

Magellan Behavioral Health of Pennsylvania, Inc.*

COVID-19

Frequently Asked Questions (FAQ) for Providers (as of May 21, 2020)

*Please send future questions to
PACOV1D19@MagellanHealth.com



* Magellan Healthcare, Inc. f/k/a Magellan Behavioral Health, Inc.; Magellan Behavioral Health of Pennsylvania, Inc.; and their respective affiliates and subsidiaries are affiliates of Magellan Health, Inc. (collectively "Magellan").

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*Note: All references to "Telehealth" encompass all platforms listed in the Telehealth Guidelines.

SECTION 1: TELEHEALTH

NOTE: ALL REFERENCES TO "TELEHEALTH" ENCOMPASS ALL PLATFORMS LISTED IN THE TELEHEALTH GUIDELINES.

Can psychiatrists conduct medication management appointments via telephone?

Yes, guidance has been provided on telehealth provisions which can be found on Magellan's provider communications page [here](#).

Will providers be permitted to offer evaluations through platforms such as Zoom, Skype, and Facetime?

We encourage providers to use Telehealth and strongly suggest that they use a HIPAA-compliant telehealth platform (real-time, interactive audio and video). However, considering the COVID-19 crisis and member access issues, providers may use other non-public methods such as telephone, Skype or FaceTime in order to ensure the member gets the help they need. Please note that public-facing sites such as Facebook Live and Twitch should NEVER be used for Telehealth.

May providers conduct clinical reviews on their cell phones during this time?

Yes.

For providers who do not have telehealth capability, will visits by phone with physicians, CRNPs, and therapists be billable to Magellan?

Yes, in accordance with the rest of these guidelines and within the providers' scope of practice.

Can non-licensed, masters prepared therapists provide individual therapy services (eg. 90832, 90834) via telephone during this time?

Qualifications for providing services by telephone are unchanged at this time. Providers must continue to follow program specific requirements for who is qualified/eligible to render services.

Can Center of Excellence (COE) staff bill for telephone services provided to members?

OMHSAS recently confirmed that telephone services can be used in a COE. Providers should begin providing this service and submit an attestation to OMHSAS and also submit a copy to Magellan at CEDevine@MagellanHealth.com for feedback.

Will providers be permitted to complete intake paperwork via phone or telehealth?

Yes, providers are permitted to complete paperwork for intake via telehealth and phone.

Should a provider who is utilizing telehealth with county funded members use the “other” section to note which county funded services would be included?

Yes, the provider should include the specific county funded services they will be providing via telehealth.

Will the current limit for Peer services of 25% for phone services be adjusted?

Yes, the limit has been lifted.

Is telehealth an option for Peer Support services?

Yes, in accordance with the rest of these guidelines and within the providers’ scope of practice.

Will supervision for Peers be allowed to occur via phone or telehealth?

Yes.

Are providers permitted to use telehealth platforms such as Skype or Facetime?

We encourage providers to use Telehealth and strongly suggest that they use a HIPAA-compliant telehealth platform (real-time, interactive audio and video). However, considering the COVID-19 crisis and member access issues, providers may use other non-public methods such as telephone, Skype or FaceTime in order to ensure the member gets the help they need. Please note that public-facing sites such as Facebook Live and Twitch should NEVER be used for Telehealth.

Are telehealth services only to be used for members who are quarantined, self-quarantined, or self-isolated due to exposure, or are they permitted for all members at this time?

No, telehealth/phone services may expand beyond just those quarantined, self-quarantined, or self-isolated due to exposure.

How can Individual therapy and Outpatient Medication Check service providers begin providing phone and telehealth services?

Individual sessions and Outpatient Med Checks may be provided via Telehealth or phone. Providers should submit an Attestation to OMHSAS with copy to Magellan at CEDevine@MagellanHealth.com in accordance with the state's memo and begin providing immediately.

Does telehealth apply to inpatient substance abuse providers?

For 24-hour levels of care, members need to be physically present in order for providers to continue to bill. However, clinical services from doctors, therapists, and others can be provided via telehealth.

Are providers able to bill for text message conversations?

Not at this time. In accordance with agency policies and procedures, text messaging for appointment scheduling and reminders is allowable. Ongoing clinical support via text message remains unclear and requires further review by OMHSAS.

How should providers document and bill for phone sessions that are shorter than typical hour or half hour sessions due to the member's limited amount of cell phone minutes?

