

Behavioral health claims guidance

Summary of update:

Amerigroup Iowa, Inc. requires providers to bill in accordance with the fee schedules provided by Iowa Medicaid. Some of the services outlined on the Medicaid behavioral health (BH) schedule require modifiers. These modifiers provide additional information and reimbursement level, justifying the rendering of BH services

What this means to you: Credentialing modifiers that reflect the specialty of the billing provider must be submitted on all applicable claims. If these modifiers are omitted from claims submission, it will result in claims denials.

- The credentialing modifier that is submitted on a claim must accurately reflect the specialty in which the rendering provider is credentialed and enrolled with Iowa Medicaid. Failure to submit a claim with a modifier that is not reflective of the provider's correct specialty can result in payment denial and/or retrospective overpayment recovery.
- Credentialing modifiers are also a requirement on coordinated claims in which Amerigroup is secondary payer. This is to establish the Medicaid allowable payment.
- Since these modifiers directly impact reimbursement, it is also imperative they are submitted in the first or primary position to be considered for payment.

Credentialing modifiers include:

- AF – Specialty physician
- HO – Master's degree level
- HP – Doctoral level
- SA – Advanced registered nurse practitioner (ARNP)
- TD – Registered nurse (RN)
- TF – Intermediate level of care/RN
- TG – Complex/high tech level of care
- U2 – Physician's assistant
- U1 – ACADC/CADC
- HN – Bachelors level
- HM – Paraprofessional / Peer

Service modifiers include:

- U3 – Certified crisis response service
- TF – Intermediate level of care / RN **Community**
- TG – Complex / high tech level of care **Residential**

Diagnosis reminders:

1. Report only diagnostic codes that are clearly and consistently supported by the documentation in the record. Information relating to a diagnosis that is over one year old needs to be confirmed
2. Assign diagnosis using the most current edition of *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and current ICD coding
3. More information and criteria is available in chapter six of the provider manual for Amerigroup, available here:
https://providers.amerigroup.com/ProviderDocuments/IAIA_ProviderManual.pdf

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.