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Overview

Magellan Healthcare, Inc. (Magellan) is an independent managed care behavioral health care company contracted by Independence to manage the mental health and substance abuse (behavioral health) benefits for the majority of our Members with HMO, POS, PPO, EPO, Federal Employee Program (FEP), and Traditional (Indemnity) coverage. Magellan develops, contracts with, and services its own network of behavioral health Providers and facilities.

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 [1-800-688-1911](tel:1-800-688-1911).

Emergency admissions

Preapproval/Precertification (authorization) 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.ibx.com.

For FEP Members, enrollment is case management is required to receive treatment in a Residential Treatment Center setting.

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

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 through Practice Management (PM) on the Provider Engagement and Analytics Reporting (PEAR) portal.

HMO/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 inpatient admission or request for a Partial Hospitalization Program, Intensive Outpatient Program, or rTMS, please contact Magellan.

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

Claims submission

Independence has assumed responsibility for receiving and paying all claims from behavioral health Providers for Independence Members, including the claims for Members enrolled in

HMO/POS and CHIP benefit plans, which were previously received and paid by Magellan. Refer to the payer ID grids located at www.ibx.com/edi 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, 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.ibx.com/edi for the appropriate claims submission information for PPO/EPO Members.

FEP PPO Members

In order for Members with FEP PPO coverage to receive in-network behavioral health benefits, they must obtain Preapproval/Precertification for inpatient services. Members must use the Magellan PPO facility Provider network to receive in-network behavioral health benefits. Benefits vary based on FEP plan type. All inpatient services must be Preapproved/Precertified by calling Magellan.

Benefits and eligibility can be verified by contacting FEP Customer Service at 215-241-4400.

Claims submission

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

Traditional (Indemnity) Members

Magellan also manages the behavioral health benefits for Traditional Members. Members must use the IBC Traditional facility Provider network to receive in-network behavioral health benefits. All inpatient and Partial Hospitalization Programs, Intensive Outpatient Programs, and other facility based services must be Preapproved/Precertified. To Preapprove/Precertify an admission or Partial Hospitalization Program, Intensive Outpatient Program, or rTMS, call Magellan.

Claims submission

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

Autism coverage

The diagnosis and treatment of autism spectrum disorders (ASD) are covered for Independence Members enrolled in a 2+ fully insured commercial group product or the Children's Health Insurance Program (CHIP). 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 Magellan 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 Preapproval/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+ employer group.

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

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

Tele-behavioral health services

In addition to our existing telemedicine services for physical health, tele-behavioral health services are available to Independence Members through Magellan providers. Magellan defines tele-behavioral health care as behavioral health services delivered through 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 Independence health plan that offers behavioral health services through Magellan.

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

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

Providing tele-behavioral health services

Coverage for tele-behavioral health services may vary among plans. It is important for Magellan to verify coverage prior to rendering tele-behavioral health services. Members must have outpatient mental health benefits through their benefit plan with Independence Blue Cross/Keystone Health Plan East. Providers can check the Member's behavioral health coverage with the Eligibility & Benefits transaction on PEAR PM.