



Provider Notice

Update to Prior Authorization Requirements

Bi-annually the Office of Mental Health and Substance Abuse Services (OMHSAS) issues the Program Standards and Requirements (PS&R) manual that all Behavioral Health Managed Care Organizations (BH-MCO) and Primary Contractors must adhere to. It often contains changes to current expectations and standards that we need to accommodate through changes in workflows/process. Effective [January 1, 2021](#), OMHSAS implemented a new requirement for Peer Reviews for all members under 21 years old when a denial is being considered for any level of care. Details can be found in the [Appendices link](#), **Prior Authorization Requirements** - page 418. The content relevant to this issue is pasted below:

Requests for service will not be denied for lack of medical necessity unless a physician or other health care professional with appropriate clinical experience or expertise in treating the Member's condition or disease determines: that the prescriber did not make a good faith effort to submit a complete request; or that the service or item is not medically necessary, after making a reasonable effort to consult the prescriber. 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.

Magellan Behavioral Health of Pennsylvania (Magellan) is now required to request a Peer Review prior to issuing any denial for Medical Necessity Criteria (MNC) for any member under 21 years of age. Magellan will be sending requests for additional information to the prescribers to assist in completing this task, as well as having our staff reach out to schedule the review. We have inserted the details from the PS&R related to the requests for additional information and timelines associated with this process. Additionally, Magellan will now be required to reach out

to a member (if over 14) or guardian to ask for their support in having the prescriber conduct the peer review.

If additional information is needed to make the decision, the BH-MCO must request the additional information from the Provider within forty-eight (48) hours of receipt of the request and allow up to fourteen (14) days for the Provider to submit the additional information. The BH-MCO must provide written notice to the Member that additional information has been requested on the date the additional information was requested using the Notice of Request for Additional Information template. If the requested information is provided within fourteen (14) days, the BH-MCO must make the determination to approve or deny the service and notify the Member orally, within two (2) business days of receipt of the additional information. The BH-MCO must mail written notice of the decision to the Member and the prescribing Provider within two (2) business days after the decision is made. If the additional information is not received within fourteen (14) days, the decision to approve or deny the service must be made based upon the available information and the Member notified orally within two (2) business days after the additional information was to have been received. The BH-MCO must mail written notice of the decision to the Member and the prescribing Provider within (2) two business days after the decision is made.

We are required to give the prescriber 14 days to reply to our request for the Peer Review and cannot make a decision until those 14 days have passed or the prescriber met the request. This will mean that Medical Necessity Decisions may be delayed by up to 14 days until the Peer Review occurs.

We understand that this new requirement impacts providers and we will work with you to implement the new changes as seamlessly and with as minimal disruption as possible.

If you have any questions, please feel free to reach out to Tara Karbiner, Director of Clinical Care Services for Magellan, at Takarbiner@magellanhealth.com.

www.MagellanProvider.com

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