

Payment Policy | Behavioral Health Supervisory Protocol for Licensed Clinical Social Workers and Post Doctorate Clinicians



EFFECTIVE DATE: 01|01|2023

POLICY LAST UPDATED: 02|01|2023

OVERVIEW

The intent of this policy is to provide information regarding supervisory protocol for Licensed Clinical Social Workers (LCSW) and Post Doctorate Clinician pursuing their psychologist license having the ability to render services under a supervising independently licensed behavioral health clinician credentialed with Blue Cross & Blue Shield of Rhode Island (BCBSRI).

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Notification of admission is required for some behavioral health outpatient professional services. Contact BCBSRI's Behavioral Health Utilization Management at 800-274-2958.

POLICY STATEMENT

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. BCBSRI will allow for an LCSW practicing under the supervision of an LICSW and Post Doctorate Clinicians practicing under the supervision of a licensed psychologist to render services to our members in an outpatient professional setting. BCBSRI does not credential Licensed Clinical Social Workers (LCSWs) or Post Doctorate Clinicians.

Credentialed outpatient professional providers must submit a supervisory protocol and receive approval from BCBSRI prior to a LCSW or Post Doctorate Clinicians rendering any services for reimbursement. The supervisory protocol is the process by which the BCBSRI credentialed outpatient professional provider ensures that the non-licensed clinician is duly supervised.

All supervisory protocols must be sent to Behavioralhealth@bcbsri.org. Please include a cover sheet with your documentation that includes the following:

1. Supervisory protocol should include the following:
 - a. Documentation of the supervising clinician being credentialed with BCBSRI.
 - b. A written policy addressing the supervisory protocol utilized at the clinic.
 - c. Process by which documentation of the patient's overall treatment (assessment, treatment plan, and any changes to the diagnosis) is reviewed by the supervising BCBSRI credentialed provider(s). A clear process for informing the patient and documenting the patient's awareness that a clinician who is not credentialed with Blue Cross Blue Shield of Rhode Island is providing the service to them.
 - d. Process that supports supervisor(s) and supervisee meeting on a regular basis, in accordance with the Rhode Island Department of Health Guidelines.
2. Tax ID
3. National Provider Identification

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. Services may be rendered to Commercial and Medicare Members. Per CMS Chapter 15 of the Medicare Benefit Policy Manual which indicates "Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide. However, the physician must be present

in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services.”

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.

Claims must be submitted by the independently licensed, BCBSRI credentialed clinician and must include an HO modifier to indicate services rendered by an LCSW or HP modifier to indicate services rendered by a Post Doctorate Clinician (please refer to payment policy for Behavioral Health Outpatient Professional Services for CPT codes).

RELATED POLICIES

Autism Spectrum Disorders Mandate
Behavioral Health Outpatient Professional Services
Coding and Payment Guidelines
Health and Behavior Assessment
Preventive Services for Commercial
Provider Credentialing and Recredentialing Policy
Psychological and Neuropsychological Testing
Telemedicine Services for Commercial Products
Telemedicine Services for Medicare Advantage
Transcranial Magnetic Stimulation

PUBLISHED

Provider Update, March 2023
Provider Update, July 2022
Provider Update, August 2021

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.