Providers should bill for the amount of time the service took place in accordance with your Magellan HealthChoices Reimbursement Schedule. Resources to support members in obtaining cell phones, data, and minutes are available [here](#).

Are providers permitted to continue offering services in the home?

Yes, in accordance with CDC guidelines.

Can telehealth services be used for psych rehab, Partial Hospital (PHP), Intensive Outpatient (IOP), and group therapy and how should providers proceed with providing these services via phone or telehealth?

Services that involve a group component (PHP, IOP, and Group sessions) may be provided immediately via Telehealth or phone. Providers should submit an Attestation to OMHSAS in accordance with the state's memo with a copy to Magellan at CEDevine@MagellanHealth.com.

Do providers need to wait for feedback from Magellan to initiate telehealth services?

No, providers can begin providing telehealth services immediately.

If a provider was previously approved for telehealth, do they still have to submit an attestation to OMHSAS?

If the provider was approved for telehealth but is now expanding beyond the services included in that original approval, the provider should submit an attestation to expand to new services (i.e. if you are currently contracted for Outpatient Telehealth but need to expand to IBHS).

As a group provider, do I need to submit attestations for all of our clinicians?

Group providers only need to complete one attestation for the group, not one per group clinician.

SECTION 2: IBHS

Can TSS workers transfer school hours to the home during school closures?

Yes, TSS workers are permitted to transfer school hours to the home environment. Magellan will not require updated evaluations or any documentation to approve this change in service location.

Does telehealth apply to TSS?

TSS can be provided via telehealth. Providers should submit an Attestation to OMHSAS in accordance with the state's [bulletin](#) released May 5, 2020. Once providers have received approval from OMHSAS please submit the approved TSS telehealth proposal to IBHS@magellanhealth.com.

Does telehealth apply to IBHS group services?

Group can be provided via telehealth. Providers should submit an Attestation to OMHSAS in accordance with the state's [bulletin](#) released May 5, 2020. Once providers have received approval from OMHSAS please submit the approved IBHS group telehealth proposal to IBHS@magellanhealth.com.

Will an increase in BSC/MT hours be permitted to provide support if TSS hours are not being delivered?

Additional hours for BSC/BSC-ASD/MT will be permitted during this crisis without submitting any paperwork to Magellan. Providers are instructed to use all authorized BSC/BSC-ASD/MT units for the authorization period rather than monthly prescriptions. Additional units can be requested through regular extension/additional unit request process which includes submission of the following:

- TAR – Please calculate the updated total # of units (if additional units are needed) for the entire authorization as well as entering the start/end dates from the initial start date to the newly requested last covered day.
- Letter of explanation stating the reason for the delay, need for additional time, as well as the additional units if needed and dates needed if approved.

Will providers be permitted to deliver IBHS services including supervision, parent training, BSC, BSC/MT via phone?

Yes.

Are extensions of current authorizations permitted if providers cannot see members for evaluations or written orders?

Yes, the extension request process would apply. Magellan asks that providers ensure attempts are made to try to complete written orders via telehealth or phone/video mechanisms.

How should IBHS providers complete assessments when no face to face contact is occurring with members?

Providers should complete the assessment via telehealth or phone and update as needed once face to face contact resumes.

Can the required direct observation for TSS, BSC, and MT be done via telehealth?

Yes.

Are providers required to do addendums to transfer TSS services from daycare settings to home/community?

All services can be transferred without a written order update or addendum.

When face-to-face services resume, can IBHS providers make up for hours lost due to COVID-19?

Services should be provided based on a member's clinical needs. Services delivered should not exceed the monthly prescription allotment.

SECTION 3: SIGNATURES AND SERVICE DELIVERY

Will Magellan require signatures on encounter forms for non-face-to-face services?

Magellan is not requiring encounter forms for non-face-to-face contact.

How should providers document consent to treatment during service provision by phone and telehealth?

Providers should document verbal consent given by members via phone or telehealth and follow up to obtain signatures once face to face contact resumes.

Will encounter form signatures be required for Peer services provided by phone?

No. The documentation should note that the service was provided by telehealth or phone.

If the member has a commercial insurance plan covering their telehealth services, will Magellan continue to cover copays?

Yes, this process will remain the same.

How should Halfway Houses handle a member needing to be quarantined?

Magellan recommends providers follow the CDC guidelines.

If we use an electronic signature acquired through DocuSign, can we use that as an official signature on the consent for telehealth or would we still need to get a signature when face-to-face services start up again?

