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Overview

Magellan Behavioral Health, Inc. (Magellan) is a managed care behavioral health care company contracted by AmeriHealth to manage the mental health and substance abuse benefits for the majority of our Members with HMO, POS, PPO, and CMM coverage. Magellan develops, contracts with, and services its own network of behavioral health Providers.

Members are not capitated to a specific behavioral health site. However, for a Member to receive the highest level of benefits, behavioral health services must be coordinated by Magellan.

Note: Magellan is available 24 hours a day, 7 days a week, at 1-800-809-9954.

Emergency admissions

Preapproval for Emergency admissions is not required. When a Member is admitted as an inpatient through the emergency room/department, the hospital is required to notify Magellan within 48 hours or on the next business day.

Obtaining behavioral health services

Providers should instruct Members to call the mental health/substance abuse services telephone number on their Member ID card to access behavioral health services. Magellan will provide information for three to four Participating Providers for Members to contact for services. Members can also search for a behavioral health Provider by logging on to www.amerihelthexpress.com.

Preapproval and continuing authorizations are not required for routine and medication management outpatient mental health services under most AmeriHealth benefits plans. However, Preapproval is required for substance and alcohol abuse services, mental health inpatient services, Partial Hospitalization Programs, and Intensive Outpatient Programs. Members must call Magellan once an appointment has been made to ensure that the Preapproval process is properly initiated.

Benefits vary based on plan type and employer group. Not all employer groups use Magellan for behavioral health benefits. Providers should verify benefits and eligibility by contacting Magellan.

Note: When HMO, POS, PPO, and CMM Members receive services from a Magellan Provider, the Provider is responsible for obtaining any required Preapproval.

HMO/referred (in-network) POS Members

In order for HMO/referred (in-network) POS Members to receive in-network mental health and substance abuse benefits, they must use a Magellan HMO/referred (in-network) POS Provider. Members can select any participating Magellan HMO/referred (in-network) POS network Provider directly.

Almost all HMO/referred (in-network) POS inpatient, nonemergency admissions, Partial Hospitalization Programs/Intensive Outpatient Programs, and mental health and substance abuse services must be Preapproved. To Preapprove an admission or Partial Hospitalization Program/Intensive Outpatient Program, contact Magellan.

Preapproval is not required for in-network outpatient non-serious mental health visits or in-network outpatient treatment for drug dependency.

Claims submission

Mental health and substance abuse claims for HMO/referred (in-network) POS Members with Magellan as their behavioral health Provider must be submitted to:

Magellan Behavioral Health, Inc.
P.O. Box 1958
Maryland Heights, MO 63043-1958

For electronic claims submission, use Payer ID 01260.

PPO Members

In order for Members with PPO coverage to receive in-network mental health and substance abuse benefits, they must use the Magellan PPO Provider network.

Almost all inpatient and all in-network PPO Partial Hospitalization Programs/Intensive Outpatient Programs for mental health and substance abuse services must be Preapproved by calling Magellan.

Preapproval is not required for in-network outpatient non-serious mental health visits or in-network outpatient treatment for drug dependency.

Claims submission

Refer to the payer ID grids located at www.amerihealth.com/edi for the appropriate claims submission information for PPO Members.

CMM Members

Magellan also manages the mental health and substance abuse benefits for CMM Members. Almost all inpatient and Partial Hospitalization Programs/Intensive Outpatient Programs for mental health and substance abuse services must be Preapproved. To Preapprove an admission or Partial Hospitalization Program/Intensive Outpatient Program service, call Magellan at 1-800-809-9954.

Claims submission

Refer to the payer ID grids located at www.amerihealth.com/edi for the appropriate claims submission information for CMM Members.

Autism coverage

The diagnosis and treatment of autism spectrum disorders (ASD) is covered for eligible commercial Members. Before you provide care related to ASD, be sure to verify Member eligibility through the NaviNet® web portal or the Provider Automated System.

Covered Services include Medically Necessary occupational, physical, speech and psychological therapy, as described in a treatment plan, and behavioral interventions based on the principles of applied behavioral analysis (ABA), as described in a treatment plan. Eligible Members are also covered for related structured behavioral programs for the management of ASD.

Covered Services are subject to Medical Necessity review, the Copayment, Deductible, and Coinsurance provisions of the Member's benefits plan, and any applicable Referral or prescription requirements. Covered Services with a primary diagnosis of ASD are not subject to limits on the number of Provider visits. Treatment for ASD is not covered for Members in Pennsylvania or New Jersey when provided by or through a school or camp, whether or not as part of an individualized education program.

Refer to Medical Policy #07.03.07: Evaluation and Management of Autism Spectrum Disorders (ASD), which is available at www.amerithealth.com/medpolicy, for specific coverage information regarding the diagnosis and treatment of ASD. Note that our Medical Policy is consistent with applicable State mandates.