

Continue



Magellan behavioral health provider phone number

Magellan Health Plan Contacts and Information Plan-specific contacts include: - AmeriHealth NJ: 1-888-656-4925 - BCBSTX Medicaid: 1-888-656-0266 - Blue Shield of California (BSC): BSCABAResquest@MagellanHealth.com When sending records via email, ensure your message is encrypted. Dell Children's Health Plan: 1-888-656-0266 Health Plan of San Mateo (HPSM): 1-888-656-3847 Independence Blue Cross (IBC): 1-888-656-4925 Presbyterian Health Plan (PHP) Commercial: 1-888-656-4942 Superior Texas Medicaid: 1-888-656-0368 Employer Plans include: - Lowe's: 1-888-656-4219 - Michelin North America: 1-888-656-4219 - State of Illinois: 1-888-656-4219 - Yale Health Plan: 1-888-656-4219 - HonorHealth: 1-888-656-4219 - Family Medical Care Plan: 1-888-656-4219 Pre-Authorization is typically required for facility and non-routine outpatient services, such as: - Transcranial magnetic stimulation - Psychological testing - Residential treatment - Partial hospitalization - Intensive outpatient therapy If you are unsure about authorization requirements, check your member's eligibility or contact Magellan via phone. Once your submission is complete, a printer-friendly copy will be available. If you notice an error on the form after submitting it online, you can contact Magellan Associate by calling the number on your member's benefit identification card. However, avoid re-submitting the online request as this may cause delays in payment. You cannot edit EASI Form once submitted, but you can make changes before submission. Here are some key points to keep in mind: - All attendees who were present during a session must be included in the entry. - Time Seen is the total minutes spent with clients during sessions noted on the Session Date field. - Start Time of an appointment refers to its initial start time and should be entered using the 24-hour clock. Note: EASI Forms for no-show appointments must be submitted on paper, and you will not receive payment for these visits. Here's the rewritten text with increased burstiness: Magellan Behavioral Health Systems, LLC - your go-to partner for managing claims. With multiple health plans under their belt, they've got you covered for both commercial and Medicare needs. From Delaware to Pennsylvania, and all the way to Oregon, Magellan has partnered with top-notch healthcare providers to deliver comprehensive coverage. But what if you're not satisfied with a particular decision? Don't worry! As a provider, you have the right to file an appeal within 60 days of receiving a notice. Simply write to their appeals department at PO Box 1718 in Maryland Heights, MO 63043. If your appeal is denied, don't give up hope - you can request an external review by submitting a written request to the Department of Insurance in Springfield, IL. Customer Service Number: 1-888-363-8966 / TTY 1-800-424-0298 Claims Address: Magellan Behavioral Health Systems, LLC PO Box 1959 Maryland Heights, MO 63043 Don't miss out on this opportunity to have your concerns heard! File that appeal and get the support you need. To appeal a Medicare Advantage plan's denial of payment, you must submit a request for reconsideration within 60 days of receiving the remittance advice. This request must be in writing and include a signed waiver of liability statement, which can be found at www.magellanprovider.com/waiverofliability. You should also provide documentation such as the original claim, remittance notification, and any relevant clinical records. Contracted providers can appeal to Magellan Health Services, Attention: Appeals, P.O. Box 1718, Maryland Heights, MO 63043, while non-contracted providers can appeal to Blue Cross Medicare Advantage Appeals & Grievances, P.O. Box 4288, Scranton, PA 18505. The appeal should be submitted in writing and include all necessary documentation to support the provider's disagreement with the reimbursement decision. Here is the rewritten text: If you disagree with our reimbursement decision, you may file an appeal (request for reconsideration) in writing. To do so, please submit your written request to Blue Cross Medicare Advantage Appeals & Grievances at P.O. Box 4288 Scranton, PA 18505 or fax it to 1-855-674-9185. You can also contact Customer Service at 1-888-291-2555 for more information. If this plan is a Medicare plan, Medicaid plan, other government-sponsored program, or church-sponsored program, the appeal process below does not apply to this claim. For BCBSTX members, please refer to provider appeals guidelines below. We have reviewed your claim and thoroughly considered the supporting documentation. If you would like to discuss this claim determination or have questions about the member's benefit plan, including deductibles, co-insurance, or copayments, please contact Magellan at 1-888-291-2555. To initiate an appeal, submit a written request within the deadline identified below: * Claim dispute: 180 calendar days from the check date or "Run Date" on the Explanation of Payment/Explanation of Benefits * Overpayment disputes: 45 calendar days from receipt of the written request for refund * Audited payment disputes: 30 calendar days