

# Provider Notice

Thank you for being part of the Magellan Complete Care of Virginia provider network and helping our members live healthier lives. Please review the below updates and reminders about working with our Utilization Management department for authorization requests.

1. Retrospective review policy: per our provider handbook, located on our website at <https://www.mccofva.com/providers/for-providers/provider-handbook/>, our policy states:

## **Retrospective Review**

A retrospective review is the process of reviewing and making a coverage decision for services that have already been received (e.g. post-service decision). The provider may have received a notice via a claims explanation of payment that the claim will not be paid due to lack of prior authorization or the provider becomes aware prior to a claims submission that a service rendered required an authorization prior to payment. A retrospective review is afforded to **inpatient facilities that did not obtain an authorization for an acute behavioral or medical stay and the notification of the admission is received after the member has been discharged from the facility**. A retrospective review can be submitted **up to five (5) calendar days from the date of the discharge**. Any requests after the five (5) calendar days from discharge, the facility must submit a claim and once the claim has been denied for no authorization, the review of the stay with supporting medical records can be submitted for an appeal to conduct a medical necessity review. In order to expedite this appeal process the provider must submit a copy of the claim Explanation of Payments (EOP), and the medical records within 60 calendar days of the denied claim stating no authorization. Requests exceeding this timeframe will be denied as untimely. Members are held harmless and have no financial liability for services rendered.

Non-hospital providers are expected to submit a pre-service authorization request to MCC of VA prior to providing the service or care and cannot be accepted as a retrospective review. A claim must be submitted and once the claim has been denied for no authorization, the review of the service or care with supporting medical records can be submitted for an appeal to conduct a medical necessity review within 60 calendar days and include the copy of the claim EOP and the medical records. Please see our website [www.MCCofVA.com](http://www.MCCofVA.com) for the appeal form. Requests exceeding this timeframe will be denied as untimely. Members are held harmless and have no financial liability for services rendered.

2. An authorization request form is required for outpatient physical, occupational or speech therapy before start of care.

If the service is within the first 12 visits, you will receive a phone call communicating the member is still within the 12 visits per fiscal year and no authorization is required. If the member has already had 12 visits, the case will be reviewed by the utilization team. To expedite this process please use the request for prior authorization form linked below, and under outpatient services please mark the PT/OT/ST check box.

3. If you are requesting authorization for Addiction and Recovery Treatment Services (ARTS), please use the ARTS authorization request form, located on the ARTS forms page of our website here: <https://mccofva.com/providers/for-providers/provider-tools/forms/arts/>. ARTS services should be requested when:
  - a. A member is receiving services related to addiction recovery treatment **and** is in a certified ARTS facility. This includes overdose and detox cases.
  - b. If you are **not** part of a certified ARTS facility, we will review your authorization request for a member that is receiving services for detox or overdose under the medical or behavioral inpatient criteria.
  
4. To help us process your authorization requests more timely and accurately please use the MCC of VA request for prior authorization form. You can find it on the UM-Authorizations page of our website under the “Prior Authorization Request” heading, located here: <https://mccofva.com/providers/for-providers/provider-tools/forms/um-authorizations/>.

If you have any questions, email [UM\\_MCCofVA@mccofva.com](mailto:UM_MCCofVA@mccofva.com).