Magellan Behavioral Health of Pennsylvania, Inc. (Magellan)

Preauthorization Requirements, Medical Policies and Peer-to-Peer Review Procedures

Service provision may or may not require authorization prior to the services starting.

- Magellan and our providers use state-approved guidelines to determine the best services and levels of care for individuals that we serve.
- Each service/level of care has different guidelines for authorization.
- Magellan has established toll-free numbers for both members and providers to access care and obtain authorization for services.
- Care managers are available 24 hours a day, seven days a week. These numbers can also be used after business hours for members in crisis and for providers assisting members.
- This document contains helpful information about prior authorization requirements. For other resources, visit the Magellan of PA provider webpage or contact Magellan by phone (see below for the applicable provider or member line).

The following levels of care need preauthorization (or registration/notice of admission):

All higher levels of care including:

- Inpatient for behavioral health, substance use and detox (notice of admission for the initial admission and preauthorization for continued stay)
- Residential Treatment for behavioral health and substance use
- Partial Hospitalization for behavioral health and substance use
- Crisis Residential Programs
- Long-Term Structured Residential (LTSR) / Adult Outpatient in an Alternative Setting (AOP)

All non-traditional outpatient services including:

- Psychological testing
- Electroconvulsive therapy (ECT, inpatient and outpatient)
- Assertive Community Treatment (ACT)
- Dual Diagnosis Treatment Team
- Family Based Services
- Intensive Behavioral Health Services (Individual Services, Applied Behavior Analysis, Group, and Assessment)

For services that require prior authorization, providers need to obtain the preauthorization ***before*** services begin. Magellan also requires preauthorization for services to continue. Providers can ask for a review for more days before the last covered date for ongoing care.

For services that do not require a preauthorization, providers may simply bill Magellan after each episode of care, within 60 days from the date of service.

Clinical preauthorization requests can be obtained via:

- Telephonic review
- Paper submission
- Online submission

Telephonic Review

Telephonic review – a live phone call with a Magellan care manager to review the member's clinical treatment needs and medical necessity. If approved, an authorization will be verbally provided during the call. Authorization is visible in Magellan's authorization system (accessed via the Authorization tile in Availity Essentials).

Providers should have the following information ready to be discussed for the member's care:

- Diagnosis with ICD-10 codes
- Medication updates
- Changes in psychosocial status including updates on living arrangements, cultural issues, legal/ court related concerns, school status if applicable
- Physical health concerns
- Substance use concerns – including use pattern
- System involvement – legal, child services, other
- Behavioral concerns/referral behaviors leading to this episode of care
- Treatment plan with interventions to target referral behaviors
- Crisis plan/relapse prevention plan
- Summary of progress related to referral behaviors
    - What is working?
- Barriers to recovery
    - What is not working?
- Coordination of care with other programs and referrals made
    - Agency name(s), contact person(s) and phone contact information
- Discharge/ aftercare plan with related appointments confirmed
    - Date/time/contact person for this appointment to be provided
- Any other areas that have not been covered

Online Submissions

Online submission – Treatment request that is submitted online to Magellan through the Authorization tile in Availity Essentials for clinical review of treatment needs and medical necessity.

This option is available for select levels of care and can only be requested by in-network participating providers. Providers must have a unique log-in and password to access this application. Additional training resources are available at MagellanProvider.com/authsystem.

Be sure to:

- Include all pertinent clinical information – remember, you know these members better than Magellan staff. When in doubt include it!
- Type the information.
- Know your Availity Essentials login or who at your agency has permission to login.
  - Refer to the Availity Essentials online training.

If approved, authorization is visible in Magellan's authorization system (accessed via the Authorization tile in Availity Essentials).

Paper Submissions

Paper submission – Treatment request that is faxed or submitted online to Magellan for clinical review of treatment needs and medical necessity.

Levels of care not available through Availity Essentials may be requested using the forms available at https://www.magellanofpa.com/for-providers/provider-resources/forms/

Be sure to:

- Include all pertinent clinical information – remember, you know these members better than Magellan staff. When in doubt include it!
- Print or type – the information must be legible for review.
- Be aware of your computer or fax machine's quality of transmission.

If approved, authorization is visible in Magellan's authorization system (accessed via the Authorization tile in Availity Essentials).

