



Magellan Compliance Notebook

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.

This month we would like to remind providers about the importance of billing in accordance with your Magellan Reimbursement Schedule(s) when submitting claims.

It is common for Magellan network providers to have a range of contracted programs and service locations, in addition to a variety of payers. This makes it increasingly important to ensure that you are billing in accordance with the applicable Magellan HealthChoices Reimbursement Schedule(s)/ rate sheet(s).

Recent Magellan audits and data mining activities have revealed an ongoing trend of providers billing the incorrect procedure code and modifier combination based on the site location, type of service and credentials of the rendering practitioner. Although not an all-encompassing list, the following trends have most commonly been observed:

- Outpatient providers billing for a Psychiatric Diagnostic Evaluation by a Psychiatrist when the assessment/ evaluation was rendered by an Advanced Practice Professional (CRNP or PA) or other Mental Health Professional.
- Outpatient providers billing for a Medication Management/ Office Outpatient Visit by a Psychiatrist when the service was rendered by an Advanced Practice Professional.
- BHRS providers billing for Behavioral Specialist Consultant- PhD level when the services were rendered by a MA level Behavioral Specialist Consultant.

The above scenarios are commonly referred to as Upcoding. By definition, Upcoding refers to the practice of putting an inaccurate code combination on a claim for Medicare or Medicaid

reimbursement which is not the correct code that should be applied to the procedure actually completed, and that results in a higher payment to the provider. In extreme cases, Upcoding may be the result of a fraudulent (intentional) provider practice; but more commonly Upcoding is the result of **Abuse**, or payment for services when there is no legal entitlement to that payment and the individual or entity has not knowingly and/or intentionally misrepresented facts to obtain payment.

To avoid Upcoding, please closely review your Magellan HealthChoices Reimbursement Schedule in comparison to the documentation prior to submitting claims to Magellan to ensure that your billing corresponds to the service that was provided and the credentials of the rendering practitioner. If you have any questions about the codes or descriptions on your Magellan HealthChoices Reimbursement Schedule, please contact your designated Network Management Specialist.

As an additional reminder, please do not submit claims based on the code combinations listed on any Magellan Authorization Letters. Claims should only be submitted in accordance with your contract and Reimbursement Schedule(s). Authorization Letter Codes and Descriptions are not intended to be used as a guide or reference for submitting claims.

At Magellan, we will continue to educate our providers with updated MA Bulletins, Regulations and other pertinent information in order to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, BPI and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania's Compliance Team

📞 215-504-3967 | 📠 866-667-7744