Intensive Behavioral Health Services (IBHS) BHSSBC Overview

2025

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Magellan is excited to embark on the collaboration with BHSSBC and the provider community to enhance behavioral health services for Somerset and Bedford members.

For anyone looking to learn more or access resources, the MagellanofPA.com website is the go-to hub—it includes provider tools, member resources, updates, and contact information.

Changes for BHSSBC

Overview of Changes

- Magellan will honor CCBH's IBHS/ABA authorizations- units, start and end dates through the transition
- Authorization timeframes will change to a maximum of 6 months for Individual and Group Services beginning with your first packet submission to Magellan. ABA services currently will continue at up to 1 year, but BHSSBC and Magellan have submitted request to change this to 6 months and may be changing in the near future.
- Magellan bundles authorizations under 1 code per service; billing requires unique proc code modifiers.
- Assessment units and timeframes are different.
- Initial Assessment requires a registration. Ongoing Assessments are done within the approved units for BC prior to the reauthorization request.
- Interagency Services Planning Team Meetings (ISPTM) are required for BHT in school/preschool/summer camp and daycare locations.
- CANS will not be required for BHSSBC.

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Treatment Authorization Requests

Treatment Authorization Requests

- Availity – Magellan's Online Authorization System- should be used by all contracted providers for their IBHS contracted services.
  - https://www.magellanprovider.com/news-publications/spotlight/availity.aspx
  - Detailed information on the Availity system and process is available here at www.magellanprovider.com/authsystem
- Provider may also submit via fax (though not the preferred method)
  - Fax number: 866-667-7744 with attention to your assigned care manager
- Authorizations for Individual Services and Group are for up to **6 months** maximum and recommended in **hours per month** per service at the specific service procedure code level.
- Authorizations for ABA are for up to **1 year** maximum and recommended in **hours per month** per service at the specific service procedure code level.

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Treatment Authorization - Documentation

Authorization Request Packet Requirements

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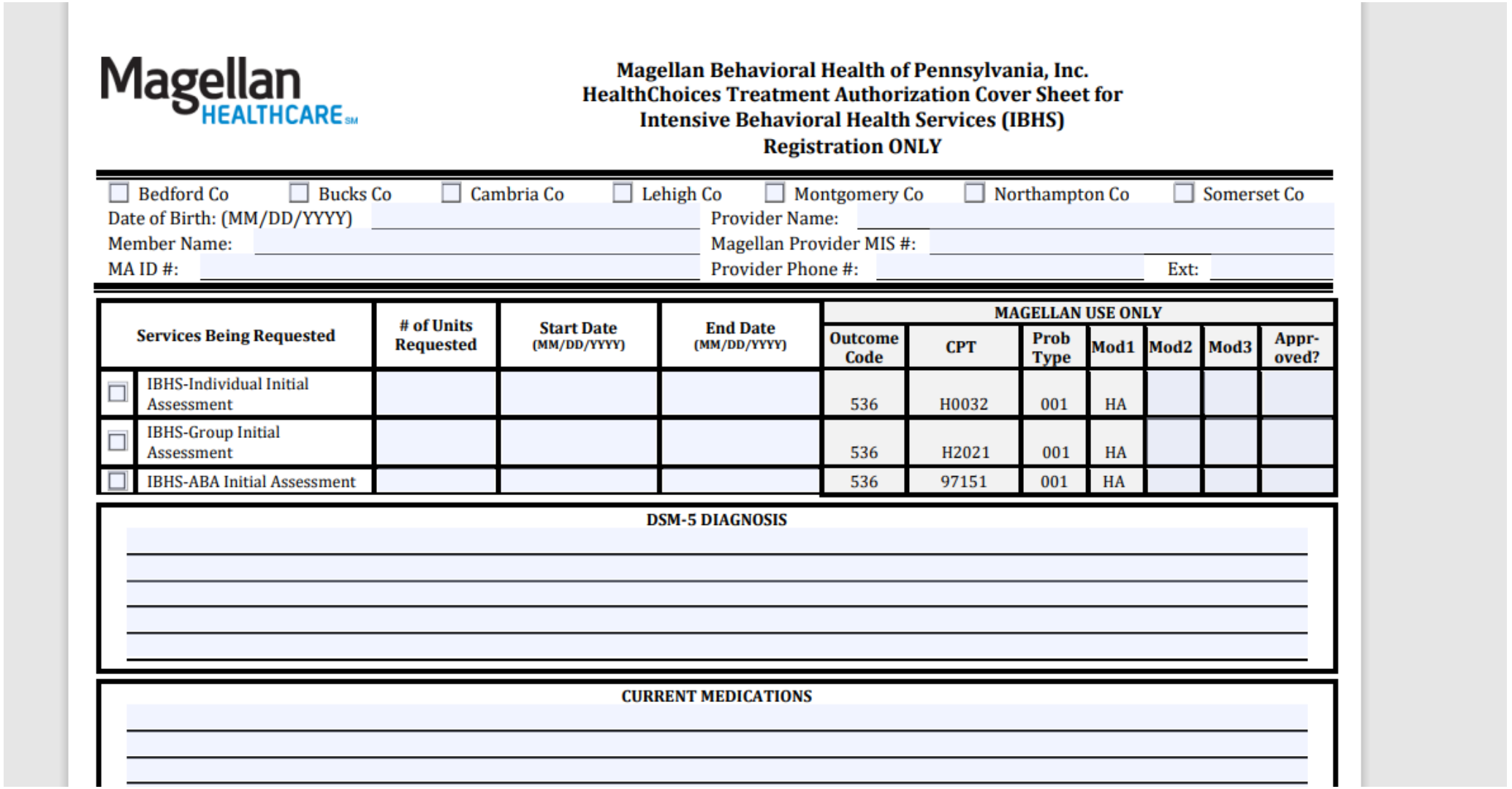
Treatment Authorization Request (TAR)Form

Treatment Authorization Request (TAR)

There are three Treatment Authorization Request (TAR) forms that function as the cover sheet to your initial and concurrent packets for Availity and Faxed Submissions:

- **Initial TAR Registration TAR Cover Sheet:**
  - https://www.magellanofpa.com/documents/2021/07/p-forms-ibhs-tar-registration-cover-sheet.pdf/
- **IBHS TAR Face sheet for Individual & ABA IBHS:**
  - https://www.magellanofpa.com/documents/2025/09/ibhs-tar-facesheet-for-individual-aba-ibhs.pdf/
- **IBHS TAR Face Sheet for Group IBHS:**
  - magellanofpa.com/documents/2025/09/ibhs-tar-facesheet-for-group-ibhs.pdf/

IBHS Registration TAR- Initial Assessment Form



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Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Intensive Behavioral Health Services (IBHS)
Registration ONLY

☐ Bedford Co ☐ Bucks Co ☐ Cambria Co ☐ Lehigh Co ☐ Montgomery Co ☐ Northampton Co ☐ Somerset Co

Date of Birth: (MM/DD/YYYY) _____ Provider Name: _____

Member Name: _____ Magellan Provider MIS #: _____

MA ID #: _____ Provider Phone #: _____ Ext: _____

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Appr-oved?
☐ IBHS-Individual Initial Assessment				536	H0032	001	HA			
☐ IBHS-Group Initial Assessment				536	H2021	001	HA			
☐ IBHS-ABA Initial Assessment				536	97151	001	HA			

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS

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IBHS TARs – Individual/ABA TAR

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Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Individual & ABA Intensive Behavioral Health Services (IBHS)

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain: _____

Via Fax: ☐ Change of Prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

☐	Bedford County	☐	Bucks County	☐	Cambria County	☐	Lehigh County	☐	Montgomery County	☐	Northampton County	☐	Somerset County

Member Name:		MA ID #:		Date of Birth (MM/DD/YYYY):	
Provider Name:		Magellan Provider MIS #:		Packet Contact:	

Authorization Information					Assessment Recommendations				
Services Being Requested	**Auth Codes**	**Total Units Requested**	**Start Date MM/DD/YYYY**	**End Date MM/DD/YYYY**	**Hours per Month**	**Setting**	**New Service or Change in hours?**	**Dates by Setting**	**Units by Setting & Dates**
Individual IBHS					**Individual IBHS**				
☐ **BC**	H0032UB						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
☐ **MT**	H2019UB						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
☐ **BHT**	H2021AH						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
ABA IBHS					**ABA IBHS**				
☐ **BC -ABA**	97151HO						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
☐ **BHT-ABA**	97152HO						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ☐ hrs./month		

DSM-5 DIAGNOSIS with ICD-10 Code	**Medications**

Select all identified Social Determinants of Health (SDOH) Concerns:

Group/ABA Group TAR

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Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Group Intensive Behavioral Health Services (IBHS)

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain:

Via Fax: ☐ Change of Prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

☐	Bedford County	☐	Bucks County	☐	Cambria County	☐	Lehigh County	☐	Montgomery County	☐	Northampton County	☐	Somerset County

Member Name:		MA ID #:		Date of Birth (MM/DD/YYYY):	
Provider Name:		Magellan Provider MIS #:		Packet Contact:	

Authorization Information					Assessment Recommendations	
Services Being Requested	**Auth Codes**	**Total Units Requested**	**Start Date MM/DD/YYYY** Start date must be within 2 business days of submission	**End Date MM/DD/YYYY** 6 months maximum	**Hours per Month**	**New Service or Change in hours?** Enter currently approved hours/month if applicable
Group IBHS					**Group IBHS**	
☐ **IBHS Group**	H2021U6					☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month
ABA Group IBHS					**ABA Group IBHS**	
☐ **ABA Group - GLP**	97158HO					☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month
☐ **ABA Group BHT**	97154HO					☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month

DSM-5 DIAGNOSIS with ICD-10 Code	**Medications**

Select all identified Social Determinants of Health (SDOH) Concerns:

☐ Not Assessed	☐ None Known	☐ Food Insecurity	☐ Financial Instability
☐ Housing Insecurity	☐ Lack of Childcare	☐ Medical Cost Barrier	☐ Transportation
☐ Education/Low Literacy	☐ Interpersonal Violence	☐ Social Isolation	☐ Unemployment/Underemployment

☐ **By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.**

Written Orders

Written Order & Psychological Evaluation Billing Codes

Service	Claims (30 Minute Unit; Face to Face)	Contract/Fee Schedule Codes
Psych Diag Eval no med svcs	90791 UB EP	
Psych Diag ReEval no med svcs	90791 UB UC	
Written Order other license	H0031 UB	Mental health assessment by non-physician (Other Licensed Practitioner)
Written Order other MD/PhD	H0031 UB U6	Mental health assessment by non-physician (Licensed Practitioner) MD/PhD

- No prior authorization is required for completion of the Psychological Evaluation or the Written Order.
- The appropriate codes should be used for billing purposes.

