INFORMATIONAL LETTER NO.1613-MC

DATE: February 1, 2016

TO: Iowa Medicaid Hospitals, Physicians, Certified Nurse Midwives, Advanced Registered Nurse Practitioners, Federally Qualified Health Clinics, Rural Health Clinics, Clinical Social Workers, Behavioral Health Providers, Behavioral Health Intervention Services Providers, Habilitation Providers, Psychiatric Medical Institutions for Children (PMIC), Community Mental Health Centers

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Billing Updates for Mental Health and Substance Abuse Services

EFFECTIVE: January 1, 2016

*****This letter replaces Informational Letter No. 1609 dated January 29, 2016*****

Effective for dates of service on or after January 1, 2016, the IME is responsible for coverage of Medicaid funded mental health and substance abuse services previously paid through Magellan until the launch of the IA Health Link on March 1, 2016. This letter provides an update to 1586-MC1, 15972 and 16033 regarding covered mental health and substance abuse services during this transition period.

Billing for Habilitation Services for Dates of Service on or after January 1, 2016:
When billing the IME for Home and Community Based Habilitation services, a valid ICD-10 diagnosis code must be entered on the claim form in addition to the procedure code. Claims billed with Z79.89 will be denied.

Billing for Mental Health and Substance Abuse Services for Dates of Service on or after January 1, 2016:
The IME is aware that Medicare will not cover services performed by a temporarily licensed provider. In this situation the “SC” modifier may be appended to the procedure code indicating the Medicare coverage criteria is not applicable when submitting the CMS-1500 or UB-04 claim to the IME. The member’s records should support the licensure of the provider rendering the service.

1 https://dhs.iowa.gov/sites/default/files/1586_BehavioralHealthandSubstanceAbuseServices.pdf
2 https://dhs.iowa.gov/sites/default/files/1597_BehavioralHealth_and_SubstanceAbuseServices.pdf
3 https://dhs.iowa.gov/sites/default/files/1603_UpdatedMentalHealth_SubstanceAbuseServices_B-3ServicesFeeSchedules.pdf
When billing the IME for mental health and substance abuse services, the appropriate credentialing modifier must be entered in addition to the procedure code on the CMS 1500 and UB-04 claim form to reflect which specialty is providing the services. **Claims billed without a credentialing modifier entered on the claim will be denied.** The modifier must align with the procedure code billed as listed on the Mental Health and Substance Abuse Fees and Rates published on the DHS [Fee Schedules](https://dhs.iowa.gov/ime/providers/csrp/fee-schedule) web page.

Below is the list of credentialing modifiers:

- AF – Specialty Physician
- HP or U1 or TG - Psychologists
- HO or U1 or TG - Master’s Degree Level
- HP – Doctoral Level
- SA or TD - Advanced Registered Nurse Practitioner (ARNP)
- U2 – Physician Assistant
- U1 - Certified Alcohol and Drug Counselors

### Billing for Behavioral Health Intervention Services (BHIS):

When billing the IME for BHIS, the appropriate service modifier must be entered in addition to the procedure code to accurately reflect the services provided. Multiple BHIS services rendered by a provider on the same day must be billed on the same claim form.

The procedure codes and modifiers are listed below:

<table>
<thead>
<tr>
<th>Description</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Unit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior health long term residential, without room and board</td>
<td>H0019</td>
<td></td>
<td>Per weekday</td>
</tr>
<tr>
<td>Individual BHIS crisis intervention</td>
<td>H2011</td>
<td></td>
<td>Per 15 minute</td>
</tr>
<tr>
<td>Individual skill development-adult (age 18 and up)</td>
<td>H2014</td>
<td>HB</td>
<td>Per 15 minute</td>
</tr>
<tr>
<td>Group skill development-adult (age 18 and up)</td>
<td>H2014</td>
<td>HQ</td>
<td>Per 15 minute</td>
</tr>
<tr>
<td>Individual skills training-child and adolescent (age 0-20)</td>
<td>H2019</td>
<td>HA</td>
<td>Per 15 minute</td>
</tr>
<tr>
<td>Group skills training-child and adolescent (age 0-20)</td>
<td>H2019</td>
<td>HQ</td>
<td>Per 15 minute</td>
</tr>
<tr>
<td>Family skills training</td>
<td>H2019</td>
<td>HR</td>
<td>Per 15 minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA</td>
<td>Child/Adolescent program</td>
</tr>
<tr>
<td>HB</td>
<td>Adult program, non-geriatric</td>
</tr>
<tr>
<td>HR</td>
<td>Family/Couple with client present</td>
</tr>
<tr>
<td>HQ</td>
<td>Group setting</td>
</tr>
</tbody>
</table>

---

4. [https://dhs.iowa.gov/ime/providers/csrp/fee-schedule](https://dhs.iowa.gov/ime/providers/csrp/fee-schedule)
The IME has detailed claim form instructions for all providers which are found on the DHS Claim Forms and Instructions\(^5\) web page.

**Avoiding Common Billing Errors:**

**Common Denial Reasons**

- Claim is missing the rendering provider.
  - It is important that organizations that have enrolled as a “group” include the rendering provider NPI in the appropriate field on the CMS 1500 claim form.

- Missing/Invalid taxonomy code
  - The taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level. Taxonomy codes are assigned to both individual provider and organizational providers. The IME requires the taxonomy code for the pay-to provider NPI be appended to each claim to identify the provider type rendering the service.

**UB-04 Claim Form:**

When completing the UB-04 claim form, the taxonomy code entered on line 81 of the claim form is the taxonomy code confirmed during NPI verification or during enrollment with the IME. Using a taxonomy code that does not match the billing NPI will result in claim denial.

The appropriate credentialing modifier must be entered on the claim form in addition to the procedure code to reflect which specialty is providing the services. Claims billed without entering a credentialing modifier on the claim will be denied.

**CMS 1500 Claim Form:**

When completing the CMS 1500 Claim form, the address of the billing provider entered on line 33 must contain the zip code associated with the billing provider’s NPI entered on line 33a. Using a zip code that is not associated with the billing provider’s NPI will result in claim denial.

The taxonomy code entered on line 33b of the claim form is the taxonomy code confirmed during NPI verification or during enrollment with the IME. Using a taxonomy code that does not match the billing NPI will result in claim denial.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.

---

\(^5\) [https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage](https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage)