

Using Correct License-level Modifiers on Your Claims

Magellan **organizational providers** and **individual providers submitting professional claims as part of an organization** (using the organization’s Taxpayer Identification Number) must submit claims with the license-level modifier that represents the **treating provider’s license level**.

- We process claims using the organization’s record and the license-level modifier provided.
- We base reimbursement on the treating provider’s licensure.
- We reimburse professional services rendered by clinical practitioners licensed at the independent practice level only. Regulatory or customer requirements may require an exception.

Which modifier should I use for my claims?

Degree/Licensure *	HIPAA** Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH HP	Clinical psychologist or doctoral level
Social worker	AJ	Clinical social worker
Master’s level counselor	HO	Master’s degree level
Clinical nurse specialist/physician assistant***	SA TD	Nurse practitioner RN
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification****	HF	Substance Abuse Program
Bachelor’s level counselors	HN	Bachelor’s degree level
Less than bachelor’s level counselors	HM	Less than bachelor’s degree level

**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.*

***Public sector (e.g. state-sponsored or government-funded) programs may have unique HIPAA modifiers. Please reference state-specific information for public sector coding guidelines.*

**** Select the modifier that best applies. Nurses may only provide services and bill for CPT codes that fall within scope of practice allowed by their professional training and state licensure. Physician assistants should use the SA modifier, as there is no HIPAA modifier for physician assistants.*

***** Actual credentials may vary depending on state, e.g., CAC, CCDC, CCDAC.*

Where should I insert HIPAA modifiers on claims?

- 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).
- 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., “90791 AH”).

How should I bill telehealth services?

Organizational providers providing services via telehealth should bill the license level modifier in the first modifier field and the telehealth modifier in the second modifier field (e.g., 90791 AH, GT).