

EFFECTIVE DATE: 10|04|2021

POLICY LAST UPDATED: 8|04|2021

OVERVIEW

The intent of this policy is to provide information regarding credentialing for outpatient professional behavioral health providers, document provider specialty restrictions for CPT codes, and provide medical record documentation requirements for Behavioral Health Providers.

PRIOR AUTHORIZATION

Notification of admission or preauthorization may be required for some behavioral health outpatient professional services. Contact Blue Cross & Blue Shield of Rhode Island's (BCBSRI) Behavioral Health Vendor at 800-274-2958.

POLICY STATEMENT

Credentialing:

BCBSRI credentials the following independently licensed behavioral health clinicians:

- Psychiatrists (MD, DO)
- Psychiatric Neurologist (MD, DO)
- Child/Adolescent Psychiatrist (MD, DO)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner-Behavioral Health (NP)
- Physician's Assistant-Behavioral Health (PA)¹
- Psychologists (PhD, PsyD)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Behavior Analysts (LBA)

BCBSRI has implemented a supervisory protocol process whereby Licensed Clinical Social Worker (LCSW) and Post Doctorate Clinician pursuing their psychologist license may render services under a supervising independently licensed behavioral health clinician (please refer to BCBSRI's Behavioral Health Supervisory Protocol for Licensed Clinical Social Workers and Post Doctorate Clinicians policy).

BCBSRI does not credential Licensed Chemical Dependency Professionals (LCDP). LCDPs who render services in a contracted facility may be eligible for reimbursement in accordance with the facility's agreement with BCBSRI.

Coding:

Unless specified in a specific payment policy, BCBSRI follows correct coding and payment guidelines published by National and Regional CMS (including DMEMAC) and other correct coding national standards such as Current Procedural Terminology (CPT). Please refer to the Coding and Payment Guidelines policy for additional details. All services rendered should be in accordance with correct coding.

Provider specialty restrictions exist for CPT codes for behavioral health services as defined in the coding grids below.

¹ To be credentialed as a Physician's Assistant-Behavioral Health
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Behavioral Health Services Provided to Children Under the Age of 18:

BCBSRI recognizes that the evaluation of children/adolescents often takes longer than adults and requires additional collateral contacts that further differentiate this population. Effective, for dates of service on or after January 1, 2013, BCBSRI allows providers to file with a modifier “TU” Special Payment Rate, Overtime for extended psychiatric diagnostic interview examination (90791TU and 90792TU) for children under the age of 18. Extended services are defined as psychiatric diagnostic interview/examinations that extend longer than 75 minutes for our members under 18 years of age.

Medical Record Documentation requirements

Please see the attached document that provides the Behavioral Health Medical Record Documentation standards

[Documentation Standards](#)

MEDICAL CRITERIA

Not applicable

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Behavioral Health Services for benefits and applicable deductibles and/or co-payments.

CODING

The following is applicable for Medicare Advantage Plans and Commercial Products.

Table 1 is regarding to the following specialties Psychologist, Independent Clinical Social Worker Marriage/Family Therapist, Mental Health Counselor

Table 1			
Provider Specialty	CPT Code Name	CPT Code	Comments
Psychologist, Independent Clinical Social Worker, *Marriage/Family Therapist *Mental Health Counselor *Cannot provide services to Medicare Advantage Plan members	Psychiatric Diagnostic Evaluation	90791	
	Psychotherapy	90832, 90834, 90837	
	Interactive Complexity Add-On Code	90785	Must be billed with appropriate primary procedure per CPT coding guidelines
	Psychotherapy Crisis	90839, 90840	
	Family/Group Therapy	90846, 90847, 90849, 90853, 90857	
	Health Behavior Assessment/Intervention	Refer to Health and Behavior Assessment policy for CPT coding details	

(continued) Psychologist, Independent Clinical Social Worker, *Marriage/Family Therapist *Mental Health Counselor *Cannot provide services to Medicare Advantage Plan members	Psychological and Neuro-Psychological Testing	Refer to Psychological and Neuropsychological Testing policy CPT coding details	These procedures <u>are</u> <u>limited to the following</u> specialties: 1. Neuropsychologist, 2. Psychologist 3. Pediatric neurodevelopmental specialist. Refer to the Psychological and Neuropsychological Testing policy for additional details.
	Psychiatric Diagnostic Evaluation	90791	
	Psychotherapy	90832, 90834, 90837	
	Interactive Complexity Add-On Code	90785	

Table 2 is regarding to the following specialties: Psychiatry/MD, Psychiatric Neurologist, Child/Adolescent Psychiatry/MD, Clinical Nurse Specialist, Nurse Practitioner-Behavioral Health, Physician's Assistant-Behavioral Health (PA)

Table 2

Provider Specialty	CPT Code Name	CPT Code	Comments
Psychiatry/MD, Psychiatric Neurologist, Child/Adolescent Psychiatry/MD, Clinical Nurse Specialist, Nurse Practitioner- Behavioral Health, Physician's Assistant-Behavioral Health (PA) ²	Psychiatric Diagnostic Evaluation	90791	
	Psych Diagnostic Medical	90792	
	Psychotherapy	90832, 90834, 90837	
	Psychotherapy/E/M Add-On Codes	90833, 90836, 90838	Must be billed with appropriate primary procedure per CPT coding guidelines
	E/M Codes	99201 through 99443	
	Interactive Complexity Add-On Code	90785	Must be billed with appropriate primary procedure per CPT coding guidelines
	Psychotherapy Crisis	90839, 90840	
	Family/Group Therapy		

² As of 7/15/2019

(continued) Psychiatry/MD, Psychiatric Neurologist, Child/Adolescent Psychiatry/MD, Clinical Nurse Specialist, Nurse Practitioner-Behavioral Health, Physician's Assistant-Behavioral Health (PA) ³	Transcranial Magnetic Stimulation (TMS)		Requires either a notification of admission (in-network) or prior authorization (out of network) through Behavioral Health Vendor.
	Electro Convulsive Therapy (ECT)	90870	
	Psychological and Neuro-Psychological Testing	Refer to Psychological and Neuropsychological Testing policy CPT coding details	These procedures <u>are limited to the following specialties</u> : <ol style="list-style-type: none"> 1. Neuropsychologist, 2. Psychologist 3. Pediatric neurodevelopmental specialist. Refer to the Psychological and Neuropsychological Testing policy for additional details.

Table 3 is regarding to Licensed Behavior Analyst (LBA)

Table 3			
Provider Specialty	CPT Code Name	CPT Code	Comments
Licensed Behavior Analyst (LBA)	Applied Behavior Analysis Codes. Please refer to Autism Spectrum Disorders Mandate policy for additional details	Please refer to Autism Spectrum Disorders Mandate policy for details on CPT coding	LBA's are only allowed to file claims for the codes in this code set. Please refer to Autism Spectrum Disorders Mandate policy for additional details

RELATED POLICIES

- Autism Spectrum Disorders Mandate
- Behavioral Health Supervisory Protocol for Licensed Clinical Social Workers and Post Doctorate Clinicians
- Coding and Payment Guidelines
- Health and Behavior Assessment
- Preventative Services for Commercial
- Provider Credentialing and Recredentialing Process
- Psychological and Neuropsychological Testing
- Telemedicine Services for Medicare Advantage
- Telemedicine Services for Commercial Products
- Transcranial Magnetic Stimulation

³ As of 7/15/2019

PUBLISHED

Provider Update August 2021
Provider Update September 2019
Provider Update November/December 2018
Provider Update January 2018
Provider Update March 2013

DRAFT

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

