

Provider Notice

Magellan Billing Guidance for Submitting Corrected Claims for the Temporary Home and Community Based Services (HCBS) Effective July 1, 2021

This communication is in reference to the DMAS Medicaid Bulletin dated December 9, 2021, titled [“Update on Claims Processing for Temporary Home and Community Based Services \(HCBS\) Rate Update Effective July 1, 2021.”](#)

Magellan of Virginia has updated our systems to reflect the new increased rates effective 7/1/2021 and 12/1/2021 for relevant behavioral health services for fee-for-service members. For impacted services and additional information, refer to the [DMAS October 6, 2021 Medicaid Memo](#). The updated reimbursement schedule, “VA DMAS Medicaid Rates” is located [here](#) on the Magellan of Virginia website, under the “Getting Paid” section.

Please note that previously submitted claims for dates of service beginning on 7/1/2021 that were billed with the new rate have been adjusted by Magellan of Virginia to pay the rate difference. These claims can be viewed on the remit dated December 27, 2021.

For previously submitted claims for dates of service beginning on 7/1/2021 that were not submitted with the new rate, the Department of Medical Assistance Services (DMAS) continues work with the Centers for Medicare and Medicaid Services (CMS) to obtain authorization to mass adjust previously billed and adjudicated claims. We encourage providers to wait for additional direction from DMAS/Magellan of Virginia and visit the DMAS “Medicaid Memos and Bulletins to Providers” website regularly for updates. Providers also have the option to submit corrected claims with the new billed amount.

Please follow the guidance below for corrected claims submission to Magellan of Virginia. We encourage providers to use electronic methods available to submit corrected claims to save time and well as mailing and printing costs.

To submit corrected claims via EDI:

For corrected professional (**837P**) claims, use one the following frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:

- 7 – Replacement of Prior Claim/Corrected Claim
- 8 – Void/Cancel Prior Claim

For corrected institutional (**837I**) claims, use Bill Type Frequency Codes to indicate a correction was made to a previously submitted and adjudicated claim:

- OXX7 — Replacement of Prior Claim
- OXX8 — Void/Cancel Prior Claim

Please consult with your billing service or clearinghouse for full details with information for submitting corrected claims.

To submit corrected claims on the Magellan of Virginia provider website, www.magellanprovider.com, using the Claims Courier application:

- Click on ‘View Claims Submitted Online’ on the left-hand side menu on the My Practice page.
- Conduct a search for the desired claims or advance through the pages to find the claim and click “resubmit”. Note, corrections can only be made on claims showing as “received/accepted”.
- The claims will to the “preview” page. Use the navigation boxes at the top of the page to navigate to the appropriate page to make the correction.
- After making corrections, click on “save and continue” to the preview page. Preview corrections, scroll to the bottom of the page and click “submit”.

For any questions, please contact our Customer Service at 1-800-424-4046 or send an email to VAProviderQuestions@magellanhealth.com

