

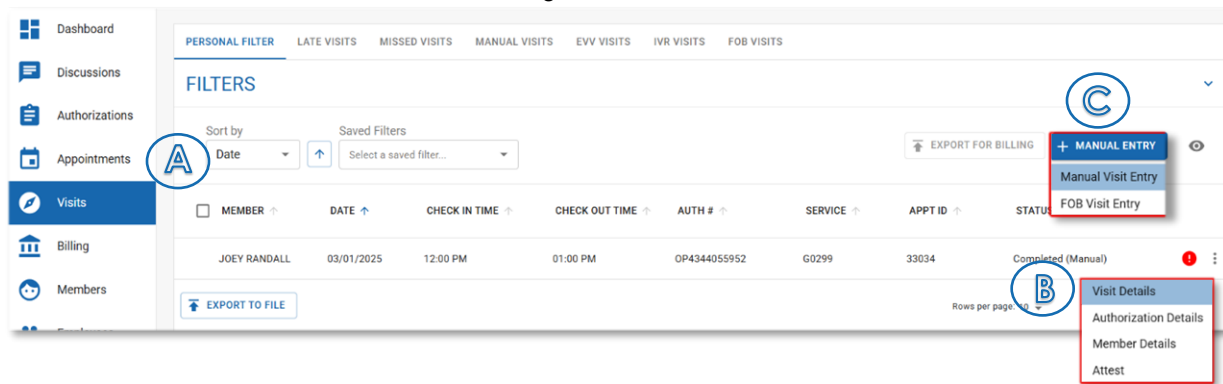
IOWA HOME HEALTH: MODIFIER SELECTION & SERVICE RATE SETTING



Some Home Health services may require a modifier selection to ensure proper claim processing. Providers are responsible for verifying if any modifiers are necessary and accurately adding them to the visit record.

ADDING A MODIFIER TO AN EXISTING VISIT

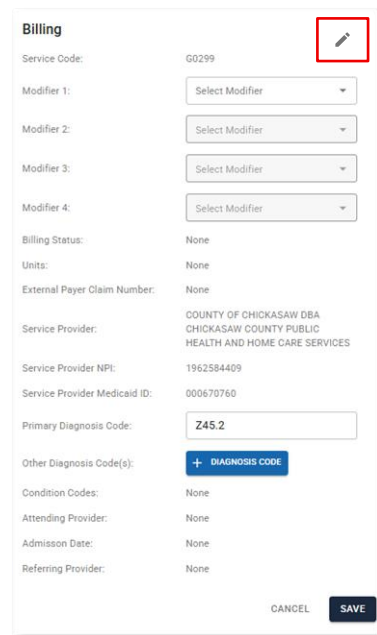
Figure 1. Visits



Navigate to the **Visits** page and filter for the desired visit (Figure 1A). Click the menu icon (three vertical dots) and select *Visit Details* under the pop-up menu (Figure 1B).

The modifier selection can be set or changed on the **Visit Details** page. Scroll down and click the pencil icon under the billing card to enable editing. Select the appropriate modifier from the drop down, then click 'Save'.

Figure 2. Visit Details- Billing Card



ADDING A MODIFIER DURING A VISIT CREATION

On the **Visits** page, click the **Manual Entry** button at the top right of the screen and select 'Manual Visit Entry' from the pop-up menu (Figure 1C). To add a modifier during a manual entry visit creation, click the 'Additional Appointment Information' drop-down section of the **Manual Entry** page and select the appropriate modifier(s) from the drop-down options, then click 'Submit' (Figure 3).

Figure 3. Manual Entry Page

The screenshot shows the 'Manual Entry' form with the following fields:

- Member (dropdown)
- Payer (dropdown)
- Employee (dropdown)
- Authorization (dropdown)
- Service Code (dropdown)
- Appointment (optional) (dropdown)
- Check-in Date/Time (calendar icon)
- Check-Out Date/Time (calendar icon)
- Visit Duration (input field)
- Location (dropdown)
- Manual Reason Code (dropdown)
- Service Provider Information (dropdown)
- Additional Appointment Information** (dropdown, highlighted with a red box)
- Modifier 1 (dropdown)
- Modifier 2 (dropdown)
- Modifier 3 (dropdown)
- Modifier 4 (dropdown)
- Diagnosis Code (input field)
- Acceptable Locations:
- Check In Location: None
- Check Out Location: None
- Notes (dropdown)
- CANCEL and SUBMIT buttons

ADDING OR ADJUSTING RATES IN THE CAREBRIDGE PROVIDER PORTAL

Provider Agencies are responsible for adding or updating rates with the Provider Portal. To create a new rate, navigate to the **Settings** page, select the **Rates** tab, and click the '+ New Rate' button in the top right. On the New Rate pop-up menu, fill in the necessary fields for the rate, then click 'Submit'.

Please note that rates are determined at multiple levels: the Managed Care Organization (MCO), the individual service code, and the specific service code plus modifier combination(s). In scope EVV service codes may have several different rates configured within the CareBridge Provider Portal, depending on these factors.

Figure 2. Settings Page- Rates Tab

The screenshot shows the 'Settings' page with the 'Rates' tab selected. The 'New Rate' pop-up menu is open, showing the following fields:

- Payer (dropdown)
- Service Code (dropdown)
- Modifier 1 (dropdown)
- Modifier 2 (dropdown)
- Modifier 3 (dropdown)
- Modifier 4 (dropdown)
- Member (Search or Select...)
- Effective Start Date (MM/DD/YYYY)
- Effective End Date (MM/DD/YYYY)
- Rate (\$0)
- CANCEL and SUBMIT buttons

The background shows a table of rates with columns: EFFECTIVE END DATE, SERVICE CODE, M., RATE, and MEMBER(S). A '+ NEW RATE' button is highlighted in the top right corner.

EFFECTIVE END DATE	SERVICE CODE	M.	RATE	MEMBER(S)
2024	S5130		\$5.38	All Members
2024	S9123		\$112.95	All Members
2024	S9122		\$37.45	All Members
2024	S5150	U3	\$8.96	All Members
2024	S5135		\$1.96	All Members
2024	T1019		\$3.71	All Members
2024	S5125		\$5.54	All Members
12/08/2024	T1005		\$3.61	All Members