

# Provider Bulletin

These bulletins are how we communicate procedures, reminders and other information to our valued Magellan Complete Care providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on [MCCofFL.com](http://MCCofFL.com).

## Durable Medical Equipment and Medical Supplies (DME)

Magellan Complete Care covers DME services for our members. Please see list of covered services below. For a full list of covered services, please visit our website at [www.MCCofFL.com](http://www.MCCofFL.com).

### Covered Services

- Medical supplies
- Ventilators
- Oxygen
- Respiratory equipment
- Diabetes equipment, supplies, and services
- Augmentative and assistive communication devices
- Commodes
- Enteral nutrition supplements
- Hospital type beds and accessories
- Mobility aids including canes, crutches, walkers, and wheelchairs
- Orthopedic footwear, orthotic, and prosthetic devices
- Ostomy and urological supplies
- Suction pumps

Referrals for services can be obtained through Coastal Care Services, Inc.

- Scope of Services:
  - Durable Medical Equipment & Supplies (DME)
- Exclusions include the following\*:
  - Diabetic supplies
  - Wound vac
  - Neuromuscular stimulators
  - Speech generating devices
  - Specialty beds
  - Insulin pump and supplies
  - High frequency chest wall oscillation systems
  - Life vest defibrillator
  - Orthotics and prosthetics

\*These services are processed through Magellan Complete Care.

### **Prior Authorization Requirements**

- **Coastal Care Services** – For services covered through Coastal Care Services, providers will be required to follow Coastal Care Services' prior authorization process. For more information please contact:

**Coastal Care Services**

Toll-Free: 1-855-481-0505

Fax: 1-855-481-0606

[www.ccsicare.com](http://www.ccsicare.com)

Monday through Friday from 8:30 a.m. to 5 p.m.

- **Magellan Complete Care** – For services covered through Magellan Complete Care, providers will continue to follow Magellan Complete Care's prior authorization process. For more information on Magellan Complete Care's prior authorization process, please visit:

<https://www.magellancompletecareoffl.com/for-providers-2/provider-materials/>

All non-par providers require authorization regardless of services provided or codes submitted.

### **Billing Instructions**

Magellan Complete Care requests that participating providers submit claims electronically (via a clearinghouse or Magellan Complete Care's provider portal). All hard copy (CMS-1500, UB-04) claims must be submitted by mail to the address listed below. Electronically filed claims must use EDI Claims/Payor ID number - 01260. For more information, please visit our Provider Handbook at:

<https://www.magellancompletecareoffl.com/documents/2020/09/provider-handbook.pdf/>

Claims and encounters can be submitted via:

- Provider portal – <https://completecare.magellanprovider.com/MagellanProvider/do/LoadHome>
- Electronic claims submission (EDI) - Our payer ID is **01260** for all clearinghouses.
- Mail:

**Magellan Complete Care**

**PO Box 2097**

**Maryland Heights, MO 63043**

For more information on this or any other communication, please visit [www.MCCofFL.com](http://www.MCCofFL.com). You can call our Provider Network Department at 1-800-327-8613 or email [MCCFLPRS@magellanhealth.com](mailto:MCCFLPRS@magellanhealth.com)