



# Provider Notice

## Magellan of Virginia Providers Using Correct License-level Modifiers on Outpatient Therapy Services Claims

In partnership with DMAS, Magellan is making the following enhancement beginning May 1, 2015. If you are contracted with Magellan of Virginia as an **organizational provider** and are billing for Outpatient Therapy Services, **you may have been using** the organization's Taxpayer Identification Number (TIN) and provider number for professional services. These services are provided by licensed clinical practitioners and are found on the **Outpatient Therapy Services** reimbursement schedule. Beginning May 1, 2015, you are required to submit claims with the license-level modifier that represents the **treating provider's license level** (See Table 1.)

Table 1

Organizational Provider Types	Licensed Practitioner Provider Types
Hospital	Psychiatrist
Mental Health Clinic	Psychologist
Residential Treatment Facility	Licensed Clinical Social Worker
DBHDS Licensed Entity	Licensed Professional Counselors Licensed Substance Abuse Practitioner Licensed Marriage and Family Therapist Nurse Practitioner (Psychiatric) Clinical Nurse Specialist

Previously submitted and paid claims for dates of service prior to May 1, 2015 are not impacted by this requirement and do **not** require corrected billing. Only Physician Directed Mental Health Clinics that follow the appropriate DMAS provider manual **and** are registered with Magellan as a **Physician Directed** Clinic are not required to submit modifiers. Additionally, this requirement does not apply to individual practitioners; it only applies to organizational provider types.

### How does Magellan process and pay claims for organizations rendering traditional outpatient services?

- We process claims using the organization's record and the license-level modifier provided.
- We base reimbursement on the treating provider's licensure level.
- We reimburse professional outpatient services using current CPT codes based on the rendering provider's clinical license and independent practice level.

## What modifier should I use for my claims?

License/Licensure *	HIPAA Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Psychologist	AH	Clinical and School Psychologist
Social Workers and Master's Level Counselors (LCSWs, LMFTs, LPCs, License Substance Abuse Practitioner)	HO	Master's license level therapist
Nurse Practitioner** -Psychiatry Specialty Only	SA	Nurse Practitioner
Clinical Nurse Specialist**	TD	Registered Nurse (Clinical Nurse Specialist)

For claims in which multiple modifiers are appropriate, claims should be billed with the license level modifier in the first position, for accurate processing and pricing.

\*Reimbursement is based on the treating provider's licensure and Magellan's credentialing requirements for that discipline, and is not based on the provider's academic credentials alone.

\*\*Nurses may only provide services and bill for CPT codes that fall within scope of practice allowed by their professional training and state licensure.

## Where should I insert HIPAA modifiers on claims?

- On a CMS-1500 form, insert the modifier in Field 24d under "Modifier."
- On a UB-04 form (HCFA 1450), insert the modifier with CPT or HCPCS code in field 44 (e.g., "90801 AH".)

On electronic claims, for 837P, insert the modifier in SV101-3 (additional modifiers in SV101-4, SV101-5, and SV101-6.) For 837I, insert the modifier in SV202-3 (additional modifiers in SV202-4, SV202-5, and SV202-6.)