Electronic signatures can be used as they are allowable under HIPAA. You would not be required to get another signature when face-to-face contact resumes.

If a member is having difficulty getting transportation to an appointment, who can they contact?

Members can find resources for transportation in their Magellan member handbook found [here](#). More information on the Medical Assistance Transportation Program can be found [here](#).

Should Center of Excellence (COE) care management services continue to follow the requirement for providing face-to-face services once per month in order to receive PMPM payment?

COE care management services do not need to be provided in person/face-to-face as long as the Governor's emergency disaster declaration remains in effect. Providers may provide case management services to COE clients through telemedicine and will still be paid the PMPM as if the encounter had taken place in person.

What happens if a provider has a lapse in licensing due to barriers related to COVID-19?

If a provider has a lapse in licensing due to the state suspending onsite licensing activities, it will not impact your Magellan credentialing or contracting status.

SECTION 4: BILLING AND AUTHORIZATIONS

Does Magellan plan to stop accepting mailed documents from providers for authorizations, contracting, or claims?

While Magellan continues to accept physical mail at this time, we are strongly encouraging providers to utilize secure e-mail and fax for correspondence.

Will there be a reimbursable code for medication checks or office outpatient visits provided via telehealth?

There are no changes to procedure code or modifier combination from your current contract. Refer to your agency's contract with Magellan and the telehealth memo for more information.

Will there be changes to how Value Based Purchasing (VBP) activities are handled?

As you know, all VBP models are based upon claims data (which is historical with a claims lag). Therefore, the upcoming value-based payments will not be impacted. Technical assistance activities, such as chart reviews and/or case conferences that would normally take place face to face will be cancelled until further notice for all programs except FBS, however clinical activities and interactions with your care manager regarding specific cases should continue. At this time, it is unclear how the current situation will impact metrics, scorecards, and the value-based model data going forward. It is most likely that we will eliminate the claims data set, metric calculations, and scorecard performance during the COVID-19 time period from our Value Based Models going forward.

When will VBP technical assistance activities, including chart reviews and case conferences, resume for FBS?

VBP technical assistance activities for FBS programs will resume with remote accommodations effective 5/1/2020.

Can providers mail in authorization requests if access to fax machines and/or scanners is unavailable?

Yes. Magellan asks that a provider who is mailing an authorization request informs their Care Manager that the request has been mailed and maintains ongoing contact with Care Managers to monitor this process.

Should providers use GT or 95 modifiers to bill for telehealth services?

If you are an outpatient clinic that is already contracted for Telehealth Services, continue to use contracted code combinations which includes a GT modifier. POS 02 should be used on claims for all rendered services through telehealth for dates of service April 1, 2020 and forward.

How should FQHC's who are not fee for service providers bill for telehealth?

FQHC's may bill for telehealth or phone services. They should submit an Attestation to OMHSAS and Magellan in accordance with the state's memo. Attestations can be sent to Magellan at CEDevine@MagellanHealth.com.

Should FQHC's use modifiers to bill for Telehealth?

There are no changes to procedure code or modifier combination from your current contract.

Will Magellan issue separate billing codes for services provided via telehealth or phone?

There are no changes to procedure code or modifier combination from your current contract. Documentation should reflect Telehealth in accordance with Magellan's Guidelines (<https://www.magellanofpa.com/media/5473/final-covid-19-telehealth-memo-april-2-2020.pdf>) to match the billing submissions.

What should providers list for the originating site address when billing for services provided telephonically from various locations including offices and homes?

Providers should use the site location for which they are contracted.

Has Magellan changed the process for Family Based Services (FBS) packet submission from faxing to another transmission process?

The preferred method to submit FBS packets to Magellan is the provider portal. If a provider does not have access to the portal and is unable to submit a packet via fax, the request can be emailed via secured email to PAHCRecordRequestsMBHofPA@magellanhealth.com.

What code(s) should be used for place of service (POS) when billing for telehealth services?

Magellan is requiring that all rendered services through Telehealth be represented with Place of Service 02 on your claim form for date of service April 1, 2020 and forward. You do not need to resubmit claims for Telehealth rendered services prior to April 1st. When a non-Telehealth Service is rendered, please use the appropriate Place of Service as previously submitted to Magellan.

Will providers be permitted to do past aggregate payment?

Not at this time.

Will there be modifications to administrative and billing barriers for members in need of emergency services?

Magellan is discussing this with OMHSAS.

