

**Western Highlands Network
Communication Bulletin # 70
November 20, 2007**

Community Support Services – Secondary Modifier

Effective with dates of service December 1, 2007, Community Support Child - H0036HA, Community Support Adult - H0036HB, and Community Support Group - H0036HQ require a secondary procedure code modifier to identify units of service provided by a Qualified Professional or Non-Qualified Professional.

The secondary modifier for Community Support Services rendered by a Qualified Professional is a U3 and a Non-Qualified is a U4. A Non-Qualified Professional is either an Associate Professional or Para-Professional.

Reimbursement

Reimbursement rates remain the same based on the primary modifier.

Claim Submission

Western Highlands will adopt NC Medicaid **CMS-1500** billing requirements announced in the November 2007, NC Medicaid Bulletin, page 18, <http://www.dhhs.state.nc.us/dma/>. The secondary modifier is reported in block 24D.

Western Highlands will accept **837** Health Care Claim (Professional) secondary modifier billing in compliance with the EDS HIPAA Companion Guide Specifications for 837 Health Care Claim (Professional). The secondary modifier is reported in Loop 2400, Element SV101-4.

Western Highland's will modify the **Direct Data Entry** system to accept secondary modifiers.

Claim Adjudication

Effective with dates of service December 1, 2007, Community Support Services submitted without either a U3 or U4 secondary modifier will deny.

Summarize units based on the secondary modifier. Subsequent claims submitted with the same provider, same service, same day, and same secondary modifier will deny as a duplicate.

Service units and concurrency limitations are based on the primary modifiers HA, HB, or HQ.

Authorizations

Authorizations will remain the same, based on the primary modifiers HA, HB, or HQ.

For technical assistance either e-mail billingquestions@westernhighlands.org or phone (828) 258-2191.