

Welcome to the Magellan Provider IBHS Workgroup

FEBRUARY 19, 2026

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Welcome and Opening Remarks

Agenda

- Welcome
- OMHSAS Updates
- Network Updates
- Clinical Corner
- Provider Spotlight
- Kudos
- Clinical Updates/Reminders
- Availity/Online Authorizations
- Upcoming Forums, Technical Assistance, and Resources
- Questions

Quarterly IBHS Provider Webinar

Reminder: Provider questions can be entered into the Q&A.

Chat feature is disabled for these webinars.



OMHSAS Updates

IBHS & Other Related Services (ORS)

ORS examples Occupational Therapy (OT), Speech Therapy (ST), or Physical Therapy (PT)

- ORS are professional services delivered to address specific needs identified through assessment and examination.
- ORS professionals have varying levels of understanding when it comes to the broad span of behavioral health and the processes for identifying appropriate BH interventions, supports, and services.
- To the extent there are behavioral concerns for a child during the delivery of ORS the concerns should be discussed holistically during team meetings to assess for any contributing factors (ex: environment, time of day, etc.) and how the team might best support the individual needs of each child, youth, or young adult.
- If ORS professionals are unfamiliar or uncomfortable with behavioral health needs, this alone does not warrant the need for IBHS during the provision of ORS.

IBHS & Other Related Services (ORS)

- If it is believed IBHS is needed during an ORS delivery, the treatment team should specify what the specific behavioral health need is, how IBHS will support the need during session, how transfer of skills will occur, and address why consultative behavioral health support is insufficient. The treatment plan should be updated to include the goal(s) to be achieved during an ORS session and the responsibilities of each practitioner.
- IBHS may not be billed during an ORS session simply because the IBHS staff is already with the student. The need for IBHS during the ORS session must be specified in the treatment plan.
- IBHS staff may never tell an ORS professional they may not see a child because the IBHS staff is already with the child.

IBHS & Other Related Services (ORS)

A speech therapist is concerned about the activity level of a student, reporting that the student is very hard to settle and the constant activity during the session is affecting their concentration and ability to participate in ST.

- A team meeting was held and the discussion revealed the student's behaviors were generally more problematic in the afternoon and their medication was wearing off by the time of the ST session. A recommendation was made to provide school notes, including time during ST, to the student's psychiatrist prior to their next med check. ST was also recommended to be moved to an earlier time in the day when the student was better able to concentrate and less active.

IBHS & Other Related Services (ORS)

An occupational therapist has been redirecting a student and using some of their standard behavior modification techniques but the student has not been responding positively and would like BHT to also be provided during their sessions.

- A team meeting was held and it was determined that the Positive Behavior Support Plan (PBSP) was recently updated to include a new behavioral momentum protocol. The OT has agreed to attend intervention skills training from the BCBA in order to learn and be comfortable implementing the new behavior protocol.
- Since learning the new behavior change protocol, the OT experiences higher levels of student engagement in direct OT sessions.
- As needed, the OT may use indirect service hours prescribed within the IEP to observe BHT implementation within the classroom environment to ensure intervention fidelity.

IBHS & Other Related Services (ORS)

A physical therapist has requested BHT-ABA support during direct PT sessions for a student they have had a therapeutic relationship with for many years. The student has recently undergone a medication change that has evoked unintended side effects, one of which is uncontrolled movements of the student's right hand which is the hand primarily used with their communication device. The student's medication has been changed, but the uncontrolled muscle movements persist and may for an indefinite period of time. The student has since begun to engage in physical aggression and elopement during PT sessions due to high levels of frustration and low frustration tolerance in a once therapeutic setting. The inability to use the communication device and participate in PT goals present concerns related to the fulfillment of this necessary service.

- A team meeting was held and after reviewing the first quarter's PT data, the student has begun to regress in mastered skills. Additionally, due to new behaviors of concern in these sessions, the school has tried, but continues to struggle to support the new and unique needs of the student while in PT. The Behavior Analyst assigned to the case has updated the treatment plan documenting the need for BHT-ABA to assist with response blocking for aggression and elopement while assisting with least to most prompting for communication device utilization during PT. The duration of support is defined using data-based criteria for fading the additional support ultimately resulting in discontinuation of BHT-ABA during PT.

PA Insurance Department: Primary Insurance issues

Hearing complaints from IBHS providers about being able to access Primary Insurances or Third Party Liabilities (TPL). Multiple calls and lack of response from TPLs.

