ See Concurrent request checklist

Pre-Service MNC Request Without Known Provider (Unassigned)

- ☐ Fax request
- ☐ See Pre-Service request checklist
- ☐ TAR – In the Provider Name section, please write “**Unassigned**” and leave the Magellan Provider MIS# section blank

Data Entry Request

Option A. Member’s Medical Assistance (MA) switched from one Magellan County to a different Magellan County

- ☐ Submit via online portal
- ☐ Letter noting the change in MA Magellan County coverage
- ☐ TAR noting new county authorization needed based on MA effectiveness date

Option B. Magellan County to Non-Magellan County change

- ☐ Provider completes an online discharge form located [HERE](#)

Option C. Member’s MA switched from non-Magellan County to Magellan County and already has IBHS authorization with another BH-MCO. *Magellan will honor the current IBHS authorization approved by another BH-MCO. Please submit this documentation within 14 calendar days of member’s MA status change. If the request is beyond the 14 calendar days, submit the request for the services going forward but follow the retrospective review procedure as referenced in the Provider Manual for services prior to the 14 days.*

- ☐ Fax request
- ☐ Original packet from the other BH-MCO
- ☐ Proof of authorization from previous BH-MCO
- ☐ TAR with authorization based on start with MBH to approved last covered day

Option D. Picking up authorization already approved

- ☐ Fax request
- ☐ TAR with the services, dates, and units needed for already approved IBHS request

Authorization Error Correction with Updated Paperwork

- ☐ Fax request
- ☐ Fax cover sheet with the following information:

Authorization # (if already approved)	
Who submitted the auth request?	
Date of the auth request?	
What was the error?	
Reason for the error?	
How was the error discovered?	
Are there any claims denied as a result of this error?	
- ☐ Corrected paperwork