



Magellan Behavioral Health of Idaho Retrospective Review Form

A retrospective review is an evaluation of the medical necessity of treatment services after the treatment has been rendered without preauthorization. **There are limitations on payment for out-of-network providers who are not enrolled in the Idaho Behavioral Health Plan (IBHP).**

Fax the completed form, and additional documentation noted at the bottom of this form, to the attention of *Retrospective Review* at 888-656-2586. **The entire form must be completed in full to be considered. Incomplete forms will not be processed.**

Member's Name: _____ Member's DOB: _____

Medical ID# or Magellan ID #: _____

Date of Submission: _____

Provider Name: _____

Provider MIS#: _____

If Out-of-Network: NPI #: _____

Tax ID #: _____

Address for Service Provision: _____

Contact Person: _____

Contact Person's Phone #: _____ Contact Person's Fax #: _____

Contact Person's Email Address: _____

Contact Person's Mailing Address: _____

In the fields below, enter the level of care requested, the start and end dates, including CPT code as appropriate. *Please one category of service requests should be represented on a single form.* (i.e. A form for Community Based MH Services may request four different PROC codes, but do not include requests for 24-Hour Levels of Care and Community Based services on the same form.)

NOTE: Date of discharge for inpatient/residential levels of care are not covered.

Service/PROC Code	Start Date	End Date	Units/Intensity
24 Hour Levels of Care – Select One (1) Service per Form			
MENTAL HEALTH Community Based Levels of Care – Select a Maximum of Four (4) Services per Form			

Service/PROC Code	Start Date	End Date	Units/Intensity
SUBSTANCE USE Community Based Levels of Care – <i>Select a Maximum of Four (4) Services per Form</i>			

Retrospective Review Criteria:

Please check the applicable criteria under which you are submitting this retrospective payment request and ensure your request meets the timeframes outlined. Read the following section thoroughly. If you have a situation that does not fit within these criteria, the request is not eligible for retrospective review.

Magellan will not consider network providers' retrospective review requests that are submitted outside of the timeframes listed below.

☐ **Emergency Services:** Magellan performs retrospective reviews of emergency services performed without preauthorization. The review considers services performed from the time of the emergency until the member is in a safe setting. For services provided in an emergency situation, Magellan must receive a request for retrospective review within 180 days of the date services were provided.

☐ **IBHP's Eligibility is Retroactively Initiated*:** Magellan will perform a retrospective review when services are provided to a member whose eligibility is retroactively approved. Magellan will review services from the date of eligibility through the date that eligibility was initiated or reinstated. For retrospective review requests due to a member's retroactive enrollment in IBHP, Magellan must receive the retrospective review request within 180 days after the service was performed or within 180 days of being notified eligibility was reinstated. Magellan will assess the services provided from the date that the member became eligible with IBHP up until the date that eligibility was established or reasonably discovered.

****Provide evidence that IBHP's eligibility was checked via either Partner Data Access Portal (PDAP), Magellan's provider portal, or other system verification (e.g., eligibility printouts created during the period in which services were provided).***

Printouts created after the period for which coverage is requested are not evidence of retroactive enrollment and will not be considered.

☐ **The member's medical condition precluded the provider from identifying the member's eligibility with Magellan:** Magellan will perform a retrospective review when services are provided to a member and the member's medical condition precluded a provider from confirming eligibility and coverage with Magellan. The review will consider services performed through the date that eligibility was reasonably discovered. Magellan must receive the retrospective review request within 180 days after the service was performed.

☐

Service was not Covered by the Member's Primary Insurer:** Magellan will assess the services provided for any dates of service for which the member's primary insurer was believed responsible for coverage. For requests for retrospective review based on the service not being covered by the member's primary insurer, Magellan must receive the retrospective review request within 180 days after the service was performed, or within 180 days of the primary insurer's final decision notice.

**** Include a copy of the Explanation of Benefit (EOB) form or final decision letter that demonstrates that the treatment rendered was not covered by the primary insurer.**

Documentation to Submit:

The following documentation must be submitted along with this form to support the treatment request, when applicable. Only information relevant to this request should be included such as:

- Social Worker Notes for each day of Hospitalization Request
- Physician/Nurse Notes
- Formal Evaluation
- Discharge Summary
- ASAM Summary for Admission and Discharge to each Level of Care

Summary of Care/Course of Treatment:

In the box below, please provide a brief clinical narrative to summarize this request. Do not include information previously included in the above noted documentation. Additional/duplicative information will delay Magellan's response.