Some IBHS providers have declined to accept any members with TPLs regardless of whether there is a benefit or not. This impacts members with TPL and Medicaid being able to access this service.

Providers and members/guardians who have been impacted can file a complaint via the complaint portal at:

<https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx>

If they can't use the portal, can call 877-881-6388 or submit online via the link.

- OMHSAS proposed including “**IBHS Coding concern**” in the subject line of emails/faxes and/or in the first line of the description of the problem (followed by the details of the particular case).

Regulations & MCOs

Regulations are minimum standards. BH-MCOs may have higher standards/expectations.



Network Updates

Network Team

Mitch Fash – Sr. Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County -
jpearce@magellanhealth.com

Michael Ditty – Network Management Specialist – Lehigh/Northampton Counties -
msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Montgomery County -
cedevine@magellanhealth.com

Jessica Torano – Network Management Specialist – Bucks County -
toranoj@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing -
jrstumm@magellanhealth.com

Alyssa Gorzelsky – Network Management Specialist – Somerset/Bedford Counties –
amgorzelsky@magellanhealth.com

Billing Usual & Customary

When submitting claims please use your usual and customary charges vs contracted amount.

Why is this important?

When Magellan provides a rate increase, sometimes the rate increase will be effective prior to the rates being loaded into the system. If a provider bills above their contracted amount (U&C), Magellan will be able to adjust the claims without the provider needing to resubmit their claims again. If the claim billed is under the new amount Magellan will not be able to adjust to the new amount contracted.

With the most recent rate increases, it is important to check that current rates are paying at the higher amounts. Please verify all claims have been submitted with the higher contracted amounts. If claims were submitted and paid with a billed amount lower than your current contracted rates, you will need to resubmit for the higher amount.

Magellan is automatically sweeping claims to adjust to the higher amounts as long as they were billed at the new rates. No additional actions are needed by providers. Please be aware that this process will take some time to complete, but feel free to reach out with any questions.

Billing Reminders

- Do not bill member's home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifies. Authorization codes may differ than what is listed on your fee schedule. Modifiers must be listed in the order that they show on the fee schedule.
- For any corrected claims, it is required to resubmit with the original claim number.
- For ACT 62 covered members, claims must go through the primary payer first before submitting to Medicaid, who is always the payer of last resort.



Claims Resolution

- Claims that providers feel were denied *incorrectly* or have questions about a denied claim, these are considered “Claims Inquiries”.
- Providers should contact the Magellan provider line and speak to a customer service associate.

Provider Services Contact Information:

Bucks/Montgomery: (877) 769-9779

Cambria: (800) 424-3711

Lehigh/Northampton: (866) 780-3368

Somerset/Bedford: (800) 424-3711

- If necessary, the customer service associate will submit a Service Request Application (SRA) to Magellan’s claims resolution team for further investigation.

Satellite Sites & Licensing

- IBHS licenses are issued regionally. There are 4 regional field offices: Western Field Office, Northeast Field Office, Southeast Field Office, and Central Field Office. A provider is only required to get multiple licenses if it provides services in multiple regions.
- If a provider has multiple locations in one region, they do not need each site licensed, unless the site provides on-site services. However, your service description must include all locations under the regional license as well as services being provided.
 - Example: Home, Community, and site based
- A provider is required to submit 1 service description for each IBHS license.
- If a provider's service changes, an updated service description must be submitted to the licensing field office for approval. If a provider's address changes, a provider must notify OMHSAS's licensing field office and, if the provider is enrolled in MA, it must also notify MA enrollment.
- *Not all locations in the region require MA enrollment unless providing on-site services.*

Provider Expansion

Implications for Magellan's Provider Network

- Magellan continues to evaluate the network for adequacy and geographic needs. Where an immediate need for program expansion is identified, we will proactively reach out to providers. Please note that we will continue to regularly review and prioritize both new and existing provider requests for network entry or expansion.
- The counties and Magellan will finalize decisions based on updated 2025 projections and 2026 capitation rates.
- Decisions will be individualized by each county. Should opportunities for rate adjustments or network expansion arise, Magellan and the respective county will directly contact impacted providers.

