

Medical Health Policy



Behavioral Health Services

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/1/2013	Policy Last Updated:	1/8/2013
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Prospective review is required/recommended. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Rhode Island General Law regarding Mental Illness Coverage:

Mental illness coverage (§ 27-38.2-1): This policy provides for the coverage of medically necessary services for the treatment of chemical dependency.

§ 27-38.2-1 Mental illness coverage: Every health care insurer that delivers or issues for delivery or renews in this state a contract, plan, or policy except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the medical treatment of mental illness and substance abuse under the same terms and conditions as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant to this statute must include the same durational limits, amount limits, deductibles, and co-insurance factors for mental illness as for other illnesses and diseases.

§ 27-38.2-4 Limitations of coverage: (a) The health care benefits outlined in this chapter apply only to services delivered within the state of Rhode Island; provided, that all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the state of Rhode Island where it can be established through a pre-authorization process that the required services are not available in the state of Rhode Island from a provider in the health insurer's network.

(b) For the purposes of this chapter, outpatient services, with the exception of outpatient medication visits, shall be provided for up to thirty (30) visits in any calendar year; outpatient services for substance abuse treatment shall be provided for up to thirty (30) hours in any calendar year; community residential care services for substance abuse treatment shall be provided for up to thirty (30) days in any calendar year; and detoxification benefits shall be provided for up to five (5) detoxification occurrences or thirty (30) days in any calendar year, whichever comes first.

1. General Information on Behavioral Health and Chemical Dependency:

- A. A behavioral health problem is defined as any mental, emotional, or chemical dependency or substance abuse disorder that is listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, or the International Classification of Disease Manual published by the World Health Organization, and that disorder substantially limits the life activities of the person with the illness.

Behavioral health services are the evaluation, management, and treatment of a patient's mental, emotional, or chemical dependency problem.

Behavioral health problems **do not** include the following:

- Mental retardation
- Learning disorders
- Motor skills disorders
- Communication disorders
- Mental disorders classified as "V" codes in "The International Classification of Diseases, 9th Revision, Clinical Modification" (ICD-9-CM)

- B. Chemical Dependency/substance abuse is the chronic abuse of alcohol or other drugs characterized by impaired functioning, debilitating physical condition, the inability to keep from or reduce consuming the substance, or the need for daily use of the chemical in order to function. The term "chemical" includes alcohol and addictive drugs, but not caffeine or tobacco. Methadone clinics and treatments are not covered.

Chemical dependency services may include the treatment of a chemical dependency problem provided in a licensed substance abuse facility.

Chemical dependency/substance abuse disorders do not include tobacco and caffeine.

2. Services Offered as Part of Behavioral Health and Chemical Dependency Services:

A. Psychotherapy

Psychotherapy is the treatment for behavioral disturbances in which the clinician establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

The codes for reporting psychotherapy are divided into two broad categories: interactive psychotherapy; and insight oriented, behavior modifying and/or supportive psychotherapy.

Please refer to the member certificate for specific visit limitations.

B. Medication Management

Medication visit is an office or clinic visit performed by a psychiatrist or clinical nurse specialist to verify/discuss the patient's response to prescribed medications. Medication visits do not include psychotherapy.

The following service is covered but not separately reimbursed for all products:

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

***Note:** Medication visits in the outpatient setting do not draw down from the member's outpatient behavioral health benefit/number of visits. The member is responsible for the applicable medical specialist office visit co-pays or coinsurance.

C. Electroconvulsive Therapy

Electroconvulsive therapy (ECT) is a procedure in which electric currents are passed through the brain, deliberately triggering a brief seizure. This seems to cause changes in brain chemistry that can alleviate symptoms of certain mental illnesses. ECT may be performed in the inpatient or outpatient setting.

Electroconvulsive therapy (ECT) services are covered when performed by a psychiatrist/MD. Please note that this service **is considered** part of Outpatient Mental Health Services benefit. **Preauthorization is not required.**

D. Hospital Consults and Subsequent Hospital Care

Inpatient consultation services may be provided by a physician or other qualified healthcare profession for initial hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Subsequent hospital care may include services to complete the initial consultation, monitor progress, revise recommendations, or address a new problem.