from receipt of the written request for refund Your written request should include the member's name, group name (e.g., employer), member identification number, and any other identifying information. Please also attach a copy of the relevant Explanation of Benefits/Explanation of Payment and/or other correspondence from Magellan, as well as any additional documentation you would like us to review. Address your written request to: Magellan Health Services Claims Appeals at P.O. Box 1718 Maryland Heights, MO 63043. Texas law requires that an HMO may not impose copayment charges that exceed fifty percent of the total cost of providing a single service to its enrollees. Your copayment may be reduced to ensure compliance with this regulation. If your copayment taken on this claim is less than you paid your provider, please contact your provider regarding a possible refund. If you are a non-participating provider with Magellan and you disagree with the payment amount, you may be eligible to request mediation or arbitration for claims involving Blue Advantage HMO, Blue Advantage Plus HMO, as well as MyBlue Health fully insured members. To learn more and submit a request, go to www.tdi.texas.gov. After submitting a complete request, notify Magellan at ceprivacyoffice@magellanhealth.com. For any questions or concerns, please contact Customer Service at 1-800-327-7390 or submit your written request to: Magellan Behavioral Health Systems, LLC., P.O. Box 2154 Maryland Heights, MO 63043. When submitting a reconsideration request, the time frame for action begins when the signed Waiver of Liability form and requested documentation are received. If these documents are not received within the appeal deadline, the case will be dismissed. You can submit your dispute by mail to Magellan Appeals at P.O. Box 17,18 Maryland Heights, MO 63043 or fax it to (1-888-656-5712). Phone number for non-contracted providers is 1-800-805-9550. For contracted providers, disputes must be submitted within 60 days of the date on this notice. Non-contracted providers can dispute an initial payment determination within 120 calendar days from the initial payment. You can file a written request for reconsideration to P.O. Box 45,55 Scranton, PA 18505 or fax it to (1-855-895-4747). Please provide the appeal request on company letterhead, along with a copy of the original claim form, remittance notification showing denial, and any supporting clinical records and documentation. A signed Waiver of Liability is also required, promising to hold the member harmless regardless of the outcome. If you have any questions regarding these forms, please contact our customer service department at (1-877-774-3592). The time frame for acting on a reconsideration request begins when the properly signed Waiver of Liability form and other requested documentation are received. If the signed Waiver of Liability or documentation is not received by the appeal deadline, the case will be dismissed. You have the right to request an Independent Review Entity (IRE) review of the dismissal to Maximus Federal Services. Instructions for sending dismissals to Maximus Federal Services can be found in the Notice of Dismissal of Appeal Request. Customer Service Number: 1-800-327-9251 Claims Address: BCBS Texas Medicare DSNP Magellan Healthcare P.O. Box 1289 Maryland Heights, MO 63043 Appeals: Contact Magellan Appeals at P.O. Box 17,18 Maryland Heights, MO 63043 or (1-888-656-5712) for more information on dispute submissions and timelines. # Of California Members of Blue Shield MHSA plans. You have the right to appeal or request reconsideration of a claim, seek resolution of a billing determination, contest an overpayment, or address contract disputes within 365 days of receiving this statement. To learn more about provider disputes and appeals, visit www.magellanhealth.com/provider or www.magellanprovider.com, then click on "News & Publications", "Handbooks", "State-, Plan-, and EAP-specific Supplements", "California", and "Appendices - Claims Settlement Practices and Dispute Resolution". If you suspect fraud or abuse, contact the California Fraud Hotline at 1-800-424-6074. Claims and Appeals Information for Providers Human Affairs International of California P O Box 710400 San Diego, CA 92171 Contracted providers participating in Medicare Advantage plans must follow specific appeals procedures. Non-contracted providers can file a request for reconsideration within 60 days after receiving the remittance advice. Appeals and Requests: - File written appeals with the following department within 60 calendar days of receipt: Blue Shield of California Medicare Appeals and Grievances Department (P.O. Box 272620 Chico, CA 95927-2640) - Include documentation such as claim details, remittance notifications, clinical records, and supporting evidence for reimbursement. Magellan Healthcare Inc. PO Box 1749 Maryland Heights, MO 63043 Nevada: Connect Nevada: Strengthening Youth, Empowering Families (P.O. Box 34028, Reno, NV 89533) Fax: 1-888-656-5426 Magellan Behavioral Health Systems, LLC, PO Box 1325 Maryland Heights, MO 63043 Phone Numbers: Blue Shield of California Medicare Appeals and Grievances