New IBHS Group Process

- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
 - ✓ IBHS Group
 - ✓ IBHS ABA Group
 - ✓ Both

Network will respond by sending a link to be completed. This application will request submission of some documents for Magellan's review. Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

Provider Expansion or Provider Changes

For Magellan, is your agency* ...?

- Moving locations
- Adding a new location
- Want to begin delivering 1:1 site-based services
- Want to begin delivering ABA Services or Individual Services
- Want to begin delivering Group/ABA Group Services

Please outreach Magellan's Network department identifying your expansion request or change to

MBHInterestedProviderApplication@magellanhealth.com.

***Magellan will continue to regularly review and prioritize both new and existing provider requests for network entry or expansion.**

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

Network Reminders

- Magellan Credentialing is updated every 3 years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
 - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are sent to the correct person.
- Promise Medicaid Enrollment is due for revalidation every 5 years. This revalidation date is found directly on the Promise website.
 - Providers are encouraged to review this date and are responsible to revalidate as needed.
 - This is for all enrolled locations and for all provider type/specialty types
 - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.

*Without active enrollment providers will be potentially affected with being reimbursed.

Out of Network

When referring or transferring a Magellan member/family to another provider, please ensure the provider is a contracted/in network provider for Magellan.

Magellan's policy related to non pars requires that all in network options have been exhausted.

To start referring a member/family to an out of network IBHS provider without talking with the family about this critical component can lead to unnecessary delays in accessing services and further confusion. Please involve Magellan if considering a referral based on exhausting in network options.



Clinical Corner

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>

FAQ - IBHS Assessments

Q: How can BC/BC-ABA observe the client in a setting where BHT/BHT-ABA services will be provided (i.e. camp, ESY) if this setting has not yet started?

A: If it is not possible to gather data from a particular setting, data should be obtained from a similar setting. Equally as important would be to include as much information about the camp/program as possible including their schedule, # of participants, staffing ratio, previous experience in that setting if applicable.

Summer Camp/ESY Tips

- **Camp details** – Name of the camp, hours/days of the camp, dates of the camp, daily schedule of activities/structure to the day.
- Questions to answer: Have they previously attended this camp? If so, how did they do? Where did they struggle? What helped them be successful?
- Document specific behaviors which would require support within the camp setting.
- Please differentiate hours per month by settings. How many hours/month in ESY? How many hours/month in camp?
- ISPT meeting summaries should include representatives from ESY and/or summer camp.
- Please know this information **before** submitting the authorization request. If you do not have this information when submitting a concurrent request, please submit a change of prescription request later once you have all of the information.
- Please submit paperwork which is clear and consistent.



New school year: Preparation & Considerations

- IBHS skills transfer training and generalization (end of school year and summer)
 - Beyond the classroom
- Maturation/development during summer
 - Give opportunity for success
- Teacher expertise
 - Classroom management
 - Instructional control
- Hours for new school year to consider



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
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	Approved?
Individual IBHS										
<input type="checkbox"/> BC				536	H0032	001	UB			
<input type="checkbox"/> MT				536	H2019	001	UB			
<input type="checkbox"/> BHT	504	4/1/25	9/27/25	536	H2021	001	AH			



Provider Spotlight

Provider Spotlight

Footsteps Services – Amanda

ISPT Meeting Summaries

agabelli@footstepsservices.com





Kudos!

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Kudos!

These 4 IBHS providers submitted 100% of Magellan's IBHS Access Surveys in 2025.

- ABA Consultants
- First Children's Services
- Chester County Intermediate Unit (CCIU)
- Assist Inc.

Kudos! – TRR scores increased over 2025

Q1 2025						
County	Written Order	Assessment	Individual Tx Plan	CANS	IBHS MNG	Overall Total
BUC	91.07%	77.47%	67.14%	79.63%	73.21%	73.76%
CAM	100.00%	95.11%	93.70%	97.73%	88.64%	94.58%
LEH	96.30%	72.51%	67.07%	82.35%	83.33%	72.95%
MNT	94.49%	81.57%	73.35%	75.58%	83.89%	78.96%
NOH	96.88%	75.56%	72.09%	80.77%	79.69%	76.13%
Overall	95.75%	80.44%	74.67%	83.21%	81.75%	79.28%