Guidance for the H0031 Written Order Code

H0031 is a 30-minute unit.

Only face-to-face time is billable.

A written order requires a minimum of 1 unit of face-to-face time.

Additional units may be billed as needed based on the needs of the member.

90791 – Psychological Evaluation

The 90791 code- Psych Diag Eval no medical services and Psych Diag ReEval no medical services is a 30-minute billable unit.

Only face-to-face time is billable.

The Compliance Guidance issued in May 2013 still applies.

Compliance Guidance for 90791

- Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time of the face-to-face interview is included on the evaluation as well as on the signed encounter form.
- Minimum face-to-face for re-evaluations are 1 hour. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Collaboration with the current clinical team (behavior specialist consultant and/or outpatient therapist) in writing, via phone or in person for all evaluations.
- Collaboration with the treating physician regarding treatment and progress/lack of progress for any member prescribed psychotropic medication.
- Review and summary of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools etc.) and their relation to current symptoms and recommendations.
- A summary of the interventions being implemented by the treatment team, their effectiveness and/or ineffectiveness, and recommendations for adjustments based upon a review of a segment of the treatment team progress notes.
- The Recommendations section will include suggested treatment plan changes based upon the above collaborations and review.
- The Recommendations section will indicate if the evaluator agrees with the current treatment plan and offer information regarding the interventions which are most appropriate for the member's diagnosis and symptoms.
- Recommendations will indicate if the treatment interventions are consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.
- Evaluations should not contain "ruleout" (R/O) diagnoses for more than one re-evaluation. If an R/O diagnosis is given, the evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.
- If the member is identified as having a developmental delay, the IQ range should be provided and factored into treatment recommendations and expectations.

Written Order Face-to-Face

- A Written Order letter or equivalent report must be written within 1 year/365 days of the face-to-face evaluation with the prescriber and recommendations for IBHS made within 12 months prior to the initiation or continued IBHS.
- All Written Orders/Evaluation Reports recommending IBHS are valid for 12 months from the date that the recommendation was made.
- A member and/or parent/guardian may request services any time during this 12-month timeframe.
- If the Written Order used to initiate or continue IBHS services expires during the member's authorization period, this will not impact or interrupt service delivery.

Written Order - Content

1. Behavioral Health Diagnosis
2. Clinical information to support medical necessity of the service ordered
3. Maximum number of hours of each service per month using “up to” language
4. Setting where services may be provided
    1. **Preschool, daycare, afterschool program, summer camp, school, ESY are all considered SCHOOL for BHT-ABA/BHT**
5. Measurable improvements in identified therapeutic needs that indicate when services may be reduced, changed or terminated
6. Specifies the IBHS service, hours and setting(s)

Magellan's Written Order Template

- Magellan has a Written Order template posted on our website which can be used but is not required: https://www.magellanofpa.com/documents/2021/05/written-order-template-final-01252021.pdf/
- A psychiatric or psychological evaluation/Life Domain Evaluation/Best Practice Evaluation can be used in place of a written order provided the evaluation includes the information that must be in the written order.

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Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Written Order Template

Directions

Per the Intensive Behavioral Health Services (IBHS) regulations, the Written Order is based on a face-to-face interaction with the child, youth or young adult that meets the following:

1. Written within 12 months prior to the initiation of IBHS
2. Written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services including IBHS
3. Includes a behavioral health disorder diagnosis
4. Clinical information to support the medical necessity of the service ordered
5. The maximum number of hours of each service per month
6. The settings where services may be provided
7. The measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed, or terminated

Directions:

- ✓ Cover Page – Must be completed with all Written Order recommendations
- ✓ Part A: Initial Assessment Recommendation – Please complete if this is a Written Order for a member not currently involved with IBHS and needing an initial assessment.
- ✓ Part B: IBH Service Recommendation – Please complete this part to recommend IBH services.

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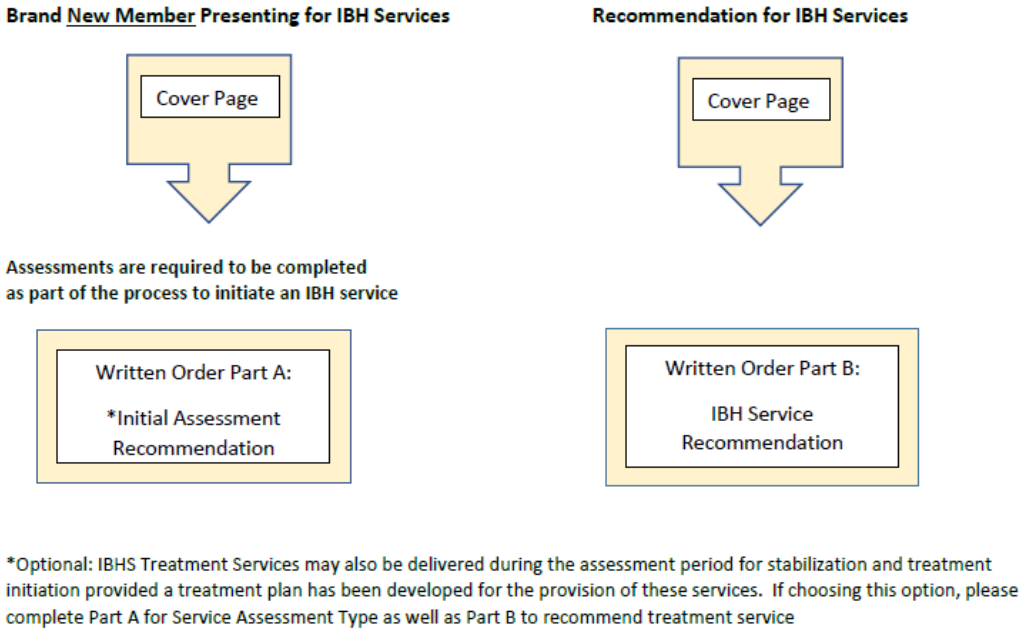
Magellan's Written Order Template

- **Cover Page, Page A – Initial Assessment, & Part B – IBHS Prescription**

• A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan (ITP). IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services.



Magellan's Written Order Template- Part A

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Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Written Order Letter
Part A: Initial Assessment for IBHS

Assessments are required to be completed as part of the process to initiate an IBH service.
PART A: Check the Service Assessment Type that is needed. Also complete the signature information on the last page.

	Service Assessment Type		Assessment Hours/Timeframes
☐	Initial Assessment for IBHS Individual	☐	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
☐	Initial Assessment for IBHS Group	☐	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
☐	Initial Assessment for IBHS ABA Services	☐	IBHS ABA-24 hours for 45 days NOTE: Assessment must occur within 30 calendar days of service initiation for ABA.
☐	Initial Assessment for MST	☐	MST-25 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
☐	Initial Assessment for FFT	☐	FFT-7.5 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.

Optional: IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. If choosing this option, please complete Part A for Service Assessment Type as well as Part B to recommend treatment services.

Collaboration and Confirmation

Prescriber:
I confirm that following my face-to-face appointment and/or evaluation of this child, and after considering less restrictive levels of care, as well as the prioritization of available evidence-based treatments, I am making the recommendations as per the above Written Order.

Prescriber's Name: _____ Degree: _____
Prescriber's Address: _____ City: _____ State: _____ Zip: _____
Prescriber's Phone: _____
License Type: _____ NPI #: _____ PROMISE ID #: _____
Prescriber's Signature: _____ Date: _____

Parent/Guardian: (Optional)
I confirm that I have participated in the face-to-face appointment and/or evaluation (of my child) and understand the above recommendations for further assessment and, if applicable, treatment initiation for stabilization under IBHS. I understand that the treatment hours listed above describe the maximum amount to be received per month and that IBHS treatment hours may vary, based on clinical need and ongoing assessment.

Parent/Guardian's Name: _____
Parent/Guardian's Signature: _____ Date: _____
Youth's Name if 14 or Older: _____
Youth's Signature if 14 or Older: _____ Date: _____

If you need to be connected to an IBHS provider in the Magellan network, please contact Magellan Member Services at:
Bucks: (877) 769-9784 **Delaware: (888) 207-2911** **Montgomery: (877) 769-9782**
Cambria: (800) 424-0485 **Lehigh: (866) 238-2311** **Northampton: (866) 238-2312**

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Magellan's Written Order Template- Part B

Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Written Order Template
Part B: IBH Service Recommendation

PART B: *Directions: Please select the IBH Service Category or Categories, and the specific IBH Service Type(s) within each category that are medically necessary for the child, youth, or young adult based on symptom(s) and/or behavior(s) of concern. For each service type recommended, please indicate the maximum number of hours per month (or episode if relevant) based on severity of symptoms/behaviors, and the specific setting(s) in which treatment should occur. NOTE: All sections in the same row must be completed for a service to be appropriately authorized.*

Intensive Behavioral Health Service Categories	IBH Service Types	Maximum number of hours per month *(Note: The IBHS agency may provide less as clinically indicated)*	Settings in which treatment is necessary
IBHS Individual	☐ Behavior Consultant (BC)	Up to _____ hours per month	☐ Home ☐ School ☐ 1:1 Center-based ☐ Community (specify location): _____
	☐ Mobile Therapist (MT)	Up to _____ hours per month	
	☐ Behavioral Health Technician (BHT)	Up to _____ hours per month	
IBHS ABA	☐ Behavior Consultant – ABA (BC-ABA)	Up to _____ hours per month	☐ Home ☐ School ☐ 1:1 Center-based ☐ Community (specify location): _____
	☐ Behavioral Health Technician – ABA (BHT-ABA)	Up to _____ hours per month	
IBHS Group		Up to _____ hours per month	
IBHS ABA Group		Up to _____ hours per month	
IBHS Evidence-Based Therapy (EBT)	☐ Multisystemic Therapy (MST)	Up to _____ hours per month	☐ Home ☐ School ☐ 1:1 Center-based ☐ Community (specify location): _____
	☐ Functional Family Therapy (FFT) * *Only available in certain counties*	Up to _____ hours per month	
IBHS Specialty Program * *Not provided by all agencies and in all locations*	**Brief Treatment Model**		
	☐ Behavior Consulting	Up to _____ hours per month	
	☐ Mobile Therapy	Up to _____ hours per month	
	☐ **KidsPeace SITE**	Up to _____ hours per month	
	Intensive Family Coaching		☐ Home ☐ School ☐ 1:1 Center-based ☐ Community (specify location): _____
	☐ Mobile Therapist	Up to _____ hours per month	
	☐ Behavior Health Technician	Up to _____ hours per month	

Updates to Written Orders

- Written orders can be updated within the 12 months of the original written order
- Written order updates do not require a face-to-face
- Written order updates can be based upon new clinical information from the assessment
- Written order updates can only be completed by the original order writer
- Written order updates do not extend the life (12 months) of the original written order

Initial Assessment

Initial Assessment Registration

Packet submission for IBHS Initial Assessment should submit the following documents through Availity (the online provider portal):

1. IBHS TAR Registration Cover Sheet
2. Written Order – Magellan template available (optional)

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Initial Assessment Authorization Codes for Individual, Group, and ABA services (IBHS)

Registration is required for Initial Assessments. Initial Assessments are completed prior to the start of IBHS.

