



September 17, 2015

Memo from School-Based Health Center State Program Office (SPO) Regarding Use of UB Modifier in SBHCs

States are allotted 13 state specific “U” modifiers to use as they see fit. Medical Assistance Programs (MAP) has assigned “UB” to use as an informational modifier specifically for Oregon School-Based Health Centers for the purpose of identifying claims submitted for services provided in an SBHC. Until now, there has not been any systematic way for MAP to identify Oregon Health Plan (OHP) claims that come specifically from School-Based Health Centers (rather than their medical sponsor). Having the UB modifier in place will allow SBHCs to mark OHP claims as having occurred specifically at the SBHC. This informational modifier will not impact your payment or claim in any way. The purpose is to identify the services claimed happened specifically at the SBHC.

Many SBHCs have started using the UB Modifier already. Under MAP Policy, all SBHCs are required to use the modifier for all OHP claims effective September 1, 2015. This applies to primary care and mental health claims. At this time, it does not apply to dental claims.

As health care transformation moves forward, and alternative payment methodologies (APMs) (pay-for-performance, bundled payments, etc.) are implemented, it is important that services delivered to OHP enrollees at SBHCs can be accurately captured. While the SPO does collect data on all encounters that occur at SBHCs, this data does not contain names and is not connected at all to the official claims data held by MAP. Several SBHC systems are currently investigating potential APMs specifically for SBHC services with the goal of identifying which types of payment arrangements would be optimal given the SBHC’s unique model of care. If SBHCs are ever to participate in an APM that is SBHC-specific (that is, distinct from the payment arrangement of their FQHC or other medical sponsor), it is essential that the payors (MAP and/or Care Coordination Organizations (CCOs) be able to identify SBHC claims.

How does this modifier work? When preparing your claims for billing, all OHP claims (fee-for-service or CCO) should have the “UB” modifier added to all procedure codes that occurred at the SBHC, regardless of the type of procedure code (office visit, lab, etc.). The one exception is that dental codes do not need the modifier attached. If you use Epic through OCHIN, the modifier is already being automatically attached to all OHP claims originating from the SBHC.

FAQ

Q1: When should I use the UB modifier?

A1: You should add UB modifier to a procedure code for any procedure that occurred at the SBHC that is being billed for a patient enrolled in OHP (whether fee-for-service or CCO)

Q2: Am I required to use the UB modifier for all OHP claims?

A2: SBHCs are required to use the UB modifier for all primary care and mental health OHP claims effective September 1, 2015. Dental claims are excluded from the requirement.

Q3: Does it matter what order I put the UB modifier in if I have other procedure code modifiers in my claim?

A4: No, the order of modifiers does not matter. You can have up to four (4) 2 digit modifiers per claim.

Q5: Should I use the UB modifier when I bill private insurance?

A5: No, the modifier is only for OHP claims.

Q6: Will the modifier change the amount I am getting paid by DMAP or the CCOs?

A6: No, use of the modifier is not tied to payment. All CCOs have been notified that the modifier will begin appearing on claims and that it is informational only.

If you have questions, please contact our office at sbhc.program@state.or.us.