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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 the majority of Pennsylvania Members. 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 provided by Magellan behavioral health Providers.

Magellan is available 24 hours a day, 7 days a week, at [1-800-809-9954](tel: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.amerihhealth.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.

Note: When HMO and POS 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, and 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. This form can be downloaded from our website at www.amerihhealth.com/providerforms. 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 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 Pennsylvania Members. Refer to the payer ID grids located at www.amerihhealth.com/edi for the appropriate claims submission information.

Autism coverage

The diagnosis and treatment of autism spectrum disorders (ASD) is covered for eligible AmeriHealth Pennsylvania Members enrolled in a 2+ fully insured commercial group product. Before you provide care related to ASD, be sure to verify Member eligibility through PEAR PM.

Coverage is provided for enrolled individuals under age 21* and requires coverage for the following:

- evaluations and tests needed to diagnose an autism disorder;
- Medically Necessary prescribed treatments such as applied behavioral analysis and rehabilitative care, blood level tests, psychiatric and psychological services, speech/language therapy, occupational therapy, physical therapy, and prescription drugs.

Services not covered under the Commonwealth of Pennsylvania autism mandate include benefits that are normally excluded from coverage under the Member's medical plan, including services that are not Medically Necessary.

Services for ASD must be Medically Necessary and must have a primary diagnosis of ASD. Depending on the service that is being requested, the Member, or a health care Provider on a Member's behalf, may be required to submit a treatment plan to AmeriHealth Pennsylvania once every six months for review and approval. Services for ASD will not be subject to any limits on the number of visits. However, services are subject to applicable Member cost-sharing, policy limits, maximums, exclusions, and Precertification and Referral requirements under the Member's benefits program. Medically necessary services for ASD in a school setting are only covered for Members enrolled in a 51+ fully insured group.

Self-funded employer groups may elect to cover the diagnosis and treatment of ASD.

**Coverage ends on the Member's 21st birthday.*

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 Applied Behavioral Analysis (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). Treatment plans for ABA are Preapproved/Precertified 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.
- Must be approved by Magellan.

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 Pennsylvania 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 Pennsylvania health plan that offers behavioral health services through Magellan.

For more information, visit the *telehealth toolkit* on the Magellan website, or contact Magellan Provider Services at 1-800-788-4005.

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

Accessing tele-behavioral health services

Members can locate licensed 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/amerihealthpa.

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. Members must have outpatient mental health benefits. Providers can check the Member's behavioral health coverage with the Eligibility & Benefits transaction on PEAR PM.