The authorization codes for initial assessments are available on the IBHS Registration Only TAR.

	Procedure Code	Authorization Modifier
IBHS - Individual Initial Assessment	H0032	HA
IBHS -GRP Initial Assessment	H2021	HA
IBHS - ABA Initial Assessment	97151	HA

Initial Assessment billing codes for Individual, Group, and ABA services

These are the **billing codes** for initial assessments:

Services	Procedure Code	Modifier	Modifier	Modifier
Individual IBHS - Initial Assessment by Unlicensed BC	H0032	HA	EP	
Individual IBHS - Initial Assessment by Licensed BC	H0032	HA	EP	U1
Group IBHS – Initial Assessment by Unlicensed Assessor	H2021	HA	EP	
Group IBHS – Initial Assessment by Licensed Assessor	H2021	HA	EP	U1
ABA IBHS - Initial Assessment by BC-ABA	97151	HA	EP	
ABA IBHS - Initial Assessment by Behavior Analytic	97151	HA	EP	U1

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Initial Assessment - Types

- Face-to-face assessment is completed by…

Individual Assessments

- Staff qualified to provide Behavior Consultation (BC) services or Mobile Therapy (MT) services
- Authorized for 15 hours (60 units) across 30 calendar days*
- H0032 HA

ABA Assessments

- Staff qualified to provide Behavior Analytics (BA) or Behavior Consultation (BC) services
- Authorized for 24 hours (96 units) across 45 calendar days*
- 97151 HA

Group Assessments

- A staff qualified to provide group services
- Authorized for 15 hours (60 units) for across 30 calendar days*
- H2021 HA

**Please refer to the IBHS regulations for specific timeframes for completion of the initial assessment.*
***Magellan has an IBHS assessment template that can be utilized, although not required: https://www.magellanofpa.com/documents/2021/07/ibhs-assessment.pdf/*

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Assessments - Content

- Assessment shall include the following:
  - Strengths and needs across developmental and behavioral domains
  - Strengths and needs of family system
  - Natural supports
  - Specific services needed to support the child's needs
  - Specific services needed to support parent/caregiver needs

*** Assessments must occur across settings. This includes providing observational and measurable data in each setting!*

- Clinical information including:
  - Treatment history
  - Medical history
  - Developmental history
  - Family structure and history
  - Educational history
  - Social history
  - Trauma history
  - Developmental, Cognitive, Communicative, Social and Behavioral functioning
  - Other relevant clinical information
  - Structured clinical tool (e.g., Vineland/VBMAPP/FBA as applicable/ABAS-3/AFLS
    - Analysis of tool must be included
  - Cultural, language or communication needs
  - Summary of treatment recommendations
    - This should explain why and how the assessment clinician justifies the script they are recommending

BHT/BHT-ABA recommendations by setting

- The final assessment recommendation needs to be broken down ***per setting***
- Preschool, daycare, afterschool program, summer camp, school, ESY are all considered SCHOOL for BHT-ABA/BHT
- Example:

  BC-ABA 16 hours/month in home/community and daycare

  BHT-ABA 25 hours/month in daycare and 25 hours/month in the home/community

Written Order & Assessment Recommendations

If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month

ASSESSMENT RECOMMENDATION

BC 10 hours/month

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month

ASSESSMENT RECOMMENDATION

BC 12 hours/month

Magellan HEALTHCARE

Written Order & Assessment Recommendations

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month

ASSESSMENT RECOMMENDATION

BC 15 hours/month

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month

ASSESSMENT RECOMMENDATION

MT 10 hours/month

If the assessment recommendations differ from the written order recommendations:

- Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
- If provider is unable to collaborate with the order writer and is able to complete a new order with new recommendations, then this should be completed. Packet should include original order, assessment, and new order. All will be reviewed for medical necessity.

BC-ABA recommendations

BC-ABA Written Order recommendations should be made based on the maximum number of hours per month. Assessments should specify the exact amount of hours to be provided consistent with the Written Order.

- WO Ex. BC-ABA up to 12hrs/month in home/community/school
- Assessment Ex. BC-ABA 12hrs/month in home/community

If a member has a primary insurance, the provider must meet the requirements of both funders.

Ex. BC-ABA 12hrs/month in home/community

97151 4hr/month

97155 4hr/month

97156 4hr/month

Standardized Tool with Assessment

A standardized assessment tool or process such as an FBA is required as part of the assessment process for individual, group, and ABA services within IBHS.

Please submit those results and the analysis of these results with your packets (including the assessment template if used).

Q: If a child is receiving services in multiple settings, do assessments need to be conducted in every setting that IBHS will be provided? What about summer camp settings?

A: The child should be assessed for each service that will be provided. As required by sections 5240.21(c)(7) and 5240.85(c)(6) of the IBHS regulations, the child should be assessed across the home, school, and other community settings. If a child is attending a camp, the graduate level professional should determine if the existing community assessment identifies the child's needs in the new environment or if an assessment in the new environment (camp) is needed.

OMHSAS Q&A: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/services/mental-health-in-pa/documents/ibhs-documents/Final%20-%20IBHS%20Webinar%20QA%205.11.21.pdf

ABA Assessment Recommendations

If a member has a primary insurance, the provider must meet the requirements of both funders.
Magellan requires recommendations be made BC-ABA and BHT-ABA. Should not be listed as CPT codes.

Magellan Assessment Recommendations:

BC-ABA 14hr/mon across settings BHT-ABA 80hr/mon in preschool & 10hr/mon home/community

Magellan and Primary Insurance (suggestion):

BC-ABA 14hr/mon across settings

97151 4hrs, across settings

97155 2hrs/week, across settings

97156 4hrs/month, across settings

BHT-ABA 80hr/mon in preschool & 10hr/mon home/community

97153 80hr/mon, in preschool

97153 10hr/mon, in home/community

Please do NOT write:
97151 4hrs for auth
97155 2hrs/week
97156 4hrs/month
91753 20hrs/week

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Individual and ABA Services

Initial Service Request

Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the initial authorization packet request for IBHS (Individual/ABA) should be submitted via Availity (the online provider portal).

- Packet submission for IBHS should submit the following documents through the online provider portal:
  1. Treatment Authorization Request (TAR) Form - TAR for Individual/ABA
  2. Written order – Magellan template available (optional)
  3. Assessment – Please be sure this includes specific service(s) recommendation. (Magellan template is optional.)
  4. Individualized Treatment Plan (ITP)
  5. ISPTM summary note if BHT services are requested in school/daycare/preschool/camp/afterschool programs

- *If there is TPL involved, packet still needs to be submitted to MBH with all required PAHC required documents.

Concurrent Service Request

Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the initial authorization packet request for IBHS (Individual/ABA) should be submitted via Availity (the online provider portal).

Packet submission for IBHS should submit the following documents through the online provider portal:

1. Treatment Authorization Request (TAR) Form - TAR for Individual/ABA
2. Written order – Magellan template available (optional)
3. Assessment – Please be sure this includes specific service(s) recommendation. Magellan template (optional).
4. Individualized Treatment Plan (ITP)
5. ISPTM summary note if BHT services are requested in school/daycare/preschool/camp/afterschool programs

- *If there is TPL involved, packet still needs to be submitted to MBH with all required PAHC required documents.
- *Written Order can be the same as what was submitted for initial request as long as it is within 1 year/365 days.

IBHS Authorization Request Checklist

Magellan HEALTHCARE℠

Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Authorization Request Checklist

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.

https://www.magellanofpa.com/documents/2025/09/ibhs-authorization-request-checklist.pdf/

TAR – Individual & ABA Services

Magellan HEALTHCARE℠

Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Individual & ABA Intensive Behavioral Health Services (IBHS)

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain.

Via Fax: ☐ Change of prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service MNC Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

Call outs -

- ✓ Availity or Fax?
- ✓ Label fax cover sheet with type of auth request if applicable.
- ✓ Ensure all packet documents are contained based on the new IBHS Checklist.

TAR – Individual & ABA Services

☐	Beford County	☐	Bucks County	☐	Cambria County	☐	Lehigh County	☐	Montgomery County	☐	Northampton County	☐	Somerset County
Member Name:				MA ID #:				Date of Birth (MM/DD/YYYY):			
Provider Name:				Magellan Provider MIS #:				Packet Contact:			

Call outs -

- ✓ Check the county member's Medicaid is associated with.
- ✓ Magellan Provider MIS# - Ensure giving the # of site you want authorization tied to.
- ✓ Packet Contact – Who should Magellan outreach about this packet request?

