

Provider Update

Coding guidance for Integrated Health Home care coordination services

Summary of change: This bulletin provides updated information and correct coding guidance for behavioral health providers who also provide Integrated Health Home (IHH) care coordination services.

What this means to you: We want to partner with you to increase the number of clean claim submissions from behavioral health providers. See below for a new process designed to reduce the need for corrected claims, improving the speed of your reimbursement!

Behavioral health providers

Amerigroup Iowa, Inc. has worked with the Iowa Medicaid Enterprise to approve use of a second modifier to identify mental health therapy claims billed on the same day as a member's monthly IHH care coordination claim. This requirement applies when a behavioral health provider bills a member's monthly IHH care coordination on the same day that the member receives mental health therapy from a provider billing under the same NPI.

The following is a summary of the use of a modifier to override the National Correct Coding Initiative (NCCI) edits when applicable:

In January 2015, CMS introduced more descriptive modifiers to prevent unbundling of services under NCCI edits. Previously, only the 59 modifier was used to indicate the code(s) billed represented a service that is separate and distinct from another service. CMS created four new modifiers to further describe the services as separate and distinct. Two of these will be acceptable in the IHH/therapy options detailed in this update.

Below are the descriptions of the four new modifiers:

- XE — separate encounter — service that is distinct because it occurred during a separate encounter
- XS — separate structure — service that is distinct because it was performed on a separate organ/structure
- XP — separate practitioner — service that is distinct because it was performed by a different practitioner
- XU — unusual nonoverlapping service — service that is distinct because it does not overlap usual components of the main service

While the 59 modifier is still accepted, it should be used as a last resort when a more descriptive modifier is not available.

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com/ia>



Amerigroup requires use of **one** of the following modifiers in the second position in order for therapy claims to be identified as payable on the same day as IHH care coordination:

- **XP modifier** — service provided by a different practitioner in the same day
- **XE modifier** — second encounter by the same practitioner in the same day

Reminder

All outpatient behavioral health claims must be appended with the appropriate modifier in the first position in order to avoid reduced or denied payment.

Example: 99490U1 billed with 90837HO — Modifier XP or XE should be appended to 90837HO.

IHH

No coding updates have been made for IHH care coordination. Claims should continue to be billed according to the guidance provided by the Iowa Department of Human Services.

Additional details available online at:

<http://dhs.iowa.gov/ime/providers/integrated-home-health>.

Example: 99490U1 billed with 90837HO. Modifier XP or XE should be appended to 90837HO.

Additional resources

See the *Iowa DHS Informational Letter no. 1438* on these modifiers at

<https://dhs.iowa.gov/sites/default/files/1438%20Specific%20Modifier%20for%20Distinct%20Procedural%20Services.pdf>.

More information on these modifiers can be found in the *Amerigroup Reimbursement Policy*, located at: https://providers.amerigroup.com/Reimbursement%20Policy%20Documents/IAIA_RP_DistProcSvcs.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.