Provider Notice

From: Magellan Healthcare
Subject: Upcoming changes to Wraparound billing and encounter reporting

Overview

Magellan is implementing updates to Wraparound billing and encounter reporting to establish a consistent framework for service tracking and improve visibility into daily service delivery. This approach aligns billing practices with clinical expectations while maintaining the overall Wraparound program structure. **These updates are effective Sept. 1, 2026**.

What providers should know

This update introduces daily encounter billing with modifier-based service differentiation.

Daily billing

- Providers may bill one encounter per day using H2022 (1 unit = 1 day) for each day a member is actively enrolled in the Wraparound program.
- Billing is allowed for each day of enrollment, regardless of whether a service was delivered.

Modifier requirements

Use modifiers to distinguish the type of service activity:

- **U2** – Service delivered on that day (H2022 + U2)
- **U3** – Service delivered with a Child and Family Team (CFT) meeting (H2022 + U3)

If no service is delivered on a given day, providers should bill H2022 without a modifier.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.