Provider Notice

From: Magellan Healthcare

Subject: Requesting a retrospective review for unplanned treatment circumstances

What is a retrospective review?

A retrospective review is an evaluation of the medical necessity of treatment services after the treatment has been rendered without preauthorization. Providers may request a retrospective review when certain clinical circumstances prevented their ability to obtain a required preservice review and prior authorization, and they have not yet filed a claim. These circumstances include the following:

1. Emergency services
2. Member's medical condition precludes provider's ability to identify a member's eligibility
3. Idaho Behavioral Health Plan eligibility is retroactively initiated, including retroactive Medicaid eligibility
4. Service was not covered by the member's primary insurer

Requesting a retrospective review

To request a retrospective review, please submit the following (as applicable) to Magellan:

- Magellan Retrospective Review Request Form
  - Member name
  - Identification number
  - Date of birth
  - Address
  - Service type
  - Dates of service (start date and end date) and number of units
- Sufficient clinical information to establish medical necessity for the services provided
- Evidence of retroactive eligibility
- Explanation of Benefit (EOB) form or final decision letter that demonstrates services are not covered by primary insurance

Submission of a retrospective review

Submit requests for retrospective reviews via fax to 1-888-656-2586, Attention: **Retrospective Review**.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.