Magellan Healthcare of Idaho Provider Claims FAQ

Overview

The Magellan Healthcare of Idaho Claims FAQ is designed to help providers navigate the most common questions and issues related to claim submission, processing, and payment under the Idaho Behavioral Health Plan (IBHP). This guide consolidates essential information from multiple reference documents into one easy-to-access format, giving you clear answers and direct links to detailed resources. Understanding how to correctly submit and manage claims ensures faster payments, fewer denials, and greater compliance with IBHP requirements.

Question	Answer
What information must be included on a claim?	A claim must include: • Correct NPI (Type 1 for rendering + Type 2 for billing) • Tax ID • Correct CPT/HCPCS code and applicable modifier(s) • Client name, date of birth, and date of service • Service location and rendering provider **Reference:** 2026 Handbook for the National Provider Network (Section: Claims Filing Procedures)
How do I know which CPT codes and modifiers to use?	Use **Appendix C** to determine: • Which services are covered • Required documentation • Approved billing codes & modifiers **Reference:** IBHP Provider Handbook Supplement – Appendix C: Program Services
How much will I be paid for a service?	Rates are listed in the Rate Schedule based on discipline and modifier. If more than one provider type can bill the service, rates vary. **Reference:** IBHP Rates for Outpatient Providers
How do I submit claims to Magellan?	You can submit claims **electronically** or on **paper**. Electronic submission is recommended for faster processing. **Electronic Submission Options** (Preferred & Simplest)**:** 1. Through a **Preferred Clearinghouse** using Payer ID: **01260** 2. Via **Availity Essentials** (single claim entry) 3. EDI Batch Upload (requires setup) **Reference:** IBHP Claims Submission Reference Guide (How-to, payer IDs, clearinghouse list)

<table>
<tr><td>When should I submit a corrected claim?</td><td>Use a corrected claim when you need to fix something on the original claim (such as the CPT code, modifier, diagnosis, or billing provider).
Submit using the original Magellan claim number and Claim Frequency Code: 7</td></tr>
<tr><td>How do I check claim status?</td><td>You can check claim status through Availity Essentials.
Look for Status Indicators:<table><tr><th>Status</th><th>Meaning</th></tr><tr><td>Received</td><td>Claim has been accepted into processing</td></tr><tr><td>Pending</td><td>Additional review is occurring</td></tr><tr><td>Paid</td><td>Claim processed and paid</td></tr><tr><td>Denied</td><td>Claim processed but not payable</td></tr></table></td></tr>
<tr><td>How do I find a rejected claim in Availity?</td><td>You can find rejected claims in Availity using the following steps:
Magellan of Idaho Payer Space:
Go to the Claims & Payments tab
Under EDI Clearinghouse, click Send and Receive EDI Files
A new screen will appear, click “ReceiveFiles” in the Folders section to the left side of the screen</td></tr>
<tr><td>My claim was denied. How do I find out the reason?</td><td>Start with the denial code on the EOB. Examples below:<table><tr><th>Denial Code</th><th>Meaning</th><th>Action</th></tr><tr><td>E8</td><td>Eligibility mismatch</td><td>Re-verify eligibility for date of service in Availity</td></tr><tr><td>05</td><td>COB needed</td><td>Submit the primary payer’s EOB with your claim</td></tr><tr><td>C3</td><td>Duplicate claim</td><td>Do not resubmit — check claim ID & prior submission</td></tr><tr><td>K9</td><td>Invalid code/modifier combo</td><td>Check service code + modifier rules in Appendix C</td></tr></table>Reference: Claims Submission Reference Guide</td></tr>
<tr><td>If my claim was denied, what are my options?</td><td>If denied, the claimant is informed of the reasons for denial and any potential next steps. If a claim is denied, the claimant should call Magellan customer service.</td></tr>
<tr><td>How do I receive payments?</td><td>Magellan uses ECHO Health for EFT/ERA payments.
If you do not want Virtual Credit Card (VCC) payments, call ECHO to request EFT.</td></tr>
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Who do I contact for help with claims?		
	Issue Type	**Contact**
	Claim denial questions	**Magellan Provider Services:** 1-855-202-0983
	EDI / file transmission errors	Your **Clearinghouse / EHR vendor**
	Network status, contracting, address changes	**IdahoProvider@MagellanHealth.com**

