

## Payment Policy | Behavioral Health Services



**EFFECTIVE DATE:** 01/01/2013  
**POLICY LAST UPDATED:** 03/19/2013

### OVERVIEW

The intent of this policy is document provider specialty restrictions for CPT codes and medical record documentation requirements for Behavioral Health Providers. The grid in the coding section reflects those restrictions

### PRIOR AUTHORIZATION

Preauthorization if required or recommended is handled by our Behavioral Health vendor.

### POLICY STATEMENT

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

The following code is limited to psychologist who do not have the ability to report E & M services and who have prescriptive authority in their state.

90863- Pharmacological management, including prescription and review of medication when performed with psychotherapy services.

Note: Psychologists in Rhode Island do not have prescriptive authority

The following add-on code is covered but not separately reimbursed for all products:

90840 - Psychotherapy for crisis; each additional 30 minutes

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 which provides the Behavioral Health Medical Record Documentation standards



2013 BH Med Record  
Doc Standards 01-16

**MEDICAL CRITERIA**

None

**BACKGROUND  
COVERAGE**

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

**CODING**

Provider Specialty	CPT Code Name	CPT Code	Comments
Psychiatry/MD (026), Psychiatric Neurologist (027), Child/Adolescent Psychiatry/MD (017), Clinical Nurse Specialist (045), Nurse Practitioner - Behavioral Health (045)	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	separately reimbursed
		90840	not separately reimbursed
	Family/Group Therapy	90846, 90847, 90849, 90853, 90857	

Provider Specialty	CPT Code Name	CPT Code	Comments
Psychologist (062), Social Worker (042), *Marriage/Family Therapist (078) *Mental Health Counselor (077) *Can not provide services to Medicare 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	separately reimbursed
		90840	not separately reimbursed
	Family/Group Therapy	90846, 90847, 90849, 90853, 90857	
	Health Behavior Assessment/ Intervention	96150-96155	
	Neuro- Psychological Testing	96101-96125	<b><u>*ONLY Psychologists (062)*</u></b>

Provider Specialty	CPT Code Name	CPT Code	Comments
*Substance Abuse (094) *Can not provide services to Medicare 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	separately reimbursed
		90840	not separately reimbursed

	Family/Group Therapy	90846, 90847, 90849, 90853, 90857	

**RELATED POLICIES**

Health and Behavior Assessment  
Neurological and Psychological Testing

**PUBLISHED**

- Provider Update March 2013
- Provider Update March 2007
- Provider Update Sept ember 2004

**REFERENCES**

Not applicable

**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.

