

Connect Nevada:  
Strengthening Youth, Empowering Families

## Claims/billing tip sheet for providers

Magellan of Nevada is committed to reimbursing our providers promptly and accurately in accordance with our contractual agreements. Timely submission of claims is not only important for your practice to receive reimbursement for rendered services, but also for Magellan to ensure medically necessary services can be validated against approved authorizations.

### Timely filing

Submit claims in accordance with state timeliness requirements. To avoid having claims deny, submit claims and corrected claims within the timeframes specified below:

- **Claims** – *within 90 calendar days* from the date of service or discharge
- **Corrected claims** – *within 60 calendar days* from the date of explanation of payment (EOP) or explanation of benefits (EOB)

### Provider appeals (claim disputes)

Submit claim disputes within **60** calendar days from the date of the EOP/EOB.

You can submit claim disputes electronically, either from:

- [Availity Essentials](#)—From the Magellan of Nevada Payer Space, choose the *Appeals* tile.
- OR
- [Magellan of Nevada](#)—Scroll to the *Provider appeals (claim disputes)* section.

### Claims/billing tips

The following suggestions will help expedite the processing of your claims:

- Magellan accepts claims via Availity Essentials, an accepted clearinghouse with payer ID 01260, or on paper forms.
- When submitting claims via Availity Essentials, the “Claims Office ID - P.O. Box Number” is a required field. The P.O. Box is **1749**.
- The mailing address for claims is:  
Magellan Healthcare, Inc.  
P.O. Box 1749  
Maryland Heights, MO 63043
- When providing Intensive Home-Based Treatment, youth support or comprehensive assessments via telehealth, submit your claim with place of service being 10 if youth is in the home or 02 if the youth is elsewhere. Modifier 95 is not required for telehealth. Respite services are in-person only and cannot be billed via telehealth.

- Submit claims with the group’s type II NPI (National Provider Identifier) as the billing provider and licensed or unlicensed staff type I NPI as the rendering provider.
- Maintain up-to-date roster staff to avoid claim processing delays and/or denials. You can review and add/remove staff via Availity Essentials using our online Provider Data Change Form. Refer to this [instruction sheet](#) on the Magellan of Nevada website.
- Use the unit of service indicated in the reimbursement schedule exhibit(s) included in your Magellan agreement.
- Use the appropriate the procedure codes and modifiers listed below:

- **Initial Assessment**

- 90791

- **Intensive Home-Based Treatment (IHBT)**

IHBT Service Name	HCPCS Codes
Multisystemic Therapy (MST)	H2015 + U1
Multidimensional Family Therapy (MDFT)	H2015 + U2
Functional Family Therapy (FFT)	H2015 + U3
Family Centered Treatment (FCT)	H2015 + U4
Parents as Teachers (PAT)	H2015 + U5
Family Check-Up (FCU)	H2015 + U6
Parent Child Interactive Therapy (PCIT)	H2015 + U7
Family Behavior Therapy (FBT)	H2015 + U8
Triple P Positive Parenting Program	H2015 + U9
Intensive Home-Based Treatment (Evidence Based Practice Equivalent)	H2015 + UA

- **Respite**

- T1005

- **Youth Peer Support Services**

- H0038 – individual

- H0038 HQ - group

## Rates and reimbursable services

Refer to your Magellan reimbursement schedule(s) for your contracted **rates and reimbursable services** for Connect Nevada. You will find this information included with your Magellan agreement.