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.