Q2 2025						
County	Written Order	Assessment	Individual Tx Plan	CANS	IBHS MNG	Overall Total
BUC	94.05%	84.53%	69.69%	81.25%	85.71%	78.69%
CAM	N/A	N/A	N/A	N/A	N/A	N/A
LEH	96.15%	89.84%	78.21%	91.67%	80.77%	84.59%
MNT	92.86%	80.87%	71.34%	76.92%	71.43%	76.91%
NOH	100.00%	92.09%	81.29%	90.00%	95.00%	87.98%
Overall	95.13%	85.96%	73.58%	83.90%	83.08%	80.93%

Q3 2025						
County	Written Order	Assessment	Individual Tx Plan	CANS	IBHS MNG	Overall Total
BUC	100.00%	85.29%	75.99%	81.25%	83.33%	82.11%
CAM	94.87%	84.89%	81.90%	79.17%	78.85%	83.90%
LEH	100.00%	86.54%	82.26%	75.00%	92.31%	85.71%
MNT	99.24%	82.52%	75.25%	77.27%	73.84%	80.08%
NOH	100.00%	86.34%	75.22%	87.50%	89.29%	82.58%
Overall	98.82%	85.12%	78.12%	80.04%	83.52%	82.88%

Q4 2025						
County	Written Order	Assessment	Individual Tx Plan	CANS	IBHS MNG	Overall Total
BUC	99.17%	89.25%	85.45%	87.50%	81.25%	87.88%
CAM	N/A	N/A	N/A	N/A	N/A	N/A
LEH	99.02%	94.96%	89.72%	97.06%	85.29%	92.44%
MNT	97.22%	85.80%	85.68%	91.67%	93.75%	87.30%
NOH	98.61%	90.48%	81.66%	91.67%	89.58%	87.13%
Overall	98.63%	90.40%	85.94%	91.80%	86.48%	88.90%