Department - 1-833-396-4310 Customer Service Number: 1-800-424-1764 You have the right to appeal an adverse determination regarding coverage under this plan within 120 days of receiving this document. To do so, contact Magellan Behavioral Health Systems at PO Box 1325 Maryland Heights, MO 63043. If you're a contracted provider participating in a Medicare Advantage network, you can file a claim dispute by writing to Magellan Healthcare at PO Box 1718 Maryland Heights, MO 63043. Non-contracted providers may request a reconsideration of a denied claim within 60 days and must submit it in writing with documentation supporting their disagreement about reimbursement. This should be mailed to Devoted Health Inc. at PO Box 21327 Eagan, MN 55121 for HMO D-SNP plans or the same address for all other plans. To dispute a denied claim, submit your request in writing and include relevant documentation like the original claim, remittance notification, and supporting clinical records. You can file your appeal with Magellan HealthCare at PO BOX 1718 Maryland Heights, MO 63043 or Jefferson Health Plans at 1101 Market Street, Suite 3000 Philadelphia, PA 19107. For non-contracted providers, you can request reconsideration of a denied claim by submitting your request in writing and including the required documentation. This should be done within 60 days of the remittance advice, and a signed waiver of liability (WOL) statement is necessary. You can file your appeal with Jefferson Health Plans at the same address as above. Contracted INN providers participating in Medicare Advantage plans do not have independent appeal rights. Instead, you can submit a request for review of a denied claim to Magellan HealthCare and include the required documentation. You may also need to provide a signed WOL statement, which is available on www.magellanprovider.com/waiverofliability. Contact information: Customer Service Number: 1-800-424-3706 / TDD 1-800-424-3703; Claims Address: Magellan Behavioral Health Systems, LLC, P.O. Box 1869 Maryland Heights, MO 63043. Claims Address: Magellan Behavioral Health Systems, LLC, P.O. Box 1869 Maryland Heights, MO 63043 Appeals within 30 days: As a member, you can request a review of an adverse decision regarding coverage for this plan. Contact: Attn: Appeals Dept Magellan P.O. Box 1718 Maryland Heights, MO 63043 1-800-424-4134 Claims Address: Magellan Healthcare, Inc. P.O. Box 710520 San Diego, CA 92171 Appeals for California Members: Acting on your own behalf, you can appeal or request reconsideration of a claim. Contact: Magellan P.O. Box 2128 Maryland Heights, MO 63043 800-424-1602 www.magellanhealth.com/provider Claims Address: Magellan Behavioral Health Systems, LLC. P.O. Box 1286 Maryland Heights, MO 63043 Appeals for Medicaid Providers: Submit requests within 30 days of the notice date. Contact: Magellan Health Services of Louisiana P.O. Box 83680 Baton Rouge, LA 70884 800-537-5221 You have 180 days from receiving this document to plan and file an appeal. To do so, write to the Appeals Department at P.O. Box 2128, Maryland Heights, MO 63043, with a fax number of 888-656-3820. Your request should include your group name (e.g., employer), patient's name, identification number, and other identifying information, as well as a clear statement of the issue and comments you'd like to have considered. Appeal rights also allow for submitting additional records or information that might change our determination. You can send a written statement and/or present evidence and testimony related to your claim and how you believe it should be covered under your patient's plan. The appeal process with Magellan typically takes no more than 30 days from when your request is received. If Magellan denies your first-level appeal, you may file a second-level appeal to the FMCP Board of Trustees within 60 days. Send this request to the FMCP Board of Trustees at 2400 Research Boulevard, Suite 500, Rockville, MD 20850. You'll also need to include any additional information that might support your claim. For certain types of claims, you may have the right to an external review by an independent review organization (IRO) after completing all appeals with Magellan and the FMCP Board of Trustees. To request this external review, submit your application to the FMCP's Benefit Office Department within four months of receiving the Trustees' final appeal decision on your claim. Contact the Benefit Office at 1-877-937-9602 for more information on your rights to an external review by an IRO. If you're still unsatisfied after completing this review process, you have a right to bring a civil action under ERISA Section 502(a). For questions or more information on claims and appeals procedures, contact Magellan at 1-800-424-1602. Identification number and related documents needed for appeal include date of service, reasons for reversal, and supporting medical records. For behavioral health denials or Medicare Advantage requests, send to PHP at P.O. Box 46160 in Los Angeles, CA with a phone number of 800-263-0067 and a claims address in Maryland Heights, MO. Contracted INN providers for Medicare Advantage plans do not have independent appeal