TAR – Individual & ABA Services

Authorization Information					Assessment Recommendations				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Hours per Month	Setting	New Service or Change in hours?	Dates by Setting	Units by Setting & Dates
Individual IBHS					Individual IBHS				
☐ BC	H0032UB						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		
☐ MT	H2019UB						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		
☐ BHT	H2021AH						☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		
							☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved ____ hrs./month		
ABA IBHS					ABA IBHS				

- ✓ Divided into Authorization Information (gray) and Assessment Recommendations (blue)

TAR – Individual & ABA Services – Auth Info

Authorization Information				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY Start date must be within 2 business days of submission	End Date MM/DD/YYYY 6 months maximum
Individual IBHS				
☐ BC	H0032UB	288	8/1/2025	1/27/2026
☐ MT	H2019UB			
☐ BHT	H2021AH	992	8/1/25	1/27/26
ABA IBHS				
☐ BC-ABA	97151HO			
☐ BHT-ABA	97152HO			

Call outs -

- ✓ Check off which services you are requesting
- ✓ Enter the total # of units needed for the entire auth period
- ✓ Enter the entire auth date period for each service level
- ✓ Start date must be within 2 business days of the submission
- ✓ Magellan auths are all a maximum of 6 months

TAR – Individual & ABA Services – Assessment Info

Assessment Recommendations				
Hours per Month	**Setting**	**New Service or Change in hours?** Currently approved hours/month if applicable	**Dates by Setting**	**Units by Setting & Dates**
Individual IBHS				
12 hrs/month	H/c, school, ESY	☐ Increase ☐ Decrease ☐ New ☒ No Change Currently approved 12 hrs/month	8/1/25-1/27/26	288
hrs/month		☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved hrs/month		
16 hrs/month	ESY	☐ Increase ☐ Decrease ☒ New ☐ No Change Currently approved hrs/month	8/1/25-8/15/25	32
40 hrs/month	Home/community	☐ Increase ☒ Decrease ☐ New ☐ No Change Currently approved 50 hrs/month	8/1/25-1/27/26	960
hrs/month		☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved hrs/month		

Call outs -

- ✓ Look at clinician's assessment recommendations to complete this blue Assessment Rec section
- ✓ Enter hours per month of service based on setting
- ✓ 3 lines are given for BHT/BHT-ABA for different hours based on different settings
- ✓ Do these hours reflect a change in hours from current authorization? What are the currently authorized hours?
- ✓ Are there specific dates per setting? How many units are needed per setting?

TAR – Individual & ABA Services – Example

Current authorization –

BC-ABA 16hr/mon h/c & school (2/17-8/15/25)

BHT-ABA 10hr/mon in h/c (2/17-8/15/25) and 60hr/mon school (2/17-6/15/25)

Concurrent authorization request –

BC-ABA 12hr/mon h/c & school (8/16/25-2/11/26)

BHT-ABA 10hr/mon in h/c (8/16/25-2/11/26) and 60hr/mon school (8/25-2/11/26)

ABA IBHS					ABA IBHS				
☒ **BC-ABA**	97151HO	288	8/16/2025	2/11/2026	12 hrs/month	h/c & school	☐ Increase ☒ Decrease ☐ New ☐ No Change Currently approved 16 hrs/month	8/16/2025	2/11/2026
☒ **BHT-ABA**	97152HO	1608	8/16/25	2/11/2026	10 hrs/month	h/c	☐ Increase ☐ Decrease ☐ New ☒ No Change Currently approved hrs/month	8/16/25	2/11/2026
					60 hrs/month	school	☐ Increase ☐ Decrease ☐ New ☒ No Change Currently approved hrs/month	8/25/25	2/11/2026
					hrs/month		☐ Increase ☐ Decrease ☐ New ☐ No Change Currently approved hrs/month		

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
8/16/2025	2/11/2026	180	10	240
8/25/2025	2/11/2026	171	60	1368
		0		0
		0		0
		0		0
		0		0
		0		0
Totals		351		1608

TAR - Bottom

DSM-5 DIAGNOSIS with ICD-10 Code	Medications

Select all identified Social Determinants of Health (SDOH) Concerns:			
☐ Not Assessed	☐ None Known	☐ Food Insecurity	☐ Financial Instability
☐ Housing Insecurity	☐ Lack of Childcare	☐ Medical Cost Barrier	☐ Transportation
☐ Education/Low Literacy	☐ Interpersonal Violence	☐ Social Isolation	☐ Unemployment/Underemployment

☐ **By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.**

Additional Information

Call Outs:

- ✓ Complete the Diagnosis, Medications, and Social Determinants of Health boxes
- ✓ "Additional Information" – May need additional room to document if there are multiple settings for a service line above that does not fit.

Unit Calculator

How does Magellan figure out units from the helpful auth calculator tool?

It is figured by the unit per day for 30 days.

If you take one unit for 30 days (1/30) we get 0.1333 units for the month.

The formula is then the hours per month times 0.1333, then multiply times the number of days. (example: 120 days at 8 hours per month. 8 Hrs times 0.1333=1.0666, then 1.0666 times 120= 128 units.

If we do it by 31 days if make the units too low as there is an extra day it splits them among.

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
		0		0
5/8/2025	11/3/2025	180	60	1440
9/5/2025	11/3/2025	60	80	640
		0		0
		0		0
		0		0
		0		0
Totals		240		2080

*We are happy to share this tool with providers to also use.

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Authorization Codes and Claims Codes

Authorization

These are the generic codes and modifier combinations listed on the TAR forms that represent service 'buckets'.

Claim

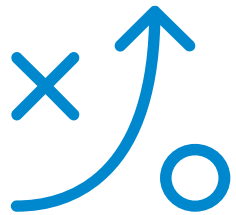
These are the specific codes and modifier combinations listed in your contract that identify services provided and the service provider credentials. These represent all the options available within a specific service 'bucket'.

*Note that each service code in your contract identifies the permissible Place of Service (POS) codes and unit description.

Apply It!

What you ask for- Authorization Code

- BC-ABA 97151 HO 10 hours per month
- BHT-ABA 97152 HO 20 hours per month



What you bill for- Billing Code

BCBA providing Behavior Analytic Services and RBT providing Behavioral Health Technician ABA services:

- BA providing 8 hours per month of Protocol Modification 97155 HO HA and 2 hours per month of Caregiver Training 97156 HO HA
- BHT-ABA providing 20 hours per month of 97153 HO

Place of Service Codes

POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

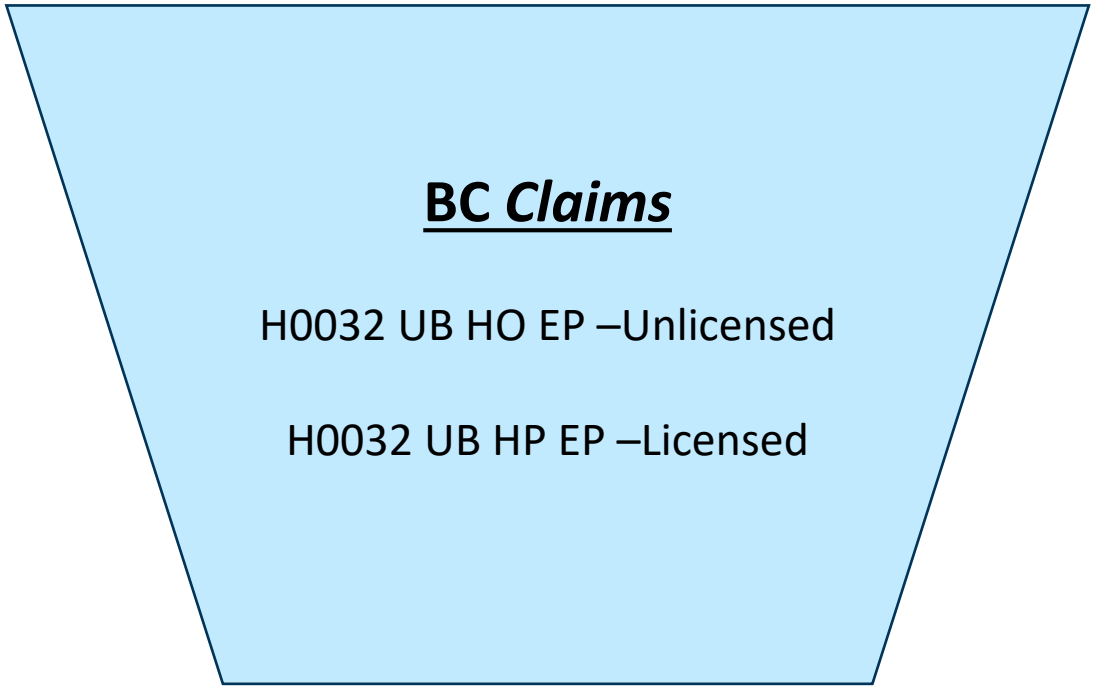
Individual Services

Individual Services Authorization and Billing Codes

Service	Authorization	Claims	Contract/Fee Schedule Codes
Initial Assessment	H0032 HA	Unlicensed Practitioner - H0032 HA EP Licensed Practitioner - H0032 HA EP U1	Individual Initial Assessment
Behavior Consultation (BC)	H0032 UB	Unlicensed Practitioner - H0032 UB HO EP Licensed Practitioner - H0032 UB HP EP	Mental health service plan development by non-physician
Mobile Therapy (MT)	H2019 UB	Unlicensed Practitioner - H2019 UB U4 Licensed Practitioner - H2019 UB EP	Therapeutic Behavioral Services
Behavioral Health Technician (BHT)	H2021 AH	H2021 AH UB EP	Community Based Wraparound Services