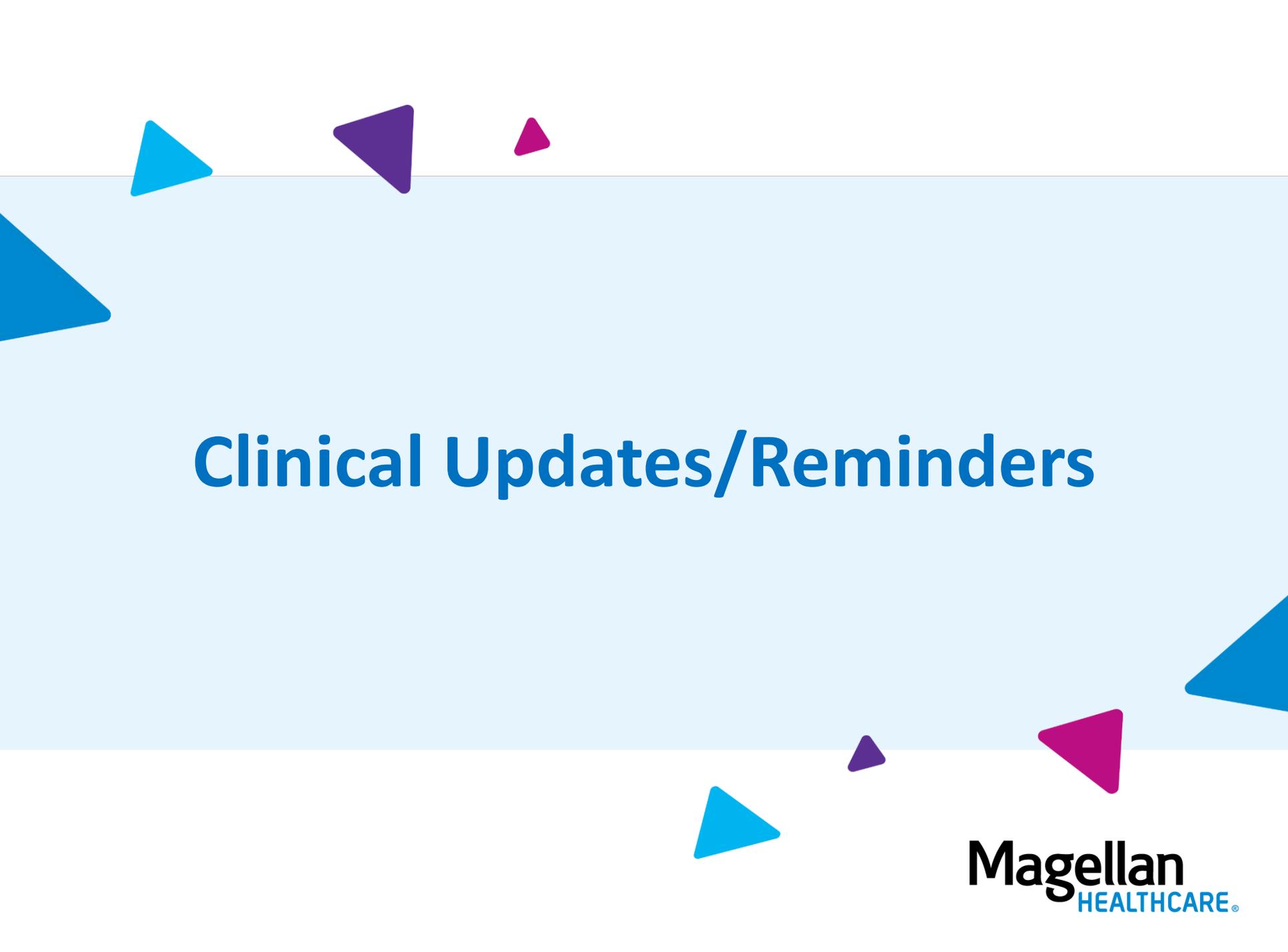
Kudos - Updated TARs

Authorization Information					Assessment Recommendations				
Services Being Requested	Auth Codes	Total Units Requested	Start Date MM/DD/YYYY <small>Start date must be within 2 business days of submission</small>	End Date MM/DD/YYYY <small>6 months maximum</small>	Hours per Month	Setting	New Service or Change in hours? <small>Currently approved hours/month if applicable</small>	Dates by Setting	Units by Setting & Dates

ABA IBHS					ABA IBHS				
<input type="checkbox"/> BC-ABA	97151HO	384	8/1/2025	1/27/2026	16	h/c & school	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input checked="" type="checkbox"/> No Change Currently approved <input type="text" value="16"/> hrs./month	8/1/25-1/27/26	384
<input type="checkbox"/> BHT-ABA	97152HO	992	8/1/2025	1/27/2026	16	ESY	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text" value=""/> hrs./month	8/1-8/15/25	32
					40	home/comm	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text" value="50"/> hrs./month	8/1/25-1/27/26	960
							<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> New <input type="checkbox"/> No Change Currently approved <input type="text" value=""/> hrs./month		

Updated TARs are being used consistently and correctly.

Very helpful to ensure Care Managers are correctly understanding the hours/services being requested.



Clinical Updates/Reminders



Treatment Record Review (TRR) Process

- IBHS programs will be selected for TRR twice annually, at minimum.
- Random sampling of packets are from treatment requests submitted by providers.
- Tool has been shared previously with providers.
- It is recommended that providers self-audit with this instrument to support strong results.

Outcomes of the TRR: Two Communications

Letter: Score 76% and above



Great job!



Date of review, member identification will be included for transparency



Feedback forms have been replaced by these letters



Strengths and recommendations and/opportunities will be highlighted



No action plan will be requested, even if there were opportunities identified



Outcomes of the TRR: Two Communications

Letter: Score 75% and below



Treatment Record Review (TRR) - Q1 2026

Providers for review, Q1 2026:

ABA Support Services

Aspire Child & Family

Backyard Treehouse

Behavior & Education Support Services

Brandstein Family

CCIU

Children's Behavioral Health/Clarvida

Footsteps

Holcomb

Impact

Network for Behavior Change

PA Mentor LV

Malvern

Sunny Days

ACRP

Attain/Bright Beginnings

BATP

Behavior Interventions

Brett DiNovi & Assoc

Child & Family Focus

First Children's Services

Silver Lining

Horizons

Indian Creek Foundation

Omni

Vision

Milestone

* Please note this TRR process does not currently apply to Somerset/Bedford providers.

Updated TARs

Which TARs were updated?

- Individual Services
- ABA Services
- Group Services
- ABA Group Services

Did the Initial Assessment TAR change?

No. Please continue to use the same one.

