

DRAFT Medical Coverage Policy | Behavioral Health Supervisory Protocol for Licensed Clinical Social Workers and Post Doctorate Clinicians



EFFECTIVE DATE: 10|04|2021

POLICY LAST UPDATED: 08|04|2021

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).

PRIOR AUTHORIZATION

Notification of admission or preauthorization may be required for some behavioral health outpatient professional services. Contact BCBSRI's Behavioral Health Vendor 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.

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. Documentation of the patient's overall treatment (assessment, treatment plan, and any changes to the diagnosis) must be reviewed by a supervisor(s).
 - d. Documentation of the patient being aware that the clinician who is not credentialed with Blue Cross Blue Shield of Rhode Island is providing the service to them.
 - e. Documentation of the supervisory(s) and supervisee meeting on a regular basis, in accordance with Rhode Island Department of Health Guidelines
2. Billing provider number
3. National Provider Identification

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).

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.

RELATED POLICIES

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

PUBLISHED

Provider Update August 2021

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.

