

Applicable modifiers on claims for behavioral health services

Healthy Louisiana plans require behavioral health providers to bill according to the *Medicaid Behavioral Health Fee Schedule* provided by the Louisiana Department of Health & Hospitals (LDH). This fee schedule includes modifiers that were not previously required by Magellan.

What does this mean to me?

When billing for behavioral health services, please reference the *Medicaid Specialized Behavioral Health Fee Schedule* and include applicable modifier(s) on claims. Claims submitted without applicable modifiers will be denied and must be resubmitted with the applicable modifier to receive payment.

Why are modifiers needed on claims for behavioral health services?

Healthy Louisiana plans require providers to bill in accordance with the fee schedules provided by LDH, and some of the services outlined on the *Medicaid Specialized Behavioral Health Fee Schedule* require modifiers. The modifiers provide additional information that justifies the rendering of the services.

Where can I find the most up-to-date Medicaid Specialized Behavioral Health Fee Schedule?

The LDH Medicaid webpage (www.lamedicaid.com) has a link to the current fee schedule under the *Fee Schedules* section on the left-hand side of the webpage. Please reference this link on a regular basis as LDH may make revisions to the fee schedule.

What are some commonly used modifiers for billing?

Commonly used modifiers for billing behavioral health services are outlined in the grid below.

AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist
AH	CLINICAL PSYCHOLOGIST	Used to bill for services provided by a Psychologist
AJ	CLINICAL SOCIAL WORKER	Used to bill for services provided by a LCSW
AM	PHYSICIAN, TEAM MEMBER SERVICE	Used to bill Physician's rate for ACT - H0039
SA	APRN, CNS, PHYSICIANS ASSISTANT	Used to bill for services provided by an APRN, CNS or PA
GC	RESIDENT	Used to bill for services provided by a Resident
GT	TELEMEDICINE	Used to bill for services (CPT code) provided via telehealth
HA	CHILD/ADOLESCENT PROGRAM	Used to bill for a service provided to a child or adolescent to distinguish rate
HB	ADULT PROGRAM	Used to bill for a service provided to an adult to distinguish rate
HE	MENTAL HEALTH PROGRAM	Used to bill CPST - Functional Family Therapy - H0036
HF	SUBSTANCE USE PROGRAM	Used to bill ASAM 3.3 - H0019
HF	SUBSTANCE USE PROGRAM	Used to bill for Alcohol and/or Drug Services Individual provided by an unlicensed provider - H0004
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE USE PROGRAM	Used to bill TGH - Co-occurring - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CPST - Homebuilders - H0036
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill TGH - Sexual Offenders - H0018
HM	LESS THAN BACHELORS DEGREE LEVEL	Used to bill for clinician with less than a Bachelors degree
HN	BACHELORS DEGREE LEVEL	Used to bill for clinician with a Bachelors degree
HO	MASTERS DEGREE LEVEL	Used to bill for clinician with a Masters degree
HP	DOCTORAL DEGREE LEVEL/MEDICAL PSYCHOLOGIST	Used to bill for services provided by a Medical Psychologist, effective 7/1/16
HQ	GROUP SETTING	Used to bill for services provided in a group setting
HR	FAMILY/COUPLE WITH CLIENT PRESENT	Used to bill family therapy specifically - H0005
HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT	Used to bill family therapy specifically - H0005
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES	Used to bill for room and board for residential treatment for adults
TD	REGISTERED NURSE	Used to bill for services provided by a Registered Nurse
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill for ASAM 3.7 - H2036
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Specialized PRTF - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill 3.7-WM - H0011
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used with 'HF' modifier to bill PRTF providing ASAM 3.7 - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill CPST and PSR under Permanent Supportive Housing (PSH) - H0036, H2017
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM	Used to bill for services provided prenatally or postpartum (Age 10-59)
TS	FOLLOW UP SERVICES	Used to bill for services provided subsequent to initial service billed
US	SERVICES PROVIDED IN NATURAL ENVIRONMENT	Used to bill for services provided in the community - H0036, H2017

<https://providers.healthybluela.com>

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BLAPEC-0815-18 April 2018

Is there a way to know if my claim will be paid or denied based on the code(s) used?

The Clear Claim Connection™ tool, available on the secure provider website under *Claims*, will help you determine if procedure codes and modifiers will likely pay for your patient's diagnosis.

What if I need assistance?

If you have questions about this communication, please contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.