rights, but may request reconsideration within 365 days including original claim remittance notification, clinical records, and documentation supporting reimbursement disagreement. Non-contracted providers can submit requests for reconsideration of Medicare Advantage plan denials within 60 days with a signed waiver of liability statement found at www.magellanprovider.com/waiverofliability. Send the request to PHP at P.O. Box 46160 in Los Angeles, CA with a fax number of (888) 235-8552 and a customer service number of 800-480-4464. Given article text here Or Fax: (888) 235-8552 Non-contracted providers, pursuant to the Centers for Medicare and Medicaid Services (CMS) regulations governing the Medicare Advantage program, may request a reconsideration of a Medicare Advantage plan denial of payment. Requests for reconsideration of a denied claim must be submitted within 60 days of the date of this remittance advice and a signed waiver of liability statement is required by CMS. The form can be found at: www.magellanprovider.com/waiverofliability The request for reconsideration of a denied claim must be submitted in writing and should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's disagreement about reimbursement. You may file an appeal (request for reconsideration) in writing to: PHP P.O. Box 46160 6225 W. Sunset Blvd., 19th Floor Los Angeles, CA 90046 Or Fax: (888) 235-8552 Customer Service Number: 1-505-923-5200 or TDD 1-888-977-2333 Claims Address: Presbyterian Health Plan P.O. Box 25926 Albuquerque, NM 87125 Appeals: Medicaid providers must submit requests for appeal within 90 days of the date of this notice. Appeals and requests for reconsideration of a denial determination must be submitted in writing to the address identified below and include at a minimum: a summary of the appeal or reconsideration request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and/or applicable medical records to support appropriateness of the service rendered. Appeals of behavioral health denials, appeals for requests for reconsideration for medical necessity or authorizations issues, and all other claim inquiries should be sent to: Presbyterian Health Plan Attn: Appeals Coordinator P.O. Box 27489 Albuquerque, NM 87199-7489 Customer Service Number: 1-505-923-5678 or 1-800-356-2219 TDD 1-877-298-7407 Claims Address: Presbyterian Health Plan P.O. Box 2216 Maryland Heights, MO 63043 Appeals: As the provider acting on behalf of the member and with his/her consent, you have the right to request a review of any adverse determination regarding coverage under this plan within 180 days of receipt of this document. You may file an appeal by writing to: Presbyterian Health Plan (ATTN: Appeals Coordinator) P.O. Box 27489 Albuquerque, NM 87125-7489 1-505-923-5678 or toll-free 1-800-356-2219 Customer Service Number: 1-505-923-5678 or 1-800-356-2219 TDD 1-877-298-7407 Claims Address: Presbyterian Health Plan P.O. Box 2216 Maryland Heights, MO 63043 Given article text here The statement of (WOL) is required by CMS and can be found at www.magellanprovider.com/waiverofliability. To request reconsideration of a denied claim, providers must submit a written appeal with documentation such as the original claim, remittance notification, and clinical records to support their disagreement about reimbursement. Medicaid/Qualified Medicare Beneficiaries should review their records for wrongfully collected deductibles, coinsurance, or copayments, which may be billed to subsequent payors. Customer Service Number: 866-512-6190. Claims Address: Human Affairs International of CA, Inc Sharp Health Plan P.O. Box 710430 San Diego, CA 92171 Member appeal rights are described on the back of the Member's Explanation of Benefits. California Members of SHARP MHSA plans have the right to appeal or request reconsideration of a claim within 365 days of the statement date. For more information, visit www.magellanhealth.com/provider or www.magellanprovider.com and click on "News & Publications", then "Handbooks", then "State-, Plan-, and EAP-specific Supplements", then "California", and finally "Appendices - Claims Settlement Practices and Dispute Resolution". If fraud or abuse is suspected, call the toll-free California Fraud Hotline at 1-800-424-6074. Within 60 calendar days of receiving this payment explanation, you can request a review of any adverse determination regarding coverage under this plan. If you're an Out-of-Network Provider, you have the right to ask for a review within 90 days, sending your request to Magellan Healthcare at P.O. Box 2128, Maryland Heights, MO 63043, faxing it to 1-888-656-3820, or phoning 1-800-201-3957. Additionally, you can dispute any provider claim issue within 60 calendar days by contacting Magellan Behavioral Health Systems, LLC at P.O. Box 1568, Maryland Heights, MO 63043. If you're an Out-of-Network Provider, you have the right to request a review of any adverse determination regarding coverage under this plan within 180 days, sending your request to Magellan Appeals at the same address. Customer Service is available at 800-327-9240 (voice) or 800-456-4006 (TDD).

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