



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. There are limitations on payment for out-of-network providers who are 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: \_\_\_\_\_ Member's DOB: \_\_\_\_\_
Medical Assistance ID # (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 Fax #: \_\_\_\_\_
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.

Table with 4 columns: Service/PROC Code, Start Date, End Date, Units/Intensity. Rows include 24 Hour Levels of Care and MENTAL HEALTH Community Based Levels of Care.

Service/PROC Code	Start Date	End Date	Units/Intensity
<b>SUBSTANCE USE</b> Community Based Levels of Care – <i>Select a Maximum of Four (4) Services per Form</i>			

**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 180 days of the date services were provided.

**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 180 days after the service was performed. 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) 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.***

**The member's medical condition precluded the provider from identifying the member's eligibility with Magellan:** Magellan will perform a retrospective review when services are provided to a member and the member's medical condition precluded a provider from confirming eligibility and coverage with Magellan. The review will consider services performed through the date that eligibility was reasonably discovered. Magellan must receive the retrospective review request within 180 days after the service was performed.

- 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 180 days after the service was performed, or within 180 days of the primary insurer's final decision notice.

**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, please 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.