Individual Behavior Consultant (BC)
Authorization Code vs Claim Codes

BC *Authorization*: H0032 UB



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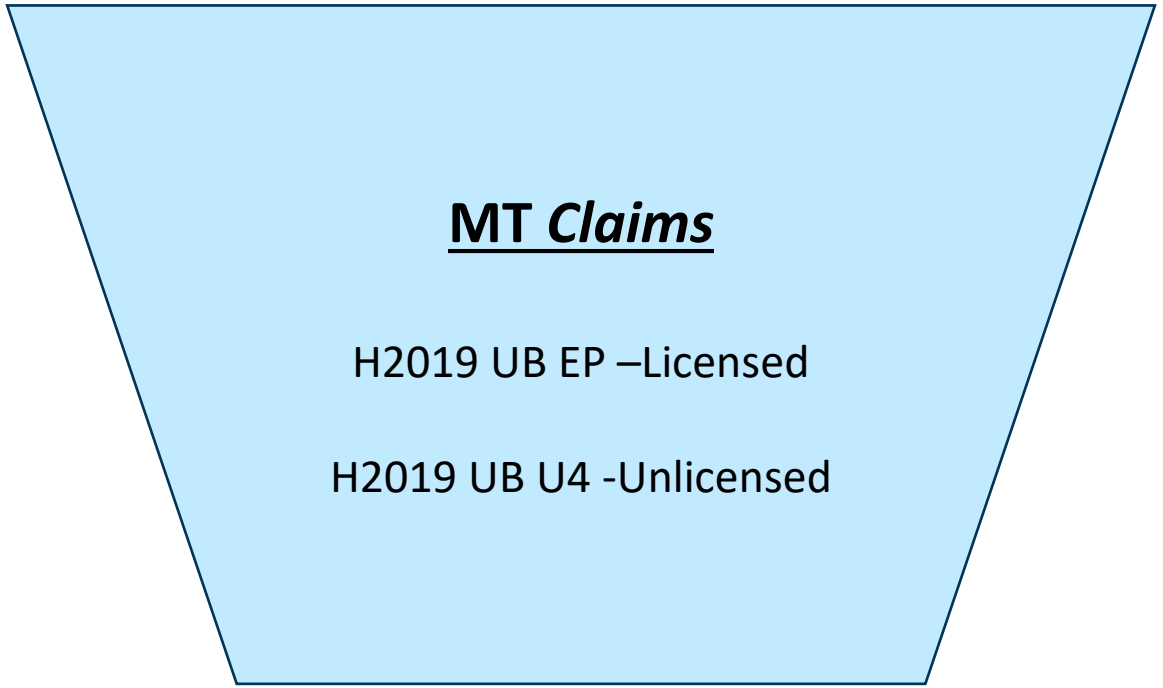
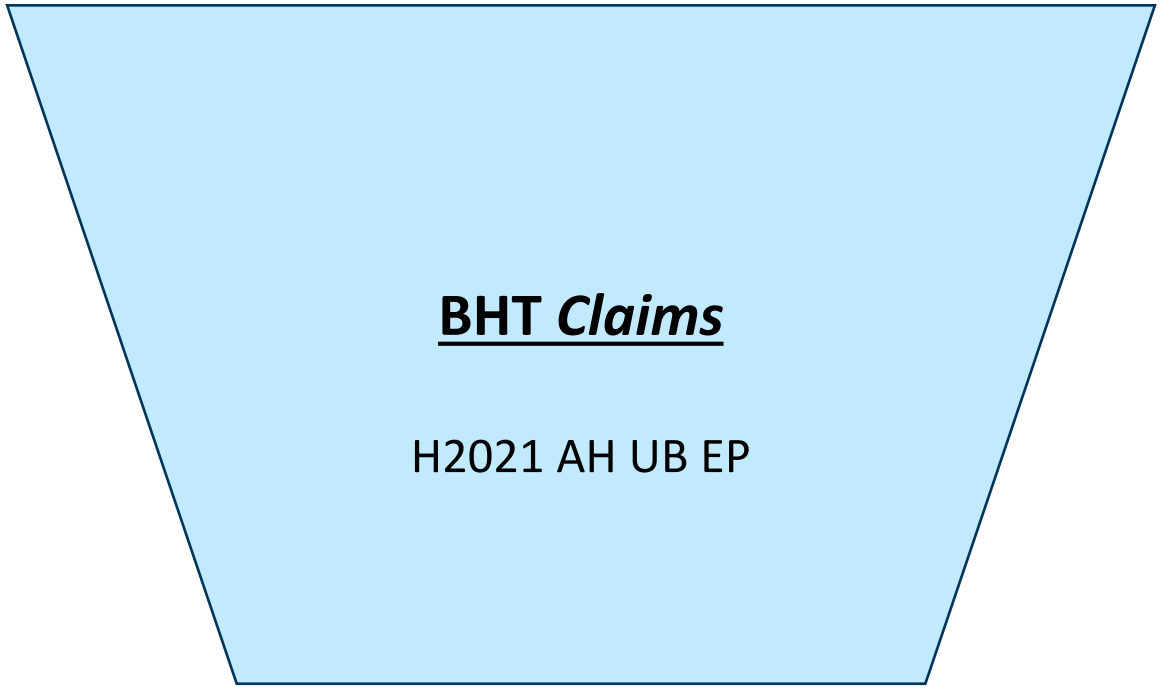
Individual Mobile Therapy (MT)
Authorization Code vs Claim Codes

MT Authorization: H2019 UB



Individual Behavioral Health Technician (BHT)
Authorization Code vs Claim Codes

BHT Authorization: H2021 AH



ABA

ABA (Consistent with AMA CPT Codes)

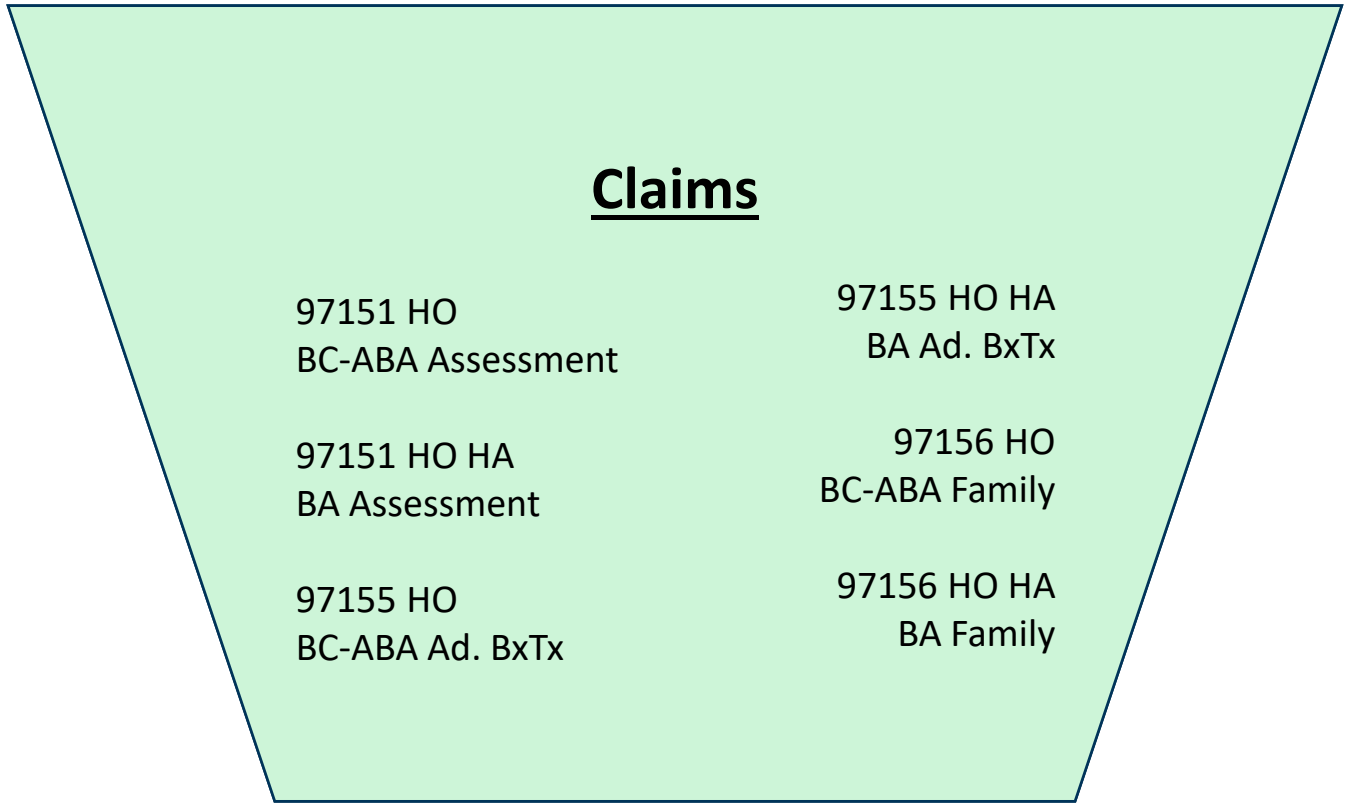
Service	Authorization Code	Billing Codes	Contract/Fee Schedule Codes
Assessment – Initial (BC-ABA or BA)	97151 HA	BC-ABA 97151 HA EP Behavior Analytic 97151 HA EP U1	ABA Initial Assessment
Assessment – Ongoing (BC-ABA or BA)	97151 HO	ABA Services Behavior Consult Assess – 97151 HO ABA Services Behavior Analytic Services Assess- 97151 HO HA	Behavior identification assessment, administered by a physician or other QHCP, face to face w/ patient and or guardian/caregiver administering assessment, discussing findings/recommendations, non face to face analyzing of past data, scoring/interpreting assessment, preparing report/treatment plan.
Adaptive Behavior Treatment (BC-ABA or BA)	97151 HO	ABA Services Behavior Consult Ad Bh Tx – 97155 HO ABA Services Behavior Analytic Services Ad Bh Tx - 97155 HO HA	Adaptive behavior treatment w/ protocol modification, administered by physician or other QHCP, which may include simultaneous directions of a technician, face to face w/ one patient.

ABA (Consistent with AMA CPT Codes)

Service	Authorization	Claims	Contract/Fee Schedule Codes
Family Adaptive Behavior Treatment (BC-ABA or BA)	97151 HO	ABA Services Behavior Consult Family – 97156 HO ABA Services Behavior Analytic Services Family - 97156 HO HA	Family adaptive behavior treatment guidance, administered by a physician or other QHCP (w/ or w/o patient present) face to face w/ guardians/caregivers.
Behavior Identification-Supporting Assessment (BHT-ABA or ABC-ABA)	97152 HO	ABA BHT Services Assess – 97152 HO ABA Services Assistant Behavior Consult Assess – 97152 HO HA	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other QHCP, face to face w/ patient.
Adaptive Behavior Treatment by Pro tocol (BHT-ABA or ABC-ABA)	97152 HO	ABA BHT Services Ad Tx – 97153 HO ABA Assistant Behavior Consult – 97153 HO HA	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHCP, face to face w/ patient.