E. Other Related Services

Psychological testing
Behavioral health assessment
Adult intensive services
Child and Family intensive services
Transcranial Magnetic Stimulation (TMS)

For information relating to the services listed above please reference the following BCBSRI policies:

- Psychological and Neuropsychological Testing Services
- Health and Behavioral Assessment.
- Adult Intensive Services
- Child and Family Intensive Services
- Transcranial Magnetic Stimulation (TMS)

F. 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. Please note the TU modifier should only be used when rendering extended services to children/adolescents that meet BCBSRI guidelines.

3. Providers Treating Behavioral Health and Chemical Dependency

A behavioral health provider may be a physician or other qualified health care professional.

The following behavioral health providers are eligible for reimbursement: (Please see the attached provider grid for applicable code and place of service combinations)

- Psychiatrist (specialty codes 026, 027)
- Licensed individual clinical social worker (specialty code 042)
- Clinical nurse specialist (CNS) (specialty code 045)
- Psychologist (specialty code 062,
- Mental health counselor (specialty code 077)
- Marriage/family therapist (specialty code 078)
- Clinic or providers with an unknown specialty code(s) (070 or 099)
- Substance abuse professional (specialty code 094) (substance abuse benefit only)
Substance abuse treatment facility (specialty code 107) (facility based services only)
- Nurse Practitioner-Behavioral Health (specialty code 131)

- Physician Assistant-Behavioral Health (specialty code 139)

Note for Medicare members: Provider specialty codes 077, 078 and 094 are not recognized by Medicare.

Claims filed by participating providers who are not listed in the above specialty codes will be denied as "provider not authorized for service."

4. Settings for Behavioral Health and Chemical Dependency Services

Services consist of psychiatric diagnostic evaluation assessment and management, medication management, individual or group psychotherapy, and family therapy (not an all inclusive list) in an inpatient hospital, outpatient, physician office or clinic setting.

Prior authorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products. for all the services listed below including inpatient services for **behavioral Health and chemical dependency and acute substance abuse residential treatment services**. Please check the member certificate for verification of preauthorization requirements. It is recommended that notification to the managed behavioral health organization is made as soon as is reasonably possible.

A. Intermediate Levels of Care

Intermediate care services consist of:

- I. Partial hospitalization/day treatment programs (PHP)
- II. Intensive outpatient programs (IOP)
- III. Adult intensive services (AIS) and/or child and family intensive services (CFIT) and child and adolescent intensive treatment services (CAITS).

These services provide substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care. These services provide both transitional and stand-alone treatment for patients meeting medical necessity criteria for the level of care. Intermediate care services provide substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care.

i. Partial Hospitalization, Day Treatment:

These programs are defined as structured and medically supervised day, evening, and/or night treatment programs. Program services are provided at least five **(5) hours per day and for at least five (5) days per week**. The services are of essentially the same nature and intensity (including medical and nursing services) as would be provided in a hospital setting except that the patient is in the program **less than twenty-four (24) hours per day**. The patient is not considered a resident at the program.

The range of services offered is designed to address a mental and/or substance related disorder through an individualized treatment plan provided by a coordinated multi disciplinary treatment team.

Services include, but are not limited to:

- Initial and ongoing assessments,
- Individual therapy,
- Family therapy,
- Group therapy,
- Medication evaluation,
- Medication management,

- Care management,
- Crisis and emergency services,
- Coordination with collateral contacts, etc.

ii. Intensive Outpatient Program (I.O.P.):

An intensive outpatient program generally consists of individual and group therapy with medication management three (3) hours per day, normally three (3) days per week. This service provides substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care. Services included, but are not limited to: initial and ongoing assessments, individual therapy, family therapy, group therapy, medication evaluation, medication management, care management, crisis and emergency services, coordination with collateral contacts, etc.

iii. Adult Intensive Services (AIS), Child and Family Intensive Services (CFIT)

Please refer to the Adult Intensive Services and/or Child and Family Intensive Services (CFIT) policies for information regarding these services.

