

IBHP Provider Handbook Supplement

Revision log – August 26, 2024

Date	Section	Previous Content	New Content
8/26/2024	Magellan’s IBHP Provider Network	<p>Licensed supervising practitioners may submit claims in their name for treatment services provided by non-credentialed practitioners within the group who are under the direct supervision of the licensed supervising practitioner as follows:</p> <p>Billing Codes/Modifiers/Requirements</p> <ul style="list-style-type: none"> • Paraprofessionals must have services billed under the supervising practitioner. <ul style="list-style-type: none"> ○ Providers bill the supervising NPI in Box 33. ○ No rendering NPI should be billed and rendering provider identified by name only. • Claims should be billed with modifier U1 or UD for appropriate paraprofessional pricing. <ul style="list-style-type: none"> ○ U1: Prescribers under supervision ○ UD: Master’s level provider operating under supervisory protocol 	<p>Licensed supervising practitioners may submit claims in their name for treatment services provided by non-credentialed practitioners within the group who are under the direct supervision of the licensed supervising practitioner as follows:</p> <p>Billing Codes/Modifiers/Requirements</p> <ul style="list-style-type: none"> • Paraprofessionals must have services billed under the supervising practitioner. <ul style="list-style-type: none"> ○ Providers submit the supervising provider’s full name in Box 33 and NPI in boxes 33a and 24J. ○ Providers submit the supervised provider’s full name in Box 19. • Claims should be billed with modifier U1 or UD for appropriate paraprofessional pricing. <ul style="list-style-type: none"> ○ U1: Prescribers under supervision ○ UD: Master’s-level provider operating under supervisory protocol
8/26/2024	Magellan’s IBHP Provider Network	<ul style="list-style-type: none"> • Ensure completed applications and committee decision does not exceed 30 calendar days from the receipt date of a complete application. 	<ul style="list-style-type: none"> • Magellan is committed to quickly processing credentialing for providers who submit a complete, accurate credentialing application. <ul style="list-style-type: none"> ○ Through Dec. 31, 2024, Magellan will complete the credentialing process within 30 calendar days of receipt of a complete application. ○ Magellan will notify providers of missing and required information within 30 calendar days of receipt of an incomplete application.

Date	Section	Previous Content	New Content				
8/26/2024	The Role of the Provider and Magellan	Before Services Begin: New content added.	Service Name	Medicaid Covered Service	Service Paid Through Other Funding	Medical Necessity Criteria	Prior Authorization or Notification of Admission
			Electroconvulsive Therapy	YES	YES	MCG	Prior Authorization
			Transcranial Magnetic Stimulation (TMS)	YES	YES	IBHP Supplemental MNC	Prior Authorization
			Early and Serious Mental Illness (ESMI)	Yes	YES	IBHP Supplemental MNC	NOA
8/26/2024	The Role of the Provider and Magellan	Member Access to Care: New content added	<ul style="list-style-type: none"> • Screen members for co-morbid physical health conditions, developmental disability/intellectual disability, SUD, and suicidal ideation; • In discharge planning, include collaboration with community-based providers or care managers to promote continuity of care and ensure appropriate services and supports are identified as early as possible and accessed appropriately after discharge. You should contact members and community-based providers through the most effective means (email, text, or phone call) within 72 hours after discharge. 				
8/26/2024	Provider Reimbursement	Claims Billing and Other Reminders: New content added	<p>Interim Outpatient Billing</p> <ul style="list-style-type: none"> • Providers who submit Bill Type 133 should provide the date when the member was first seen in the <i>admit date</i> field on the UB Claim form. When the admit date is left blank, and there is no history, Magellan’s system defaults to the service date. • Use Bill Type 133 to bill interim outpatient claims. • Submit Bill Type 132 first, then Bill Type 133, and then Bill Type 134. A claim will deny if Interim bill (Type 133) is submitted as the first claim on file in the member history. 				

Date	Section	Previous Content	New Content												
			<p data-bbox="1285 224 2047 394">Magellan requires (for organizational providers only) the following professional service modifier for each outpatient service claim line submitted, based on the license of the rendering provider, so that claims can be paid correctly on first submission:</p> <table border="1" data-bbox="1285 435 1921 716"> <thead> <tr> <th data-bbox="1291 440 1488 475">Modifier</th> <th data-bbox="1488 440 1915 475">License Level</th> </tr> </thead> <tbody> <tr> <td data-bbox="1291 475 1488 516">AF</td> <td data-bbox="1488 475 1915 516">Physician</td> </tr> <tr> <td data-bbox="1291 516 1488 557">HP</td> <td data-bbox="1488 516 1915 557">Medical Psychologist</td> </tr> <tr> <td data-bbox="1291 557 1488 597">AH</td> <td data-bbox="1488 557 1915 597">Psychologist</td> </tr> <tr> <td data-bbox="1291 597 1488 638">AJ</td> <td data-bbox="1488 597 1915 638">Master's Level</td> </tr> <tr> <td data-bbox="1291 638 1488 716">TD</td> <td data-bbox="1488 638 1915 716">Advanced Practice Registered Nurse/Physician's Assistant</td> </tr> </tbody> </table>	Modifier	License Level	AF	Physician	HP	Medical Psychologist	AH	Psychologist	AJ	Master's Level	TD	Advanced Practice Registered Nurse/Physician's Assistant
Modifier	License Level														
AF	Physician														
HP	Medical Psychologist														
AH	Psychologist														
AJ	Master's Level														
TD	Advanced Practice Registered Nurse/Physician's Assistant														