

Payment Policy | Behavioral Health Outpatient Professional Services



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

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)

| 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

³ As of 7/15/2019

Transcranial Magnetic Stimulation

PUBLISHED

Provider Update August 2021

Provider Update September 2019

Provider Update November/December 2018

Provider Update January 2018

Provider Update March 2013

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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