

## **General Provider Communication**

*Maricopa County Regional Behavioral Health Authority  
Magellan Health Services of Arizona, Inc.*

Dear provider,

Providers billing under the PNO TIN #s can now view claims on the Magellan Provider Web site.

Magellan is accepting total claim reversal requests via spreadsheet submission. Providers who need to have a claim entirely reversed because it was sent to Magellan in error can submit those claims on a spreadsheet to the Claims Department. Please provide the claim and line numbers on the spreadsheet along with an explanation and fax to our Claims Department at 1-800-424-4269 or e-mail to Patti Brown at [PMBrown2@magellanhealth.com](mailto:PMBrown2@magellanhealth.com).

Magellan continues to work with providers on outstanding Data Demographics. Please continue with efforts to complete any outstanding data demographics that require submission and complete closures as appropriate. Please contact your Provider Relations Liaison if you have any questions.

As a reminder, Timely Filing has been extended through June 30<sup>th</sup>. Providers are encouraged to continue submitting all outstanding claims from 09/01/07 forward. If you have any questions please contact a claims representative at 1-800-564-5465.

A reminder that Claims Customer Service is available for provider questions related to claims issue(s). Claims Customer Service is available by contacting 1-800-564-5465 and following the prompts for the claims team.

The following are FAQs and answers from our Compliance Department's Data Validation Unit:

### **Data Validation Unit Hot Topics**

Question: Can a provider document services provided in multiple locations in a single progress note?

Response: Yes, but only if the amount of time spent at each location is clearly identified in the note, and the services are billed correctly using the appropriate place of service (POS) codes.

Question: When a client needs additional face-to-face attention from a 2nd provider while another

provider is transporting the client (i.e. 2nd provider engages the client to keep them calm or under control), can the 2nd provider encounter for case management services?

Response: The provider not encountering transportation would be able to encounter case management to keep the client calm, under control, etc. It is important that the need for the additional staff is addressed in the client's treatment plan, and that the case management services provided while transporting the client are clearly and thoroughly documented. **(ADHS/DBHS OPS Tidbits Newsletter May 2008)**

Question: What is the best way to bill for receiving or making a telephone call on a cell phone: POS 99 (Other) or POS 11(Office)?

Response: A decision was made by the Clinical Leadership Council regarding the billing for telephone calls. The cell phone has been determined to be an extension of the provider's office and therefore all case management codes (T1016) performed via telephone should be billed using POS 11 (Office). **(ADHS/DBHS OPS Tidbits Newsletter March 2008)**

Question: When billing H2027 (Psycho Educational Services), does the service that is being provided have to be face-to-face? For example, if a case manager is going out and picking up job applications for a client and they are not present, can the H2027 code be billed?

Response: Per the Covered Services Guide, H2027 code (Psycho educational Services) can only be billed when there is direct face-to-face contact. **(ADHS/DBHS OPS Tidbits Newsletter May 2008)**

If you have any questions about this communication, please contact your provider relations liaison.

Thank you.