Medical Necessity Criteria

Magellan is committed to the philosophy of promoting treatment at the most appropriate, least-restrictive level of care needed to effectively meet an individual's biopsychosocial needs. We see the continuum of care as a fluid treatment pathway where individuals may enter treatment at any level and be moved to more or less-intensive settings or levels of care as their changing clinical needs dictate. At any level of care, such treatment is individualized, active, and takes into consideration the individual's stage of readiness to change and readiness to participate in treatment.

Once Magellan gets the clinical information from the provider, we will use the clinical care guidelines below to make a decision:

- Pennsylvania Department of Human Services HealthChoices Behavioral Health Service Guidelines for Mental Health Medical Necessity Criteria (MNC)
  - Appendix S (MNC for Applied Behavior Analysis and Intensive Behavioral Health

Services)
    - Appendix T (MNC for all other levels of care)
- Supplemental Guidelines for Mental Health Utilization Management and Treatment Planning.
- The Pennsylvania Department of Human Services requires all substance use disorder placement, continued stay, and discharge be conducted in accordance with the most recent version of the *American Society of Addiction Medicine (ASAM)* criteria. Please note that due to ASAM licensure restrictions, Magellan is unable to post ASAM criteria on its website.

Magellan will respond to the requesting provider based on the urgency of the request.

Magellan Decision	Timeframe*
Pre-service Urgent Review	Up to 3 hours
TRF/ Written Review	2 business days
Urgent Concurrent Review	24 hours
Retrospective Review	30 days

**subject to Magellan's receipt of complete and necessary information to make a determination*

Peer-to-Peer Review

A Magellan medical director/physician advisor (MD/PA) is available 24 hours a day, seven days a week for peer-to-peer reviews. If provider medical or clinical staff would like to request a peer-to-peer review regarding authorization of service, this can be arranged by contacting the Magellan Care Management team through the Telephonic Review process (see below for applicable contact information).

The following information should be presented to the Magellan clinical team at the time of the request:

- Circumstances related to the request for a peer-to-peer review (e.g. wish to review the outcome of a chart audit, wish to review a previous denial based on new information that is believed to now meet criteria, wish to consult with a MD/PA, etc.).
- Name of provider's physician or clinician requesting the peer-to-peer review.
- Availability of provider's physician or clinician to schedule the peer-to-peer review.

Utilization Management Program Description

Magellan's Utilization Management (UM) Program was developed to align with Magellan Health's organizational vision and mission, applicable federal regulation and national accreditation standards, and the UM Program purpose for behavioral health benefits management. It is customized for state regulations and/or customer account contractual requirements as needed.

Goals are in place to support optimal behavioral health service utilization and are annually evaluated via the Quality Improvement plan and updated as needed.

1. Improve EQRO and HEDIS Measures

2. Maintain tobacco recovery goals in the work plan
3. Implement additional Value Based Purchasing Strategies
4. Increase utilization of the member profile with community-based providers
5. Increase referrals to the Community Based Case Management Program
6. Utilize Community Transition Team to support members through active discharge planning and aftercare follow up
7. Partner with the Opioid Centers of Excellence to implement best practices
8. Implement the Suicide Intervention Program

Care Management staff utilize approved clinical criteria to support decision making. Staff provide both UM and care coordination activities to support member and provider experience. The UM program is evaluated on an annual basis to ensure overall program effectiveness.

Magellan Contact Information

If you have questions, Magellan is eager to assist you. We encourage you to visit our provider website at **www.MagellanProvider.com**. Remember, you can look up authorizations and verify the status of a claim online via Availity Essentials.

You can also reach us at the Magellan of Pennsylvania Care Management Centers at the following numbers:

Bucks County/Montgomery County Provider Services Line: 1-877-769-9779
Cambria County Provider Services Line: 1-800-424-3711
Lehigh County/Northampton County Provider Services Line: 1-866-780-3368

Members may also contact Magellan at:

Bucks County Member Services Line 1-877-769-9784
Cambria County Member Services Line 1-800-424-0485
Lehigh County Member Services Line 1-866-238-2311
Montgomery County Member Services Line 1-877-769-9782
Northampton County Member Services Line 1-866-238-2312

For members who are deaf, hard of hearing, or have difficulty speaking, you may call the Pennsylvania Relay Operator at 711 to get help communicating with Magellan.