Reference Material	Description
Claims Submission Reference Guide	This guide walks you through how to submit claims under the Idaho Behavioral Health Plan (IBHP) from clearinghouse setups and payer IDs to EDI batch file specs, and how to correct claim errors or appeal. A single misstep in how you submit (wrong payer ID, wrong frequency code, missing modifier) can result in denial or delayed payment; this guide is your map to avoiding those pitfalls.
Appendix C: IBHP Program Services	This appendix lists all the covered service types, eligibility criteria, code details (CPT/HCPCS), billing rules, and authorization requirements under the Idaho Behavioral Health Plan (IBHP). It tells you *what you can bill*, *how you must document*, and *which services require authorization*. If you do not follow what is in Appendix C, your claims may deny, you may be paid the wrong rate, or you may provide non-covered services.
IBHP Rates for Outpatient Providers	This document lists the approved reimbursement rates for outpatient services under the Idaho Behavioral Health Plan (IBHP), showing how much you will be paid based on the service, provider type, and billing modifier. Understanding the rate schedule helps you bill accurately, anticipate your payment, and avoid under-billing or claim delay due to simple rate misunderstanding.
IBHP Fee-For-Service Rates	This document provides the specific fee-for-service reimbursement rates applicable to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) under the Idaho Behavioral Health Plan (IBHP). If you provide care in an FQHC or RHC setting, this sheet shows exactly *how much you will be paid* for each service and modifier, which is essential for accurate billing and avoiding reimbursement surprises.
IBHP Provider Handbook Supplement	This handbook supplement is your go-to guide for how Magellan Healthcare of Idaho administers the Idaho Behavioral Health Plan (IBHP). It outlines what services are covered, how authorizations and claims must be handled, and what your responsibilities are for eligibility, documentation, and billing.

2026 Magellan National Provider Handbook	This handbook provides the overarching policy and operational framework for contracting, credentialing, servicing, and claims processes across the Magellan provider network. It contains key guidelines that affect your eligibility to bill, your contractual obligations, and base-claims procedures—so it ensures local processes align with the national standards.
2026 Organizational Provider Handbook Supplement	This handbook outlines the specific contracting, billing, and documentation policies applicable to facility-based providers (e.g., hospitals, residential treatment centers, ICFs) in the Magellan network. If you or your organization provide services in a facility setting, you will need to adhere to distinct rules around admissions, length of stay, multi-day authorizations, and facility rate structures—missing these can lead to major claim issues or reimbursement gaps.
Appendix A: YES System of Care	This appendix describes how the Youth Empowerment Services (YES) System of Care operates within the Idaho Behavioral Health Plan (IBHP), including key eligibility criteria, roles of child- and family-teams, and how behavioral health services for youth under age 18 align with the YES model. If you serve children or youth in Idaho, understanding YES ensures you bill correctly, adhere to coordinated care requirements, and avoid claim or authorization issues linked to the YES population.
Appendix D: Indian Health Care Providers	This appendix outlines how the Magellan Healthcare of Idaho IBHP network engages with Indian Health Service (IHS) entities, tribal health providers and urban Indian health organizations (I/T/Us) in Idaho—including contracting, authorizations, claims & payments, site-visits, and cultural-competency expectations. If you deliver services to American Indian/Alaska Native (AI/AN) members or work with tribal providers, this document shows how claims, eligibility and authorizations differ for IHCPs—so you can bill correctly, avoid network confusion or denial, and honor tribal-specific protections.