

23 Licensed Social Workers

Medicaid enrolls Licensed Social Workers but limits services to those provided to Medicare QMB recipients. Medicaid reimburses only as a crossover claim.

23.1 Enrollment

HPE enrolls Licensed Social Workers and issues provider contracts to applicants who meet the licensure and certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as a Licensed Social Worker provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for social work-related claims.

NOTE:

The 10-digit NPI is required when filing a claim.

Licensed Social Workers are assigned a provider type of 11 (Crossovers Only). The valid specialty for Licensed Social Workers is Medicare/Medicaid Crossover Only 116.

Enrollment Policy for Licensed Social Workers

To participate in the Alabama Medicaid Program, Licensed Social Workers must meet the following requirements:

- Possess certification as a Medicare provider
- Possess current certification as a licensed social worker from the Board of Social Work Examiners

Federal requirements mandate providers re-enroll periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-enroll. Failure to re-enroll and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-enroll, providers will have to submit a new application for enrollment.

23.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations. Refer to Chapter 7, Understanding Your Rights and Responsibilities as a Provider, for general criteria on Medical Necessity/Medically Necessary Care

Licensed Social Workers are limited to crossover claims for those services to QMB recipients only.

23.3 Prior Authorization and Referral Requirements

Prior Authorization and referral requirements do not apply to Licensed Social Workers because all services are limited to Medicare crossover claims.

23.4 Cost Sharing (Copayment)

Copayment does not apply to Licensed Social Workers.

23.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Licensed Social Workers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a Medical Medicaid/Medicare-related Claim Form is required.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

23.5.1 Time Limit for Filing Claims

Medicaid requires all claims for Licensed Social Workers to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

23.5.2 Diagnosis Codes

The *International Classification of Diseases - 10th Revision - Clinical Modification* (ICD-10-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association,

AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

NOTE:

ICD-9 codes should be used for claims submitted with dates of service prior to or equal to 09/30/2015.

ICD-10 codes should be used for claims submitted with dates of service on/after 10/01/2015.

NOTE:

ICD-9 or ICD-10 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

23.5.3 Procedure Codes and Modifiers

When filing Medicare/Medicaid crossovers, be sure to use the same procedure codes and modifiers as filed to Medicare. The (837) Professional, Institutional and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

23.5.4 Place of Service Codes

When filing Medicare/Medicaid crossovers, be sure to use the same place of service code as filed to Medicare.

23.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.8, Required Attachments, for more information on attachments.

23.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
Medical Medicaid/Medicare-related Claim Filing Instructions	Chapter 5
Medical Necessity/Medically Necessary Care	Chapter 7
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N