



To: AmeriHealth Caritas Delaware Providers
Date: Tuesday, January 30, 2018
Subject: **Behavioral Health Services Claim Modifiers**

Summary: AmeriHealth Caritas Delaware requires behavioral health providers to bill according to the AmeriHealth Caritas Delaware Behavioral Health Fee Schedule with applicable modifiers. If you have submitted claims without appropriate modifiers the claim will reject and the claim will need to be resubmitted within 120 days of the original date of service.

Action Needed

Resubmit previously submitted behavioral health claims if appropriate modifiers were not present on the claim.

Resources

A complete listing of Current Procedural Terminology (CPT) codes for the most commonly-provided services and modifiers, used to bill behavioral health services according to the AmeriHealth Caritas Delaware Behavioral Health Fee Schedule, is available on our website at www.amerihealthcaritasde.com → **Providers** → **Claims and Billing**

Reminders

For timely filing, original claims must be submitted to the plan within 120 calendar days from the date services were rendered or compensable items were provided. Denied claims should be corrected and resubmitted to the health plan within 365 days of the original date of service with applicable modifiers to receive payment.

Questions

If you have any questions about this communication, please contact your Provider Account Executive or the Provider Services Department at **1-855-707-5818**.

Find your Provider Network Account Executives by visiting our website:
www.amerihealthcaritasde.com → **Providers** → **Contact your Account Executive**

Also, please remember to sign up for **Network News** — a free e-mail service for AmeriHealth Caritas Delaware providers.
www.amerihealthcaritasde.com → **Providers** → **Resources** → **Sign Up for Email Alerts**

Fraud, Waste, and Abuse Tip hotline: 1-866-833-9718, 24 hours a day, seven days a week. Secure and confidential. You remain anonymous.