



Magellan Behavioral Health of Pennsylvania, Inc. Retrospective Review Form

A retrospective review is an evaluation of the medical necessity of treatment services after the treatment has been rendered without preauthorization. **Payment cannot be made for an out-of-network provider who is not enrolled in the Pennsylvania HealthChoices Medicaid Assistance Program. Payment will only be considered for the ASAM 4.0 level of care for out-of-state providers.**

Fax the completed form, and additional documentation noted at the bottom of this form, to the attention of *Retrospective Review* at 888-656-2380. **The entire form must be completed in full to be considered. Incomplete forms will not be processed.**

Member's Name: _____

Medical Assistance ID # (3 digit county suffix followed by 10 numeric digits): _____

County of Eligibility : _____

Date of Submission: _____

Provider Name: _____

Provider MIS #: _____

If Out-of-Network: MPI #: _____

Tax ID #: _____

Address for Service Provision: _____

Contact Person: _____

Contact Person's Phone #: _____

Contact Person's Email Address: _____

Contact Person's Mailing Address: _____

Select the level of care/corresponding PROC code being requested from the below drop down lists. Please note that only one category of service requests should be represented on a single form. (i.e. – A form for Community Based MH Services may request three different PROC codes, but not include requests for any services under the 24 Hour Levels of Care or Community Based Substance Use Services sections.)

NOTE: Date of discharge for residential levels of care are not covered and should not be included.

Service/PROC Code	Start Date	End Date	Units/Intensity
24 Hour Levels of Care – Select One (1) Service per Form			
Select 24 Hr Mental Health Level of Care			
Select 24 Hr Substance Use Level of Care			
MENTAL HEALTH Community Based Levels of Care – Select a Maximum of Four (4) Services per Form			
Select Mental Health Community Based Level of Care			
Select Mental Health Community Based Level of Care			
Select Mental Health Community Based Level of Care			
Select Mental Health Community Based Level of Care			

Service/PROC Code	Start Date	End Date	Units/Intensity
SUBSTANCE USE Community Based Levels of Care – Select a Maximum of Four (4) Services per Form			
Select Substance Use Community Based Level of Care			
Select Substance Use Community Based Level of Care			
Select Substance Use Community Based Level of Care			
Select Substance Use Community Based Level of Care			

Retrospective Review Criteria:

Please check the applicable criteria under which you are submitting this retrospective payment request and ensure your request meets the timeframes outlined. Read the following section thoroughly. If you have a situation that does not fit within these criteria, the request is not eligible for retrospective review. For additional assistance, contact the Complaints & Grievances team at your designated county provider line.

Magellan will not consider network providers' retrospective review requests that are submitted outside of the timeframes listed below.

Emergency Services: Magellan performs retrospective reviews of emergency services performed without preauthorization. The review considers services performed from the time of the emergency until the member is in a safe setting. For services provided in an emergency situation, Magellan must receive a request for retrospective review within 120 days of the date services were provided. Magellan will conduct the review using the emergency care definition, as provided under Pennsylvania Act 68. Magellan may not deny payment for treatment obtained when a member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in 42 CFR 438.11(a) of the definition of emergency medical condition.

HealthChoices' Eligibility is Retroactively Initiated: Magellan will perform a retrospective review when services are provided to a member whose eligibility is retroactively initiated by HealthChoices. Magellan will review services from the date of eligibility through the date that eligibility was initiated or reinstated. For retrospective review requests due to a member's retroactive enrollment in HealthChoices, Magellan must receive the retrospective review request within 120 days after the service was performed, or within 120 days after the member's eligibility was established or reasonably discovered. Magellan will assess the services provided from the date that the member became eligible with HealthChoices, up until the date that eligibility was established or reasonably discovered.

****Provide evidence that HealthChoices' eligibility was checked via the Pennsylvania Medical Assistance Eligibility System (i.e. PROMISe, eCIS) on each date of service (e.g., eligibility printouts created during the period in which services were provided).***

EVS printouts created after the period for which coverage is requested are not evidence of retroactive enrollment and will not be considered.

Service was not Covered by the Member's Primary Insurer: Magellan will assess the services provided for any dates of service for which the member's primary insurer was believed responsible for coverage. For requests for retrospective review based on the service not being covered by the member's primary insurer, Magellan must receive the retrospective review request within 120 days after the service was performed, or within 120 days of the primary insurer's final decision notice.

****Include a copy of the Explanation of Benefit (EOB) form or final decision letter that demonstrates that the treatment rendered was not covered by the primary insurer.***

- Expedited Enrollment:** Magellan will consider a two business day grace period for the services provided to members who become eligible under expedited enrollment but discharged prior to live review. Magellan must receive the retrospective review within 120 days for the date of discharge.

Documentation to Submit:

The following documentation must be submitted along with this form to support the treatment request, when applicable. Only information relevant to this request should be included:

- Social Worker Notes for each day of Hospitalization Request
- Physician/Nurse Notes
- Formal Evaluation
- Discharge Summary
- ASAM Summary for Admission and Discharge to each Level of Care

Summary of Care/Course of Treatment:

Below, provide a brief clinical narrative to summarize this request. Do not include information previously included in the above noted documentation. Additional/duplicative information will delay Magellan's response.