Provider Notice

From: Magellan Healthcare
Subject: Get paid - review these tips to ensure proper claims submission

Attention: Ensure initial and timely filing of claims are submitted properly

Overview

This is a reminder about the timely filing of initial claims and the proper submission of corrected claims to Magellan. Initial claims must be submitted within the required timelines to ensure payment. Corrected claims are used to replace previously submitted claims that need updates to coding, billed charges, or other details.

Important
Please do not submit duplicate claims without changes as "corrected claims" to dispute a denial or underpayment. Instead:

- Call customer service at 1-855-202-0983 (TTY 711), or
- Submit an electronic dispute via Magellan's Authorization System, accessed by providers via Availity Essentials.

Timely claims filing requirements

Providers must also follow the timely filing requirements outlined in the Idaho Behavioral Health Plan Provider Handbook Supplement, Section 5: Claims Submissions. Timelines are as follows:

- **Medicaid services**
  - Initial submission: within 180 days from the date of service
  - Corrected claim submission: within 60 days from the date of service
- **Non-Medicaid services**
  - Initial submission: within 60 days from the date of service
  - Corrected claim submission: within 60 days from the date of service

Submitting corrected claims

For 837 electronic data interchange (EDI) submissions:

- Loop 2300 frequency code: Use code 7 in the claim (CLM)-03 segment

- Loop 2300 original claim number: Include Magellan's original claim number, the internal control number (ICN) in the reference (REF)-F8 segment
- Loop 2300 note segment: Indicate the reason for resubmission

For CMS-1500 paper claims:

- Box 22 resubmission code: Enter frequency code 7
- Box 22 original reference number: Include Magellan's original claim number (ICN)
- Box 19: Provide the reason for resubmission

For CMS-1450 (UB) paper claims:

- Box 4 type of bill: Use 7 as the last digit of the bill type
- Box 64 document control number: Include Magellan's original claim number (ICN)
- Box 80 remarks: State the reason for resubmission

Submit corrected claims using your standard claim submission method.

Partial claim corrections

If only part of a claim needs correction, the entire claim must be resubmitted.

Example: If a claim has three lines and a modifier needs to be added to line 3, resubmit all three lines with the correction included.

Resubmissions with primary carrier EOBs

If the original claim was denied due to a missing primary carrier explanation of benefits (EOB):

- Submit a corrected claim with the EOB attached
- EOBs can be submitted electronically via Availity Essentials or your clearinghouse (must include all coordination of benefits [COB] information)
- Ensure payment amounts, claim/line-level remark codes, reason codes, and amounts are provided
- Alternatively, EOBs and corrected claims may be mailed

Corrected claims and medical record requests

- **Special Investigations Unit (SIU) prepayment review:** Do not resubmit as corrected claims. These claims follow the SIU review process and will be adjudicated after requested records are received.
- **Payment integrity review:** These claims may be resubmitted as corrected claims once necessary adjustments are made.

Why this matters

Following these guidelines ensures timely and accurate claims processing. Thank you for your attention to these procedures and for your collaboration with Magellan.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.