

Magellan Healthcare of Idaho

Claims – Supervisory Billing

Overview

This resource is for providers that bill under the supervisory protocol of the Idaho Behavioral Health Plan (IBHP). It can assist organizations and group practices in understanding the billing requirements when services are delivered by non-credentialed providers under supervision. It outlines the proper documentation, claim formatting, and modifier usage required to comply with IBHP guidelines. Use this aid to avoid common billing errors, reduce claim denials, and ensure accurate reimbursement for supervised services.

Supervisory protocol addendum required

Your organization must have an executed supervisory protocol addendum on file with Magellan.

This agreement allows services provided by non-credentialed practitioners to be billed under a licensed supervising provider. Only groups or organizations with this addendum may bill for supervised services. For more information about the supervisory protocol addendum, please reference the IBHP Provider Handbook Supplement in the [provider handbooks](#) page on MagellanofIdaho.com.

Claim submission format

When billing for services provided under supervision, include the following information:

Box	Description	Required entry
33	Supervising	Supervising provider’s full name
33a	Billing provider NPI	Supervising provider’s NPI
24J	Rendering provider NPI	Supervising provider’s NPI
19	Additional claim info	Name of the supervised provider

Required modifiers for supervised services

Use the appropriate modifier to indicate the level of the supervised provider:

Modifier	Description
U1	Prescriber under supervisory protocol
UD	Master’s degree-level provider under supervision
HN	Bachelor’s degree-level provider under supervision
HM	Less than bachelor’s degree-level under supervision

Additional modifiers (organizations only)

If your organization is contracted as an organization provider, you must include two modifiers on each claim line:

First modifier: Based on the license of the rendering provider (e.g., HN, UD)

Second modifier: Based on supervision level (e.g., UD for master's level under supervision)

Example: Claim line for a master's level supervised provider: UD (professional license) + UD (under supervision)

Modifier	License level
AF	Physician
HP	Ph. D. Psychologist
AH	Ph. D. Clinical Psychologist
AJ	Master's level
TD	Advanced practice registered nurse/physician's assistant

Credentialed vs. contracted

Credentialed: To be "credentialed," the provider/facility must meet certain minimum standards for education and experience.

Contracted: To be "contracted" means the provider/facility has negotiated a contract to be part of a customer's network. Providers who are contracted have agreed to accept a certain rate, and to follow Magellan's policies and procedures for rendering quality services.

Why this matters

Accurate billing ensures timely and proper reimbursement and maintains compliance with

Magellan's provider guidelines under IBHP. If you have received a denial for invalid modifiers for supervisory billing, please submit a corrected claim within 60 days of the date of the denial.

Resubmitted claims, whether sent electronically or via paper, must contain the frequency code of "7" for "Resubmission" and Magellan's original claim number (ICN).