



**Contact Information:**

<b>Provider Authorization and Eligibility Line</b>	<b>1-800-971-2273</b>	Call this number for patient care inquiries, inpatient pre-authorization, and member eligibility verification. <i>Concurrent</i> higher levels of care requests can also be managed via secure login at <a href="http://www.MagellanProvider.com">www.MagellanProvider.com</a> (or the sites of Magellan’s contracted vendors as directed).
<b>National Provider Services Line</b>	<b>1-800-788-4005</b>	Call this number for general inquiries, including credentialing and network status, or for any other network administrative issues.
<b>TTY/TDD</b>	<b>1-800-635-2883 or 711</b>	
<b>Claim</b>	<b>1-800-971-2273</b>	Call this number for claims information or check the status of your claims via the <a href="http://www.AvailityEssentials.com">Availity Essentials</a> portal, <a href="http://www.Availity.com">www.Availity.com</a> . If you’ve registered for electronic funds transfer (EFT) for Magellan claims through ECHO Health*, the <a href="#">ECHO portal</a> also offers access to your claims information.
<b>Written Correspondence</b>	<b>Magellan Healthcare Attn: Complaints Department 14100 Magellan Plaza MO 41 Maryland Heights, MO 63043 Fax: 1-888-656-4769</b>	Submit complaints or grievances to Magellan in writing.
<b>Internet</b>	<a href="http://www.MagellanProvider.com">www.MagellanProvider.com</a> (or the sites of Magellan’s contracted vendors, as directed)	For further information about serving Magellan members <ul style="list-style-type: none"><li>• Magellan Provider Handbook</li><li>• US Family Health Plan Handbook Supplement</li><li>• Medical Necessity Criteria</li><li>• Clinical Guidelines</li><li>• Claims Tools</li><li>• Provider Data Changes</li><li>• Update your Provider Profile</li><li>• <i>Provider Focus</i> Newsletter</li><li>• And more.</li></ul>

**Claims Submission:**

Submit claims online at [www.MagellanProvider.com](http://www.MagellanProvider.com) by signing in with your secure username and password, or EDI via direct submit or a clearinghouse. Be sure to identify the PO Box below for claims submissions for this account. If you do not have Internet access, use the standard CMS-1500 claim form or the UB-04 claim form. Claims must be filed using the HIPAA-compliant CPT code(s).

Submit paper claims to:  
**Magellan Healthcare**  
**PO Box 1099**  
**Maryland Heights, MO 63043**