

Provider update

Non-Medicare recognized therapists — billing for dual members

Summary of update:

Amerigroup Iowa, Inc. wishes to update and remind our behavioral health (BH) provider network of the importance of including the rendering therapist detail on the *CMS-1500 Claims Form* when submitting for a member who is dually enrolled with Medicare and Medicaid.

Background:

Iowa Medicaid recognizes and reimburses masters level therapist types, including licensed mental health counselor (LMHC) and licensed marriage and family therapist (LMFT) that are **not** recognized by Medicare. When these therapists type render services to our dual eligible members, the claims are **not** reimbursable by Medicare. This is not because the service is not covered, but is based upon Medicare's acknowledgement of licensure.

Pursuant with Iowa Medicaid guidelines, many therapy services are paid to a BH provider at the organizational NPI level.

Who this impacts:

- This guidance is only applicable to Masters level therapists (who bill with the HO modifier), who are **not** recognized by Medicare at the licensure level, who are enrolled with Iowa Medicaid and serving members who have dual membership, with Medicare being the primary payer.
- This will **not** impact any other kind of BH specialty or when Master level therapists are billing under their own unique NPI and not on the behalf of a broader organization.
- If a therapist's licensure is recognized by Medicare, an *Explanation of Benefits (EOB)* from the member's primary carrier will be required to process and coordinate claims.

Guidance:

- In the instances in which the rendering therapist type is **not** Medicare recognized, it is critical that the provider's NPI/detail be included in the *CMS-1500* in field 24J.
- This indication will **not** impact the claim processing or change which NPI the claim pays under, but will allow Amerigroup to waive requirements to require *EOB* from Medicare, the primary payer.
- Without this detail submitted on the claim, Amerigroup will continue to require an *EOB* from a primary carrier when billing for services with the HO modifier at the BH organizational level.
- Modifier SC is **not** required on these claims. As a reminder, Modifier HO must be submitted as the first position primary modifier or claims are subject to denial.
- Organizations will need to submit a provider roster to Amerigroup so the provider can be linked to the organization for claims to pay appropriately. The roster can be found on our website under staff roster template at <https://bit.ly/39Kdptv>.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **800-454-3730**.



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