Reminder - IBHS Authorization Request Checklist



**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	
<input type="checkbox"/>	Online authorization request
<input type="checkbox"/>	Registration Treatment Authorization Request (TAR) Form
<input type="checkbox"/>	Individual or Group Initial Assessment – 60 units for 30 days
<input type="checkbox"/>	ABA Initial Assessment – 96 units for 45 days
<input type="checkbox"/>	Written Order – Completed within 1 yr of submission

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

Concurrent Service Request	
<input type="checkbox"/>	Online authorization request
<input type="checkbox"/>	Treatment Authorization Request (TAR) Form
<input type="checkbox"/>	Written Order – Completed within 1 yr of submission
<input type="checkbox"/>	Assessment – Please be sure this includes specific service(s) recommendation.

Provider Authorization Transfer Requests

Please share this information with auth staff. Have seen several providers in the past few months not adhere to this process and claims have been impacted.

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)

Process can also be found in the Provider Manual.



Availity/ Online Authorizations

Viewing Authorizations in Availity

How can I view my authorization?

Providers can view authorizations by:

- Authorization #
- Member information
- Provider ID/MIS#

Instructions located here:

[System \(magellanprovider.com\)](https://magellanprovider.com)

Concurrent online authorizations

“This is so much easier and faster!”

Recent random data shows **64%** are using the “extension” function in Availity to submit concurrent authorization requests.

***Please share with your staff submitting authorizations this Power Point and the step-by-step resources located [System \(magellanprovider.com\)](http://magellanprovider.com)**

That was



“Extending” a Service/Procedure Authorization

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By ?

Member ID: [] Authorization Number: [1] Diagnosis Type: []

Date of Service From Date: 03/08/2023 Date of Service To Date: [] Inpatient Service Types: [] Service/Procedure Service Types: []

Include Closed [] Requested By Me []

FILTER []

2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

RESULT: The **Services** screen will display.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By ? Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXX0359

Inpatient Authorizations Summary

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

Service / Procedure Authorizations Summary

Member Name	Authorization #	Determination Status	Start Date	End Date	State
SIMPSON, RYAN R	OPXXXXXX0358	Approved	12/29/2022	03/29/2023	Open

EXTEND | **VIEW AUTH DETAILS**

ADD/EXTEND SERVICE | **VIEW AUTH DETAILS**

EXTEND

4. Select the **EXTEND** button once the authorization appears.

RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Extend Service/Procedure Behavioral Health Authorization

Prescreen | Authorization Details | Services | Confirmation

Service Type: Electroconvulsive Therapy (ECT) Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

EXTEND

Concurrent requests in Availity

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.
2. Select the **FILTER** button.

The screenshot shows the 'Dashboard' search interface. It features a 'Filter By' section with several input fields and checkboxes. A yellow circle with the number '1' is placed over the 'Authorization Number' field. Another yellow circle with the number '2' is placed over the 'FILTER' button. The interface includes the following elements:

- Dashboard** header
- Filter By** section with a help icon
- Member ID** input field
- Authorization Number** input field (annotated with '1')
- Diagnosis Type** input field
- Date of Service From Date** input field with a calendar icon and placeholder 'MM/DD/YYYY' (value: 03/08/2023)
- Date of Service To Date** input field with a calendar icon and placeholder 'MM/DD/YYYY'
- Inpatient Service Types** input field
- Include Closed** checkbox (annotated with '2')
- Requested By Me** checkbox
- FILTER** button (annotated with '2')
- RESET** button

Concurrent requests in Availity

The screenshot shows the Availity dashboard with the following elements:

- Dashboard Header:** Includes buttons for "CREATE INPATIENT AUTHORIZATION" and "CREATE SERVICE/PROCEDURE AUTHORIZATION".
- Filter By:** Shows "Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXX359".
- Inpatient Authorizations Summary:** A table with columns: Member Name, Authorization #, Determination Status, From Date, To Date, Servicing Facility, Diagnosis Code, and State. It displays "No records found".
- Service / Procedure Authorizations Summary:** A table with columns: Member Name, Authorization #, Determination Status, Start Date, End Date, and State. The first row is highlighted in blue and contains:

Member Name	Authorization #	Determination Status	Start Date	End Date	State
SIMPSON, RYAN R	OPXXXXXX359	Approved	12/20/2022	03/20/2023	Open
- Annotations:** A yellow arrow points to the selection icon in the first row of the Service / Procedure Authorizations Summary table. A yellow circle with the number "3" is placed over the "ADD/EXTEND SERVICE" button.