B. Outpatient Office-based or Clinic Setting:

These services may include evaluation and management (E/M) services for visits and consultations as well as psychotherapy treatment services by physicians or other qualified health care professionals. Physicians should select a CPT code that best represents the level of E/M service performed.

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

Blue Cross and Blue Shield of RI is payment guidelines are consistent with the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) for all BCBSRI products for physician and hospital outpatient claims. To ensure correct claims processing, claims must be filed with appropriate modifiers when applicable. In addition, correct CPT coding guidelines are applicable.

The following services are covered but not separately reimbursed for all products:

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

90839 Psychotherapy for crisis; first 60 minutes

90840 Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)

BLUECHIP FOR MEDICARE

The following services are covered for BlueCHiP for Medicare members ONLY and are not covered for all other members:

- Psychoanalysis (CPT code 90845);
- Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (Amytal) interview) (CPT code 90865);
- Hypnotherapy (CPT code 90880)

BlueCHiP for Medicare does not recognize the following specialties therefore services provided are not covered:

- Mental health counselor (specialty code 077)
- Marriage/family therapist (specialty code 078)
- Substance abuse professional (specialty code 094) (substance abuse benefit only)

Claims filed with provider specialty codes listed above will be denied as "provider not authorized for service."

The following services are not covered for all lines of products including BC for Medicare:

Individual psychophysiological therapy incorporating biofeedback training by any modality (CPT codes 90785, 90876)

Note: Claims filed for non-covered services will deny as "non-covered service for contract."

Coding and Reimbursement:

Claims filed for CPT Codes will follow National Correct Coding Initiative (NCCI) guidelines and CPT correct coding guidelines.. For information relating to these guidelines please reference BCBSRI policy "Coding and Payment Guidelines." For correct payment providers should file the appropriate modifiers when applicable.

The following CPT codes that may be filed in behavioral health situations. To determine specialty and place of service limitations related to CPT codes, please see the attached Behavioral Health grid for categories listed by specialty and place of service.

Note: 90785 Interactive complexity is an add on code. Use the primary procedure code that it is filled with to determine place of service and specialty limitations.

90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832, 90834, 90837	Psychotherapy with patient and/or family
90833, 90836, 90838	Psychotherapy with patient and/or family evaluation and management
90839, 90840	Psychotherapy for crisis
90846, 90847,	Family psychotherapy without patient
90849, 90853, 90857	Multiple family group psychotherapy
90863	Medication management - This code is covered by not separately reimbursed
99201-99215	Evaluation and Management
99217	Observation Discharge
99218-99220	Initial Observation Care
99221-99223	Initial Hospital Care
99224-99226	Subsequent Observation Care
99231-99233	Subsequent Hospital Care
99234-99236	Observation/inpatient same day
99238-99239	Hospital discharge services
99281-99285	Emergency Department Services
99304-99310	Initial Nursing Facility Care
99315-99318	Nursing facility discharge/Evaluation and Management
99324-99337	Domiciliary, Rest Home, or Custodial Care services
99339-99340	Domiciliary, Rest Home, or Custodial Care Plan oversight
99341-99350	Home Services
99366-99368	Medical Team Conference
99374-99380	Care Plan oversight
99401-99404	Preventive Medicine Counseling

99406-99409	Behavior Change Interventions
99411-99412	Preventive Medicine Group counseling
99441-99443	Telephonic Services
96101-96125	Psychological and Neuropsychological Testing
96150-96155	Health and Behavioral Assessment/Intervention

The attached grid notes place of service and specialty restrictions for CPT codes effective 1/1/2013. This grid is not final and is currently being updated with other Evaluation & Management codes.

[Behavioral Health Grid](#)

Also known as:

Not applicable

Related topics:

[Adult Intensive Services \(AIS\) - PREAUTH](#)

[Biofeedback--PREAUTH](#)

[Child and Family Intensive Treatment \(CFIT\) - PREAUTH](#)

[Psychological and Neuropsychological Testing](#)

[Mental Illness and Substance Abuse Mandate](#)

[Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders](#)

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