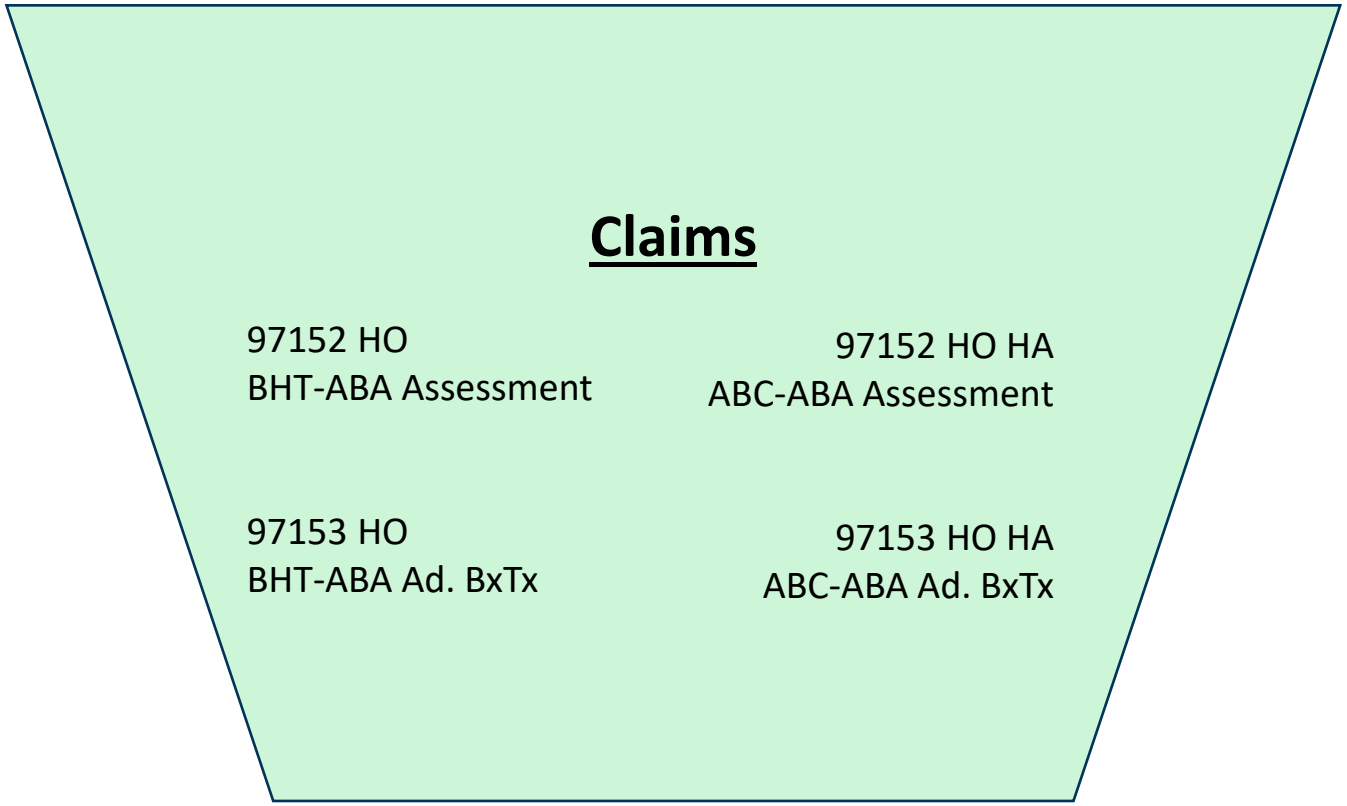
Behavior Consultant ABA (BC-ABA)
Authorization Code vs Claim Codes

BC-ABA Authorization: 97151 HO



Behavior Health Technician ABA (BHT-ABA)
Authorization Code vs Claim Codes

BHT-ABA Authorization: 97152 HO



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BC-ABA Family Adaptive Code

97156 ABA code does allow for face-to-face work with a guardian or caregiver including a teacher or daycare staff, etc.

*Please note that this is a ***billing*** code and will not show up on your authorizations.

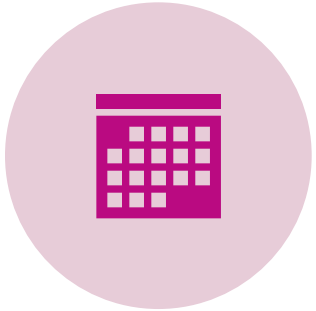
Please utilize Place of Service (POS) code 99 for this scenario.

Group Services

Initial Assessment Requests for Group

Providers will request authorization for the initial group assessment on the IBHS Registration TAR. Please include a Written Order with the Registration TAR as well.

Magellan will authorize 15 hours (60 units) for 30 calendar days.



Assessments should be completed within 15 calendar days as per the regulations.

Assessments must be face-to-face in the settings in which services will be provided.

Requesting Group Re-Assessment

In order to allow Group Providers to be able to bill for the **Re-Assessment**, providers will need to request an authorization.

Group providers will use the Initial Group Assessment code (H2021 HA) to request a re-assessment authorization requesting 30 days/60 units.

The start and end date of that assessment will be the last 30 days of the requested authorization period.

Please submit this initial 30 days/60 units group assessment request 30 days prior to the end of the group authorization if in fact this member is needing to be reassessed to continue the group.

Group Packet Request

Following the completion of the assessment and development of the Individualized Treatment Plan (ITP) the authorization request for Group/ABA Group should be submitted online with the following documents:

1. Treatment Authorization Request (TAR) Facesheet for Group IBHS
2. Written Order
3. Assessment
4. Individualized Treatment Plan (ITP)

Additional helpful documents:

- Group schedule

If a member receives Individual or ABA IBHS as well as Group or ABA Group, please submit Group requests separately.

This applies even if a member is receiving all of their services within the same agency.

Treatment Plans should be different for Group services vs Individual/ABA services.

Individualized Treatment Plan (ITP)

Interagency Service Plan Team Meeting (ISPTM)

Interagency Service Planning Team Meeting (ISPTM)

When BHT/BHT-ABA services are recommended in school/preschool/daycare/summer camp/afterschool setting, an ISPT meeting is required by Magellan.

A Meeting summary should be included in the packet detailing what was discussed specific to collaboration and coordination of care. Please be sure to also document who participated in the meeting.

Recommended ISPT Meeting Discussion Questions

What strategies currently work?
Where has progress been seen?
Are there any barriers for progress? If so, how can those be addressed?
What are areas of need/concern within the school setting and how are they being addressed?
What does the child need to learn to succeed?
How will school staff reinforce replacement behaviors?
What is the child expected to do and how can school staff reinforce in a way that the child can understand?
Titration Plan
Next steps by provider and school

Alert: Assessments across settings

ASSESSMENTS SHOULD OCCUR ACROSS ALL SETTINGS AND PROVIDE CLINICAL INFORMATION INDICTING WHERE SERVICES ARE NEEDED.

IF THERE ARE BARRIERS TO SERVICES OCCURRING IN ALL SETTINGS; SUCH AS PARENTS' WORK SCHEDULES, REFUSAL BY CAREGIVERS, OR CLINICIAN BELIEVING THE ENVIRONMENT IS NOT CONDUCIVE FOR SERVICE DELIVERY, THIS SHOULD BE OUTLINED IN THE ASSESSMENT AS WELL AS HOW THE PROVIDER AND FAMILY PLAN TO ADDRESS THOSE BARRIERS TO BEST MEET THE MEMBERS NEEDS.

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Request for Additional Information (RAI)

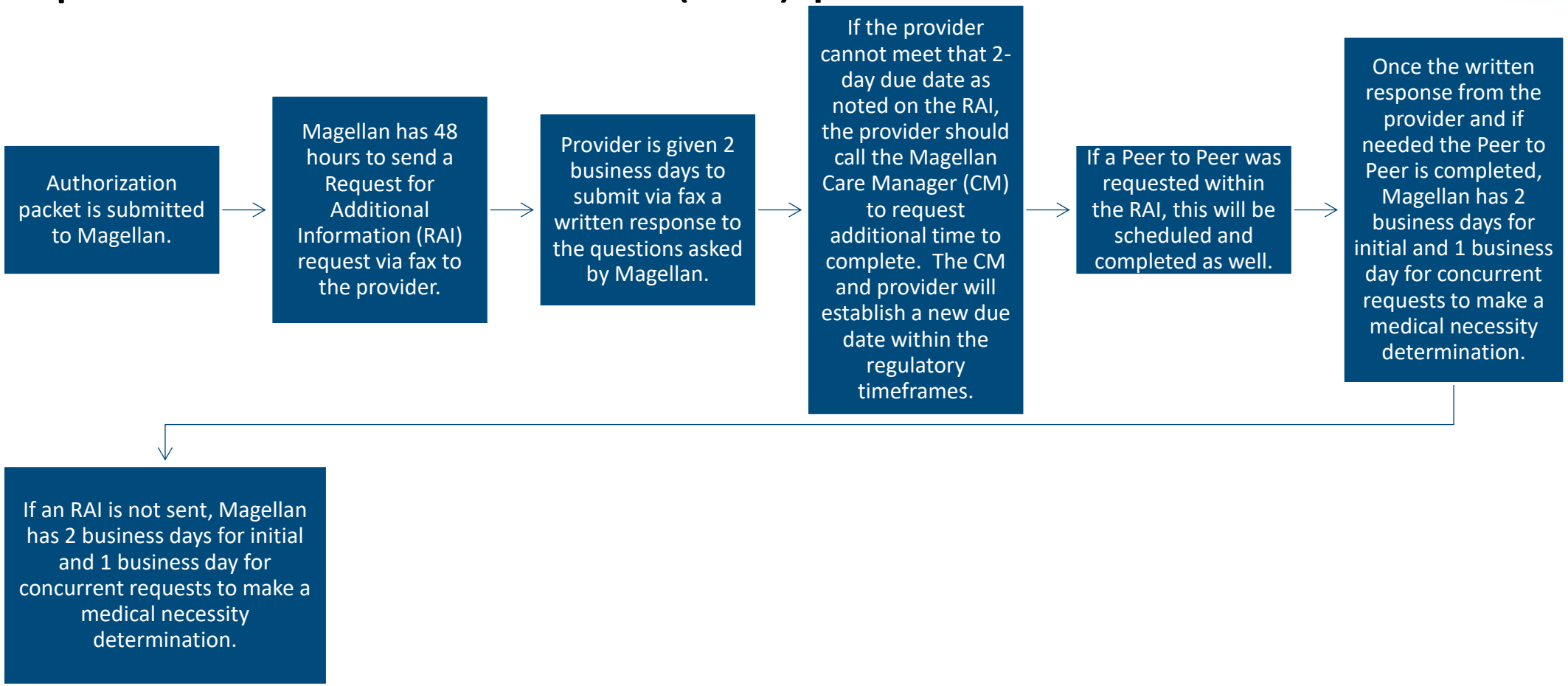
Updated Appendix AA in PS&R for 2021
Peer to Peer Reviews

"If the Member is under 21 years of age the reasonable effort to consult with the prescriber must include a request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO. If a Member is under 21 years of age, the BH-MCO must document its attempts to reach the prescriber, including its request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO."

Based on this, please note that if we are uncertain based on the information received whether Medical Necessity is met, a Magellan Care Worker will be outreaching the member's Written Order writer to schedule a peer to peer.

If we have difficulty reaching the Written Order writer, a Magellan Care Manager will be outreaching the member/guardian requesting their assistance to encourage the Written Order writer to contact Magellan to complete this peer to peer review.

Request for Additional Info (RAI) process



RAI Provider Response: ☑ Written response to questions faxed back to Magellan within 2 business days.