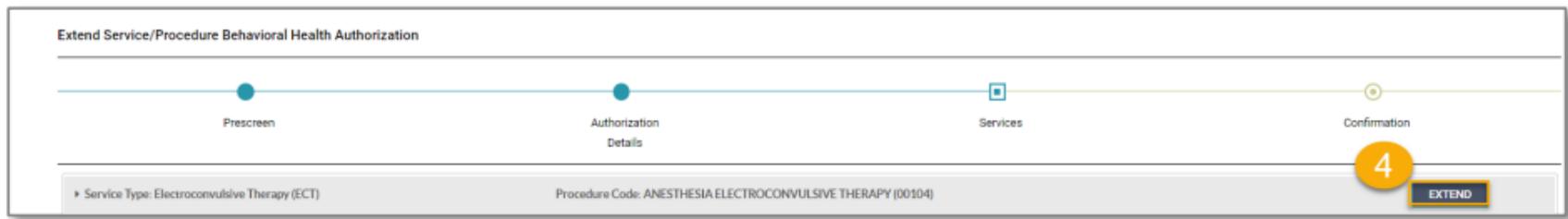
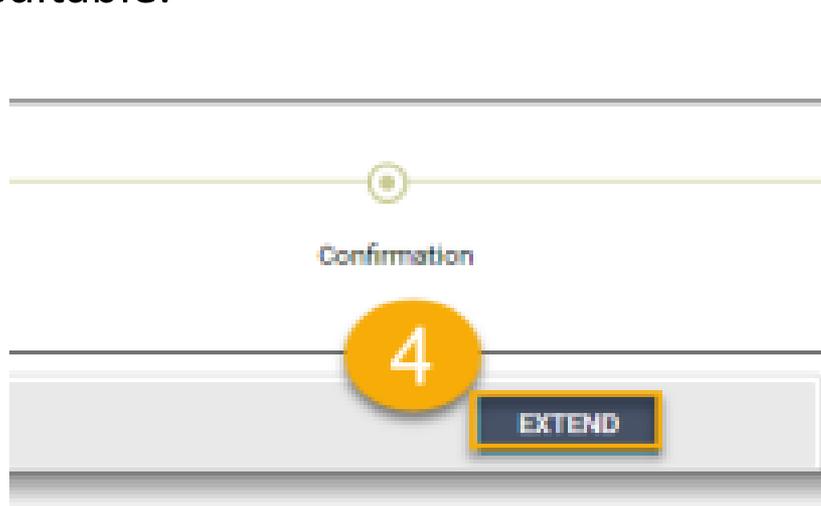
3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

RESULT: The **Services** screen will display.

Concurrent requests in Availity

4. Select the **EXTEND** button once the authorization appears.

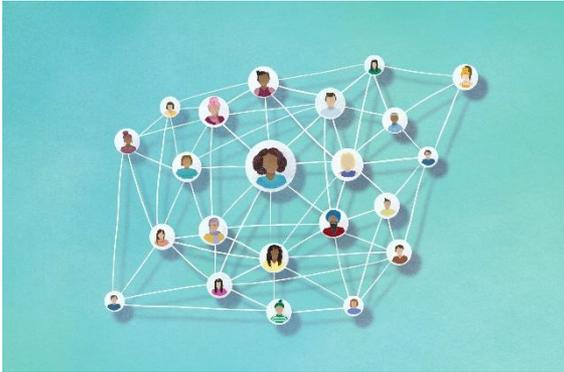
RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.





Upcoming Forums, Technical Assistance & Resources

Q2 2026 IBHS Provider Webinar



**Thursday, April 30, 2026 –
9:00am to 11:00 A.M.**

Registration link:

<https://events.teams.microsoft.com/event/54401e80-7930-42d3-8c1c-ced5e1ffc4cc@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/>

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

What's the process for....? Question?

Check our Magellan's Provider Manual

https://www.magellanprovider.com/media/1661/pa_healthchoices_supp.pdf

- ✓ Initial Assessments
- ✓ Initial & Concurrent Authorizations
- ✓ IBHS Change of Prescription
- ✓ IBHS Transfer Process
- ✓ Discharge
- ✓ Retrospective Review Process
- ✓ Billing

Compliance

- Compliance Blasts: [Providers Page](#) | [Magellan of PA](#)



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

IBHS Summary Video



Caregiver FAQ

- Offered on the IBHS Member and Prover Pages.
- 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/>

Helpful Resources for Online Authorizations

Self-Service Provider Training Materials are available at
<http://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....

Questions?

Thank you!

Confidentiality statement

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