Should providers obtain authorizations for specific members while transitioning their services to telehealth?

Effective May 20, 2020, to ensure that there are not any barriers to HealthChoices members accessing behavioral health treatment during the COVID-19 pandemic Magellan will be aligning the prior authorization and concurrent review process with the MA FFS Program. Currently, the following services require prior authorization or other utilization management reviews in the MA FFS program: Residential Treatment Facility for Children (both accredited and non-accredited); Therapeutic Staff Support Services; Behavioral Health Rehabilitation Services Program Exceptions; Intensive Behavioral Health Services; Behavioral Health Technician Services; Psychiatric Inpatient Services (concurrent and retrospective reviews only); and Drug and Alcohol ASAM Level 4 Services (concurrent and retrospective reviews). Please reference the [provider announcement](#) that was posted on Magellan's website.

If a member's primary insurance plan does not cover Telehealth, will Magellan cover it as the secondary payor?

Providers should submit to Magellan as they normally would in a situation where a member's primary insurance is not covering a service.

How should providers get authorizations for members whose primary insurance will not pay for telehealth services?

If a member's primary insurance plan EOB states telehealth is not a covered service, providers should bill Magellan Medicaid.

Should providers expect delays with the processing of telehealth billing?

Payments will be processed within required timeframes.

If a child is home from a Residential Treatment Facility (RTF) for more than 5 days/4 nights, must a new evaluation and authorization be obtained prior to the child returning to treatment?

No, a new evaluation and authorization is not required upon return to the RTF as long as the current authorization has not expired. Therapeutic leave beyond 5 days/ 4 nights remains non-billable.

Will there be changes to the 60-day timeline for submitting billing to Magellan?

OMHSAS is currently reviewing this requirement at the state level. Timelines for billing remain the same. Please reach out to Magellan directly for special consideration if needed.

Can providers submit the 1500 claim forms by email or fax?

If paper 1500 forms are being used, they still need to be sent to the applicable PO Box based on the member's county of eligibility.

With County Assistance Offices closed, how will Magellan handle members' Managed Medicaid enrollment since patients cannot visit the CAO and may not have Internet access?

Please refer to your specific county assistance office or to the PA Department of Human Services for more information. Information on how to apply for MA can be found [here](#) including how to apply via phone (call the Consumer Service Center for Health Care Coverage at 1-866-550-4355).

SECTION 5: DISCHARGES

Will there be changes to the 7-day post discharge follow up expectations?

Magellan is awaiting a federal waiver regarding 7-day follow up.

Will Magellan authorize additional time for members in rehab programs to allow for discharge planning?

Magellan is awaiting a federal waiver regarding authorizing additional time for discharge planning.

Will a child be considered discharged from a Residential Treatment Facility (RTF) if they spend more than 4 nights at home?

Providers are not permitted to bill for therapeutic leave beyond 5 days/4 nights in accordance with Magellan's policy, however it will be up to the RTF provider's discretion as to when they will consider the child discharged from the RTF.

If a member gives verbal consent during a telehealth session to be discharged from treatment prior to resuming face to face contact, how should providers obtain signatures on discharge paperwork?

Providers should document the member's verbal agreement with discharge plan in their records. No signature is required for Magellan.

What is the expectation of providers when members do not wish to receive services during this time?

Providers should document that the member has declined services.

How should providers handle members who are not declining services but are also not consistently engaging with services for long periods of time during this crisis?

Magellan recommends that providers use their best judgment and clearly communicate with members about their expectations for engagement with services. We are encouraging providers to have increased flexibility during the pandemic if members are not interested in utilizing telehealth. Magellan would also suggest that if services are not provided for 60 days or longer, a re-assessment (formal or informal) take place prior to resuming services to ensure prescriptions, treatment plans, and interventions are still clinically appropriate.

SECTION 6: MAGELLAN EMAIL ADDRESS QUICK REFERENCE

For inquiries about:	Send to:
<ul style="list-style-type: none">• QI• Clinical	PAHCRecordRequestsMBHPA@magellanhealth.com
<ul style="list-style-type: none">• FAQs• Financial Concerns	PACOV1D19@MagellanHealth.com
<ul style="list-style-type: none">• Provider closures• Service Delivery	MBHofPA@magellanhealth.com
<ul style="list-style-type: none">• Member Support	PACOV1D19membersupport@magellanhealth.com
<ul style="list-style-type: none">• Attestations	CEDevine@MagellanHealth.com