



# Provider Notice

From: Magellan Healthcare

Subject: Magellan outlines CBRS authorization process for 2026

## Overview

Magellan is sharing important updates about **adult** community-based rehabilitation services (CBRS) prior authorizations for dates of service beginning Jan. 1, 2026. These updates are intended to reduce administrative burden and ensure a smoother transition into the new year.

This update does **not** impact **youth** CBRS.

## CBRS authorization updates for 2026

### Prior authorizations expiring on Dec. 31, 2025

If an adult member has an **approved prior authorization** in Magellan's system that ends on Dec. 31, 2025, Magellan will issue a new authorization for dates of service in 2026.

### Members receiving services under threshold units

If an adult member has been receiving CBRS services and is still below the 308-unit threshold, Magellan will not enter an authorization for 2026. If a prior authorization is needed, the provider must submit a prior authorization request.

### Length of provider-submitted prior authorizations

When you submit a prior authorization request, please request no more than the number of units expected to be used within a six-month period.

## Additional information

- If a prior authorization expires **before** year-end, you may request an extension beyond December 31.
- If a CBRS authorization was never requested in 2025, the provider must begin requesting prior authorizations for services to be provided on or after Jan. 1, 2026.
- For new clients **before** Jan. 1, 2026, the current guideline of 308 units without a prior authorization remains in effect through the end of 2025.
  - In order for those clients to continue to receive CBRS in 2026, the provider must request a prior authorization for services.
    - Ex.: If a provider enrolls a member in CBRS on December 20, prior authorization is not required at that time, and the provider may bill up to the 308-unit threshold before the end of 2025.

- Beginning Jan. 1, 2026, an approved prior authorization must be on file for CBRS services in order for claims to be paid for services rendered in 2026 and beyond.

## Frequently asked questions

- 1. Will Magellan handle prior authorizations for adult clients currently receiving CBRS into 2026?**  
A. Yes. Magellan will stagger and extend existing prior authorizations in our authorization system for adult CBRS members whose prior authorizations expire on or after Dec. 31, 2025.
- 2. Will we receive notifications when prior authorizations are completed?**  
A. Yes. Approval letters will be mailed and will list the authorized dates. You may also view prior authorization details in ProAuth.
- 3. For clients who exhausted their units in 2025, do we need to submit a new prior authorization for 2026?**  
A. It depends.
  - If a prior authorization was submitted in 2025 and approved with an end date of Dec. 31, 2025, Magellan will extend it to reduce administrative burden.
  - If no prior authorization was submitted in 2025 and the member meets threshold, please submit a new prior authorization.
- 4. Will prior authorizations be required for new adult CBRS clients starting Jan. 1, 2026?**  
A. Yes. Beginning Jan. 1, 2026, prior authorizations are required for any new adult CBRS client. For services rendered before Jan. 1, 2026, current guidelines apply.

**Note:** If a client met the 308-unit threshold in 2025 and their prior authorization expires before year-end, you must submit a prior authorization.

- 5. Will adult clients still receive 308 units in 2026?**  
A. Units authorized will be based on medical necessity, not a standard unit amount.
- 6. Are initial CBRS prior authorizations for 308 units being submitted by Magellan?**  
A. No. Beginning Jan. 1, 2026, the clinical team will build prior authorizations for members who already have CBRS authorizations on file that expire on Dec. 31, 2025 or beyond.

## Questions?

Please contact Magellan at [IdahoProvider@MagellanHealth.com](mailto:IdahoProvider@MagellanHealth.com).