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Overview

Magellan Healthcare, Inc. (Magellan) is a managed care behavioral health care company contracted by AmeriHealth to manage the mental health and substance abuse (behavioral health) benefits for our Members with HMO, POS, PPO, EPO, and CMM coverage. Magellan develops, contracts with, and services its own network of behavioral health Providers. For a Member to receive the highest level of benefits, behavioral health services must be coordinated by Magellan behavioral health Providers.

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

Emergency admissions

Preapproval/Precertification 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 using the online Find a Doctor tool at www.amerihealthnj.com.

Preapproval/Precertification and continuing authorizations are not required for routine and medication management and outpatient professional office visits. However, Preapproval/Precertification is required for behavioral health inpatient services, Partial Hospitalization Programs, Intensive Outpatient Programs, and repetitive transcranial magnetic stimulation (rTMS).

Providers should verify benefits and eligibility through Practice Management (PM) on the Provider Engagement Analytics and Reporting (PEAR) portal.

AmeriHealth New Jersey Members with a National Access Rider must use Magellan's national network of Providers to receive in-network behavioral health benefits. MutiPlan's PHCS network should not be used for behavioral health services.

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

HMO/referred (in-network) POS Members

In order for HMO/referred (in-network) POS Members to receive in-network behavioral health 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.

All HMO/referred (in-network) POS inpatient, nonemergency admissions, Partial Hospitalization Programs, Intensive Outpatient Programs, and rTMS must be Preapproved/Precertified. To Preapprove/Precertify an admission or Partial Hospitalization Program, Intensive Outpatient Program, or rTMS, contact Magellan.

Preapproval/Precertification is *not* required for outpatient routine behavioral health visits or outpatient office treatment for substance abuse disorder.

PCP and Behavioral Health Provider communication

Our *Clinician Collaboration Form* gives Providers the opportunity to communicate vital information to behavioral health Providers. The form can be downloaded from our website at www.amerihealthnj.com/html/providers/provider_forms.html. The form can also be filled out electronically for medical record keeping and electronic transmission purposes.

The form can aid Providers in discussions with patients about behavioral health treatments and promote collaboration in care between primary care Providers and behavioral health Providers.

The form also enables Primary Care Physicians (PCP) to communicate relevant health information to the behavioral health Provider. Relevant health information includes medication use (to avoid contraindications), past and present medical conditions, allergies, relevant laboratory results, and contact information for the referring Physician.

Physicians must secure patient consent to forward personal information.

Claims submission

AmeriHealth is responsible for receiving and paying all claims from behavioral health Providers for AmeriHealth Members, including the claims for Members enrolled in HMO/POS benefit plans. Refer to the payer ID grids located at www.amerihealthnj.com/html/providers/claims_billing/edi.html for the appropriate claims submission information.

PPO/EPO Members

In order for Members with PPO or EPO coverage to receive in-network behavioral health benefits, they must use the Magellan PPO Provider network. Please note that Members with EPO coverage do not have out-of-network behavioral health benefits.

All inpatient and all Partial Hospitalization Programs, Intensive Outpatient Programs, and rTMS for behavioral health must be Preapproved/Precertified by calling Magellan.

Preapproval/Precertification is *not* required for outpatient routine behavioral health visits or outpatient office treatment for substance abuse disorder.

Claims submission

Refer to the payer ID grids located at www.amerihealthnj.com/html/providers/claims_billing/edi.html for the appropriate claims submission information for PPO and EPO Members.

CMM Members

Magellan also manages the behavioral health benefits for CMM Members. All inpatient and Partial Hospitalization Programs, Intensive Outpatient Programs, and rTMS for behavioral health must be Preapproved/Precertified. To Preapprove/Precertify an admission or Partial Hospitalization Program, Intensive Outpatient Program, or rTMS, contact Magellan.

Claims submission

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

Autism coverage

The diagnosis and treatment of autism spectrum disorders (ASD) are covered for eligible commercial Members. Before you provide care related to ASD, be sure to verify Member eligibility through PEAR PM.

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 New Jersey when provided by or through a school or camp, whether or not as part of an individualized education program.

Applied Behavioral Analysis

Methodologies to promote learning are believed to enhance verbal and non-verbal communication, improve developmentally appropriate self-care, teach social skills, and reduce maladaptive behaviors (e.g., harm to self or others). These methodologies are based on several model programs, including behavioral, structured teaching, and/or developmental programs.

As set forth in the medical policy for evaluation and management of ASD, coverage of ABA services is contingent on the following:

- A current (within 24 months), documented diagnosis of ASD consistent with the DSM-5 criteria, using validated assessment tools, has been made by a qualified licensed treating professional Provider including a Physician, physician assistant, psychologist, or certified registered nurse practitioner as is consistent with state licensing requirements.
- The qualified licensed treating professional Provider is other than the behavior analyst practitioner performing services related to ABA services.
- An individualized, documented treatment plan has been developed by a licensed professional Provider (e.g., MD/DO, licensed psychologist). ABA Treatments Plans must be Precertified/Preapproved by Magellan.
- ABA services must be provided by or under the supervision of the following professionals: a Board Certified Behavior Analyst-Doctoral (BCBA-D) or Board Certified Behavior Analyst (BCBA)-graduate-level certification in behavior analysis.

For specific coverage information regarding the diagnosis and treatment of ASD, review our medical policy at www.amerihealth.com/medpolicy. Note that our policy is consistent with applicable state mandates.

Tele-behavioral health services

In addition to our existing telemedicine services, tele-behavioral health services are available to AmeriHealth New Jersey Members. Tele-behavioral health services are defined by Magellan as delivering behavioral health services using interactive telecommunications when the Member and the behavioral health Provider are not in the same physical location. Telecommunications must be the combination of audio and live, interactive video.

This benefit is available to all Members enrolled in an AmeriHealth New Jersey health plan that offers behavioral health services through Magellan. Members can more easily access tele-behavioral health services for the same cost as an office visit.

For more information, visit the [telehealth toolkit](#) on the Magellan website, or contact Magellan Provider Services at 1-800-788-4005.

Tele-behavioral services are also available to AmeriHealth Members via MD Live, and independent company providing telemedicine services, including tele-behavioral health.

Accessing tele-behavioral health services

Members can locate licensed Magellan tele-behavioral health Providers using the *Find a Doctor* tool. Tele-behavioral health Providers have an indicator to identify themselves as tele-behavioral health Providers.

Members can activate their MD LIVE account by calling 1-888-976-7405 or log on to MDLIVE.com/amerihealthnj.

Providing tele-behavioral health services

Coverage for tele-behavioral health services may vary among plans. It is important for Providers to verify coverage prior to rendering tele-behavioral health services. Providers can check the Member's behavioral health coverage with the Eligibility & Benefits transaction on PEAR PM.

Important information for AmeriHealth New Jersey Providers

The Magellan tele-behavioral health services are in addition to the existing AmeriHealth New Jersey policy based on the State of New Jersey telemedicine law (P.L. 2017, c117) requiring insurance carriers to cover telemedicine services, which went into effect July 21, 2017.