☑ Attend Peer to Peer if requested.

*** It is most helpful when the RAI written response is faxed to the Care Manager *prior* to the Peer to Peer.**

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Other Types of Authorization Requests

Authorization Requests – Other

- Extensions
- Change of Prescription
- Stop-Start
- Split Scripts
- Provider Transfer
- MBH County to MBH County
- MBH County to non-Magellan County
- New MBH Member with current auth from BH-MCO.
- Retro
- Discharges

When to use the Availity Online Auth System and when to Fax?

Online Auth Request	Fax
Initial Assessment request	Extension requests
Initial Service request	Change of Prescription requests
Concurrent Service request	Stop/Start Auth requests
	Transfer requests
	Initial packets which your agency is not planning to staff (unassigned authorization)
	Error corrections

Magellan CANNOT accept any packet documents or requests which contain PHI via email.

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Authorization Extension Requests

A provider may have the need for a member's current authorization to be extended and/or additional units needed. If this occurs, please submit the following paperwork via fax:

1. TAR – Please calculate the updated total # of units (if additional units are needed) for the entire authorization as well as entering the start/end dates from the initial start date to the newly requested last covered day.
2. Letter of explanation explaining the reason for the delay, need for additional time, as well as the additional units if needed and dates needed if approved.

Change of Prescription/Mid Authorization Change Request

Option A

Change of hours in the same setting as currently authorized request

- Written Order
- Updated assessment
- Updated TAR (Providers to use current auth start and end date with the new 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

- Original WO
- Updated WO (not Face to Face) within current authorization by original WO writer
- Updated assessment
- TAR – Containing just the newly requested service(s)
- Updated ITP
- ISPT meeting notes if adding BHT/BHT-ABA in school

Option C

Changing from Individual IBHS to ABA & vice versa during authorization

- Original WO
- Updated WO (not Face to Face) within current authorization by original WO writer
- Updated assessment
- TAR for new LOC
- ITP for new LOC
- ISPT meeting notes if adding BHT/BHT-ABA in school

Clarification - Change of Prescription TAR

Example:

Current authorization is for BHT 10hr/mon, 4/1-9/27/25, 240units.

Change to add BHT 90 hrs/mon in camp, 8/1-8/22/25.

- TAR – Enter total new units for entire authorization. Put enter date span for authorization.

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
4/1/2025	9/27/2025	180	10	240
8/1/2025	8/22/2025	22	90	264
		0		0
		0		0
		0		0
		0		0
		0		0
Totals		202		504

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Appr-oved?
Individual IBHS										
☐ BC				536	H0032	001	UB			
☐ MT				536	H2019	001	UB			
☐ BHT	504	4/1/25	9/27/25	536	H2021	001	AH			

Stop/Start Authorization Requests

PROVIDERS MAY WANT TO STOP AN AUTHORIZATION PRIOR AND SUBMIT FOR A BRAND NEW 6-MONTH MNC CONCURRENT REQUEST PRIOR TO COMPLETING THE FULL AUTHORIZATION ON FILE.

Provider should write “stop/start” on the TAR and submit packet AS USUAL.

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Split Service Authorization Requests

If a provider is unable to provide staffing for recommended services, they can outreach another agency to ask if they have staffing and are willing to share a member. Providers are expected to communicate with one another; the lead provider should be sharing the clinical with the secondary provider after obtaining appropriate consents and consistent communication, collaboration, and supervision is expected to occur.

1. The lead provider holds the Behavior Consultant (BC) authorization and will submit the full packet via online system with ONLY THE SERVICES THEY ARE PROVIDING noted on the Treatment Authorization Request (TAR). The TAR should also note that this is a split case and who the other provider is.

2. The lead provider is then responsible for informing the secondary provider that the request was approved, and the secondary provider will submit their TAR and treatment plan to their assigned CM, requesting the services they are providing only on their TAR.

Provider Authorization Transfer Requests

Once a receiving provider has been identified, the **currently** authorized provider should send the receiving provider:

- A copy of the approved packet (if not already sent by Magellan)
- A statement on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- A Magellan discharge summary does **NOT** need to be submitted

The **receiving** provider submits the following to Magellan:

- The letter from the authorized provider acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- A letter from receiving provider on letterhead acknowledging the transfer of the member and noting the mutually agreed upon date of transfer
- TAR (Treatment Authorization Request)

Member County Transfer Requests

- **MBH County to County**
  1. Provider submits a letter noting the change in MA Magellan county coverage. Provider submits via the online provider portal:
  2. Letter noting change in MA counties within Magellan Health
  3. TAR with new county authorizations needed based on MA effectiveness date

- **MBH County to Non-MBH County**

  Provider completes an online discharge form.

- **Other BH-MCO County to MBH County**

  Magellan will honor a current IBHS authorization approved by another BH-MCO for the remainder of the current authorization.

  Provider must submit to their care manager via fax
  1. Original packet from the other BH-MCO
  2. Proof of authorization from previous BH-MCO
  3. TAR with authorization based on start with MBH to approved last covered day

Please submit this documentation within 14 calendar days of member's MA status changing. 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.

Authorization Discharge Requests

The IBHS identifies conditions under which a discharge might be necessary in section **5240.31. Discharge.**

MBH Online Discharge Summary Submission - https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/pa-healthchoices-discharge-form.aspx

- Complete within 7 days of discharge
- Discharge date should be last billable service, not date completing the form
- Please include the Mental Health aftercare plan
- Please complete only when member is discharging from all IBH Services.

When should I call to check on an authorization I recently submitted?

- Wait at least 2 business days from date of submission before getting concerned.
- Go online and view the authorization status after the 2 business days.
- If the auth status is still “Pending” after 2 business days, check to see if your agency has received a Request for Additional Information via fax from Magellan.

Magellan has 48 hours to send a Request for Additional Information (RAI) request to the provider. Once the full RAI response is received, Magellan has 2 business days to make a decision for initial requests and 1 business day for concurrent requests. If an RAI is not sent, Magellan has 2 business day to make an MNC determination for initial requests and 1 business day for concurrents.

- Please wait this allotted time and check the Online Authorization System ***before*** outreaching the Magellan Care Manager.

Evidence Based Treatment Requests

Multi Systemic Therapy (MST)

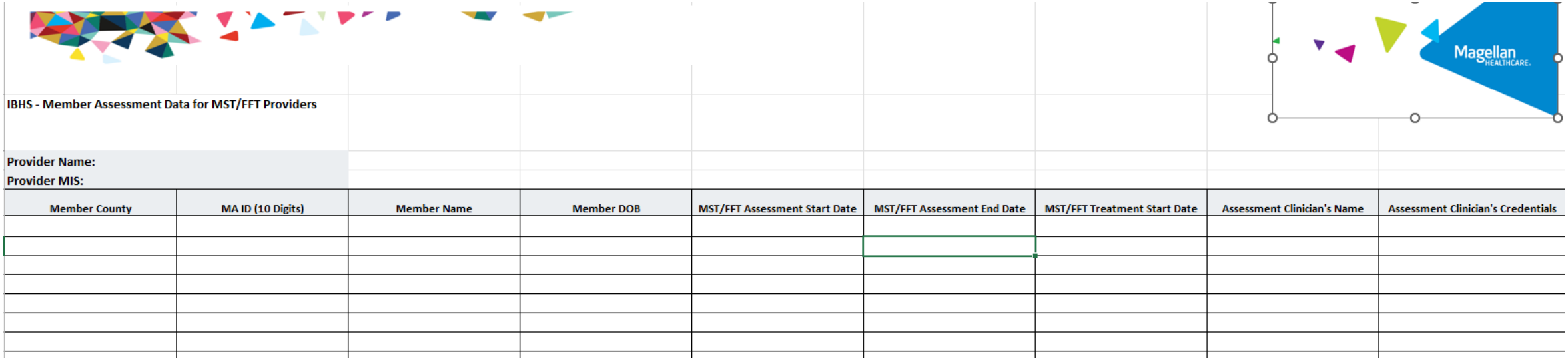
- Initial/Pre-Service MST requests via Availity.
- Request up to 26 weeks and a maximum of 450 units
- Submit through Availity- under IBHS: Service type: Intensive Behavioral Health Services (IBHS), Procedure code and modifier: **H2033UB, Multi Systemic Therapy (MST)**
- Currently, the initial assessment is completed and billed within the H2033UB code. Do not request an initial assessment authorization for MST.
- Upload Written Order with the authorization request.
- Concurrent MST requests are completed telephonically.
- Submit authorization request within 2 days of admission.

Functional Family Therapy (FFT)

- Initial/Pre-Service FFT requests via Availity.
- Request up to 26 weeks and a maximum of 264 units
- Submit through Availity-under IBHS: Service type: Intensive Behavioral Health Services (IBHS), Procedure code and modifier: **H2019U6**, Functional Family Therapy (FFT)
- Currently, the initial assessment is completed and billed within the **H2019U6** code. Do not request an initial assessment auth for FFT.
- Upload Written Order with the authorization request.
- Concurrent FFT requests can be completed telephonically.
- Submit authorization request within 2 days of admission.

Quarterly Reporting by MST/FFT providers

***Instructions**: This form is to be populated with every active member served in the reporting quarter for MST/FFT. For the Assessment fields, only enter a member if the assessment is completed AND the end date falls within the quarter reported. Do not enter a member whose assessment was started in reporting quarter but wasn't completed in the same reporting quarter. If the assessment was completed in the reporting quarter but treatment did not start until the next quarter, please complete all the information but leave the treatment start date field blank.*



IBHS - Member Assessment Data for MST/FFT Providers

Provider Name:
Provider MIS:

Member County	MA ID (10 Digits)	Member Name	Member DOB	MST/FFT Assessment Start Date	MST/FFT Assessment End Date	MST/FFT Treatment Start Date	Assessment Clinician's Name	Assessment Clinician's Credentials

Please complete and submit to IBHS@magellanhealth.com

MST/FFT Report: Examples below as if submitting for Q4 2025

- Do NOT submit example 1 (in Q4) until Assessment end date quarter.
- Example 2 – Since assessment was completed in Q4, submit the assessment dates in Q4 report.
- Example 3 – The assessment was completed and treatment both occurred in Q4 so this kid would be on Q4 report with all data fields completed.
- Example 4 – The assessment was completed in 1 quarter and treatment started in another quarter. This kid's assessment dates would be submitted on your Q4 report as well as on Q1 report with all 3 fields completed. Examples shown below in green.

