



Magellan Behavioral Health of Nebraska - Claims Tips

As you are aware, effective September 1, 2013, Magellan Behavioral Health of Nebraska, Inc. began paying claims for services rendered to Nebraska Medicaid members for behavioral health managed care services.

To assist providers with a successful initial claims submission, we have developed tips that address commonly identified claims issues. We've also posted a recording of our most recent claims webinar for providers to www.MagellanoNebraska.com. Please refer to the claims issues list below, so you can continue to partner with us on efficient claims submission and processing.

1. Provider is billing with his or her Social Security Number (SSN) instead of the Federal Tax Identification Number (TIN) or Employer Identification Number (EIN). If you work for a group practice or have a TIN or EIN, you must submit claims using this number. The TIN or EIN used for enrollment with Nebraska Medicaid must be the same number submitted on claims to Magellan.
2. All practitioners working in a group practice must be enrolled with Nebraska Medicaid, and also must be credentialed and contracted with Magellan. Network participation can be verified via the website at www.MagellanoNebraska.com by using your secure login and clicking on the My Practice page/view Group Roster.
3. All licensed clinical staff, community support workers and community treatment aides working for contracted organizations and agencies, must be enrolled with Medicaid and also must be listed in the Magellan system for each location in which they render services. These are referred to as roster staff. Roster staff information may be submitted via a Word document that may be obtained from our local network staff. All practice information for roster staff must be an exact match in the Magellan and Medicaid systems. Be sure that you only submit rosters with staff that are active with Nebraska Medicaid at the time of roster submission.
4. Claims are submitted with inaccurate NPI information. Practitioners employed in a group practice, or who are contracted with Magellan on a group contract as a group of one ("PC" or "LLC") must obtain an individual NPI number (Type 1) as well as an organizational NPI number (Type 2) and both numbers must be indicated on the claim. All NPI information must be an exact match in the Magellan and Medicaid systems.
5. The provider is not in the Nebraska Medicaid system. Practitioners must be enrolled with Nebraska Medicaid to participate in the Magellan network for managed care.

Additional Tips

Other helpful tips for claims submission include:

1. All claims must include both the accurate service rendering address **AND** the billing/pay to address.
2. If re-submitting a corrected claim, indicate “corrected” on the claim and include the original claim number for reference.
3. Be sure to include the primary coverage explanation of benefits (EOB) with the initial claim.
4. Please refer to the Magellan Behavioral Health of Nebraska, Inc. fee schedule posted at www.MagellanofNebraska.com (under For Providers) for a list of covered services. For organization/facility providers, also refer to your Sept. 1, 2013 (or most current) Exhibit B1 Reimbursement Schedule to verify contracted services and the respective locations associated with those services. With the exception of outpatient therapy services and assessments, all other covered services require a clinical review by Magellan and an authorization must be issued to submit claims for services. Refer to the Nebraska Supplement to the Provider Handbook for information regarding authorized services also found on the website under For Providers.
5. Make sure the member is eligible for services. Member eligibility can be verified through the Nebraska Medicaid Eligibility System (NMES) via online or telephonic access.

All providers are encouraged to utilize an electronic claim submission format to help with efficient and expeditious claim submission and processing, as well as to set up electronic funds transfer (EFT) to facilitate prompt payment. For support with electronic claim submission, contact our EDI support staff at 1-800-450-7281.

If you have any questions regarding claims that have been denied by Magellan, contact our customer service staff at 1-800-424-0333. We encourage providers to work internally to identify and reconcile paid and denied claims in order to monitor their own billing practices and help partner with us for efficient claim resolution. Additional information regarding claims submission can be found on our website at www.MagellanofNebraska.com, under For Providers.

For questions regarding your network participation, contact our Network Department at 1-800-424-0333.

Thank you for your attention in assisting us with processing your claims, and we look forward to your continued participation in the Magellan network.