MST/FFT Assessment Start Date	MST/FFT Assessment End Date	MST/FFT Treatment Start Date
EXAMPLE #1 - 12/30/2025	DO NOT SUBMIT THIS.	DO NOT SUBMIT THIS.
EXAMPLE #2 - 9/30/2025	10/5/2025	
EXAMPLE #3 - 9/30/2025	10/5/2025	10/20/2025
EXAMPLE #4 – 12/15/2025	12/20/2025	1/2/2025
How Example #4 would be submitted – Q4 2025 Report: EXAMPLE #4 – 12/15/2022	12/20/2022	

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MST/FFT Quarterly Report – Due Dates

MST/FFT Data Reporting Period	Data Due to Magellan
Nov 1, 2025-Dec 31, 2025	Friday, January 30, 2026
Jan 1, 2026-March 31, 2026	Friday, May 1, 2026

Please complete the tracker and submit to IBHS@magellanhealth.com

Provider Expectations

Reminder

Medicaid is always the payer of last resort.

Magellan cannot reimburse as primary payer because your agency is out of network with the primary insurance.

Magellan can reimburse as primary payer if primary plan terms, benefit is exhausted, or service is not a covered benefit.

Collaborative Case Reviews

What: Telephonic review with provider for outlier cases

Content: Focus of treatment, progress, caregiver skillset, coordination of care, barriers, discharge planning

Goal: Discuss member's treatment and efficacy of service. Collaborate on specific barriers for progress.

- Focus of Treatment:
  - What are the primary concerns/issues addressed in sessions/ITP?
- Progress
- Caregiver Skillset:
  - How does caregiver currently intervene/assist? What skills need further development?
- Coordination of Care:
  - Current supports/services?, Contact with supports?
- Barriers:
  - What are the barriers for progress? Plan to address?
- Discharge Planning:
  - Anticipated dc, aftercare plan
- Plan/Next Steps:
  - Recommendations, Assistance needed

Authorization Edits

Once an authorization request is submitted to Magellan either online or via fax and then an error is found, please email IBHS@magellanhealth.com with the following information:

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

Access Survey

- The Access Survey gives members, providers and Magellan information about all availability per county and per service to assist members in accessing services in a timely manner.
  - 1x/month a short survey will be distributed asking timely access questions.
  - 1x/month a more detailed survey with questions related to admissions and discharges, barriers to staffing, and special accommodations needed/available which can better inform our network and clinical processes.

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Bucks County - Individual Services

					Behavior Consultant			Mobile Therapy		Behavioral Health Technician		Assessments		Split Cases	Transfer Cases	Written Orders
'Last Name'	'First Name'	MIS Number	'Phone Number'	'Email'	Daytime	After school/ Evenings	Weekends	Daytime	After school/ Evenings	Daytime	After school/ Evenings	Daytime	After school/ Evenings			
Last Name	First Name	123456789	Phone Number	Email	✓		✓							✓	✓	✓
Last Name	First Name	888888888	Phone Number	Email	✓			✓		✓		✓				
Last Name	First Name	999999999	Phone Number	Email		✓			✓		✓		✓			

Bucks County - ABA Services

					Behavior Consultant			Behavioral Health Technician		Assessments		Split Cases	Transfer Cases	Written Orders
'Last Name'	'First Name'	MIS Number	'Phone Number'	'Email'	Daytime	After school/ Evenings	Weekends	After school/ Evenings	Weekends	After school/ Evenings	Weekends			
Last Name	First Name	123456789	Phone Number	Email		✓		✓		✓		✓	✓	✓
Last Name	First Name	888888888	Phone Number	Email	✓			✓		✓		✓		✓
Last Name	First Name	999999999	Phone Number	Email			✓		✓		✓	✓	✓	✓

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External Written Orders/Assessments - REVIEW

- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes. Ex. A WO completed by a Developmental Pediatrician.
- Please e-mail ibhs@magellanhealth.com the following information when you encounter a member with an external Written Order and/or when you have a member with an external WO/assessment (outside billable codes) and are awaiting treatment.

Member Name	Member ID	EXTERNAL SOURCE WO	NAME OF EXTERNAL SOURCE WO WRITER/ ORGANIZATION	COMPLETED WO/ASSESSMENT (EXTERNAL SOURCE) PENDING TREATMENT (YES/NO)	AGENCY NAME	AGENCY MIS
Maeve Whaland	MNT12345678	YES	CHOP	Yes	NeurAbilities	601453949

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IBHS Step Down Referrals

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IBHS Referrals from Family Based Services (FBS)

- FBS writes the Written Order or asks IBHS provider to assist with WO
- IBHS agency requests initial assessment authorization from Magellan
- IBHS agency completes the assessment, Individualized Treatment Plan (ITP) and develops initial packet
- Initial packet gets sent to FBS to submit to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- FBS/IBHS Overlap allowed for services: 14 days minus IBHS assessment

IBHS Referrals from Residential Treatment Facilities (RTF)

- RTF writes the Written Order, completes the initial assessment, develops the ITP and puts together the initial packet for Magellan to review.
- Initial packet gets sent to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- IBHS/RTF services overlap allowed: 30 days minus IBHS assessment

IBHS Referrals from Acute MH Inpatient or Acute Partial Hospital

- Written Order is completed by Acute MH Inpatient or Acute Partial Hospital.
- Submit the IBHS Written Order along with a Magellan Referral Form as well as the appropriate AUDs.
- AUDs are required.
- Magellan will secure assessment provider.
- Magellan will secure staffing once initial packet is reviewed and approved.

IBHS Referrals from Outpatient Mental Health Provider

- Written Order is completed by Outpatient Mental Health Provider or Outpatient can refer member right to an IBHS provider to complete the Written Order, Assessment, and Initial Packet.
- If assistance is needed by an outpatient mental health provider in finding an available IBHS agency for the Written Order and/or Assessment, please outreach to Magellan for assistance. Please secure AUDs from the member/caregiver.

Resources

Do you have a new IBHS staff at your agency who needs to understand Magellan processes?

Here are some helpful resources:

- Online Authorization System www.MagellanProvider.com/authsystem
- Availity https://www.availity.com
- Magellan IBHS forms, previous Provider Workgroups, Best Practice Trainings https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioralhealth-services-ibhs/

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https://www.magellanofpa.com/for-members/services-programs/ibhs/#

IBHS Summary Video

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Caregiver FAQ

- Offered on the IBHS Member Page as well as the IBHS Provider Page.
- Developed in collaboration with the Autism Action Committee along with Lehigh and Northampton county partners and IBHS providers.
- A tool to use with parents, schools, and caregivers when discussing the role of IBHS.

https://www.magellanofpa.com/for-members/services-programs/ibhs/

https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/

Availity Contact Information

- Availity provider support is available via Availity Client Services (ACS):
- E-ticketing – Available 24/7 on https://www.availity.com
- Chat – Available throughout the day via Community Support on https://www.availity.com
- Phone –1.800.AVAILITY (282.4548) Monday-Friday 8a.m. - 8p.m.ET
- https://www.magellanofpa.com/documents/2025/10/103025_providerannouncementforonlineauth.pdf/

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Helpful Resources for Online Authorizations

- Self-Service Provider Training Materials are available at www.MagellanProvider.com/authsystem: You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:
- Create an Intensive Behavioral Health Services (IBHS) Authorization
- IBHS Tips, Tricks, and Troubleshooting
- View Authorization Status
- Understanding the Provider Filter
- Authorization system FAQs
- Live video demonstration from 3/22/23
- And many more resources….

OMHSAS (State) Resources

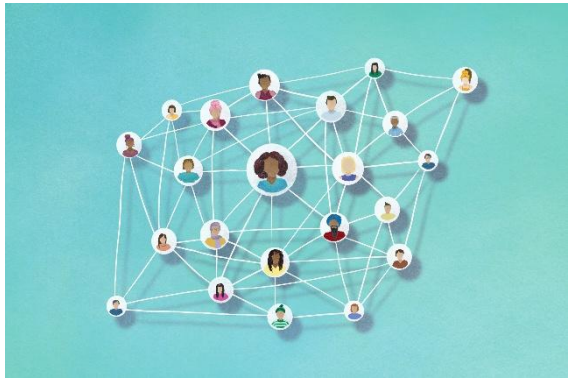
OMHSAS IBHS website:

https://www.pa.gov/en/agencies/dhs/resources/medicaid/bhc/ibhs.html

Great Resource!

- IBHS Regulations
- Medical Necessity Criteria
- FAQ
- Many more resources….

Q1 2026 IBHS Provider Webinar



Thursday, February 5, 2026 –

9:00am to 11:00 A.M.

Registration link:

https://events.teams.microsoft.com/event/db573b4b-7a53-4e32-83e5-62d6b2820d78@a9df4fcb-7f39-49f4-9d70-1ee81b27a772

No invites are sent. This info can always be found at the bottom of our

IBHS provider webpage:

https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/

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Closing Resources

- DHS-OMHSAS IBHS Provider Page - https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BHProvider-IBHS.aspx
- IBHS Regulations - https://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol49/49-42/1554b.html
- Magellan IBHS email - IBHS@MagellanHealth.com
- MBH IBHS webpage: https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/
- MBH Provider Search Tool: https://www.magellanofpa.com/provider-search/
- Provider Directory and County Information : https://www.magellanofpa.com/for-providers/county-information/bucks-county/.
  - *All additional counties are listed in the drop-down section on the left-hand side of the screen*
- Member Handbook: *https://www.magellanofpa.com/documents/2021/06/pa-member-handbook-2.pdf/*
- PA HealthChoices Provider Handbook: https://www.magellanprovider.com/news-publications/state-plan-eap-specific-information/pennsylvania-healthchoices/supplement-appendices.aspx

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Meet Your Teams

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Leading humanity to healthy, vibrant lives

OWN IT

If it is to be done, it's up to us to do it

DELIVER

We are relentless in the pursuit of value and results for our customers

WIN TOGETHER

We believe in the collective genius of our people and the magic of teamwork

CARE

We care deeply about each other, our customers and the communities we serve

STAND TALL

We always do the right thing

EVOLVE

We embrace learning as a means to reinvention – in all that we do

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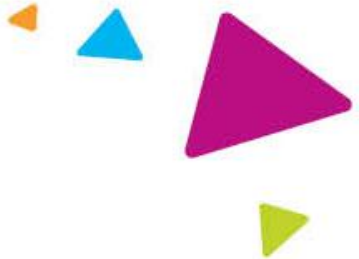
THANK YOU!

Confidentiality statement



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