

## Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross\*) reimburses contracted providers for covered, medically necessary behavioral health and substance use services.

## General benefit information

Covered services and payment are based on the member's benefit plan and provider Agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our [eTools](#) page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Members' costs depend on member benefits.

Certain services require [prior authorization](#) or referral.

## Payment information

Blue Cross reimburses health care providers based on your contracted rates and member benefits.

Claims are subject to payment edits, which Blue Cross updates regularly.

### **Access to care: behavioral health services for managed care members**

- Primary care providers (PCPs, NPPCPs, PAPCPs) or members themselves may arrange for behavioral health services.
- If members initiate care, they should call the behavioral health phone number on the back of their member ID card before treatment to determine the scope of benefits available and to locate a participating behavioral health provider.
- Members can find a behavioral health provider by using the Find a Doctor & Estimate Costs feature on our member website, [bluecrossma.com](http://bluecrossma.com).
- Providers can use [Find a Doctor & Estimate Costs](#) from Provider Central.

**Blue Cross reimburses services when medically necessary and according to medical policy guidelines.**

### **Behavioral health**

- Psychiatric diagnostic services and procedures
- Individual psychotherapy
- Interactive psychotherapy
- Family psychotherapy (with the patient present, when the primary purpose is treatment of the individual's condition)
- Family psychotherapy (without the patient present, when medically reasonable and necessary, and the primary purpose is treatment of the individual's condition)
- Group psychotherapy
- Electroconvulsive therapy (ECT)
- Psychological and neuropsychological tests
- Transcranial magnetic stimulation
- Effective July 1, 2019, intermediate care and outpatient services defined as in-home behavioral services, in-home therapy, and intensive care coordination, to treat child-adolescent mental health disorders (ICBT) when reported with the HK modifier
- Expedited psychiatric admissions requiring special care services when authorized

**Substance use**

Blue Cross reimburses Suboxone, Zubsolv, and their generics for the treatment of opioid addiction. Please refer to the related policies section of this payment policy for additional information.

Suboxone, Zubsolv, and Buprenorphine/Naloxone are covered when ALL the following criteria are met:

- The member is being treated for opioid dependence
- The prescriber is a physician who has completed training, and obtained a DEA waiver to prescribe Suboxone for addiction treatment
- The prescriber certifies:
  - The member has signed an informed consent document
  - There is an active treatment plan in place for the member
  - The member has been offered access to behavior health and psychosocial support for addiction treatment
  - A preferred pharmacy chain has been agreed upon by the prescriber and the member

**Methadone**

- Blue Cross reimburses methadone under H0020.
- H0020 is described as “Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).” It includes, but is not limited to:
  - Physician time, nursing time, the cost of methadone and administration, including automated equipment and take-home doses, toxicology and lab fees, patient care monitors, and the cost of security.
  - It also covers services such as triage and assessment, both pre- and post-, take-home medication reviews and monitoring, patient education, referrals to primary care practitioners, emergency rooms and emergency service programs, emergency crisis management, services to pregnant women, TB risk assessment, transfers and guest dosing for other clinics, transcription of physician orders and data entry into electronic health records, coordination of care and post-discharge care for patients leaving the hospital, and DPH surveillance reporting on communicable diseases, the ordering and storing of methadone, hazardous waste disposal, and the provision of medical supplies.

**Drug testing**

The total number of encounters for drug testing related to any diagnosis category shall not exceed 20 dates of service per member, per 365 days. For members requiring additional services, please refer to the Appeals and Resubmissions page on Provider Central. See our Drug Testing payment policy for additional information.

**Blue Cross does not reimburse:**

- Environmental intervention
- Telephone or online services
- Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist the patient

**General reimbursement information:**

- Blue Cross considers virtual reality therapy and technology as inclusive to psychotherapy and not separately reimbursable
- Reimbursement rates for services delivered to members receiving care in an acute outpatient hospital setting are global, covering both the facility and professional services
  - No additional professional payment will be reimbursed to the facility or any other professional provider for commercial claims
  - Medicare Advantage claims follow CMS reimbursement guidelines
- Medication assisted treatment reimbursement is included in the emergency department rate and not reimbursed separately

## Billing information

The list of codes below is included for *informational purposes only*. This may not be a complete list of all the codes related to this service. Whether or not a code is listed here does not guarantee coverage or reimbursement.

### Specific billing guidelines:

**For intensive community-based treatment services**, the HK modifier must be reported in the primary modifier field. You do not need to report the license modifier when submitting claims for these services.

**For expedited psychiatric admissions** requiring special services, report outpatient facility services with the most appropriate revenue code and HCPCS code.

Code	Service description	Comments
<b>Revenue codes</b>		
0113, 0114, 0116	Room and board - Private	May be used to report expedited psychiatric admissions requiring special care services
0910-0919	Behavioral health treatment/services	Bill with HCPCS describing the service provided
<b>CPT/HCPCS codes</b>		
90785	Interactive complexity (add on code)	Must be reported with a primary service code
90791	Psychiatric diagnostic evaluation	May be used to report expedited psychiatric admissions requiring special care services
90792	Psychiatric diagnostic evaluation with medical services	May be used to report expedited psychiatric admissions requiring special care services
90832	Psychotherapy, 30 minutes with patient or family member	
90833	Psychotherapy, 30 minutes with patient or family member with an evaluation and management services	Must be reported with primary E/M service code
90834	Psychotherapy, 45 minutes with patient or family member	
90836	Psychotherapy, 45 minutes with patient or family member with an evaluation and management services	Must be reported with primary E/M service code
90837	Psychotherapy, 60 minutes with patient or family member	
90838	Psychotherapy, 60 minutes with patient or family member with an evaluation and management services	Must be reported with primary E/M service code
90839	Psychotherapy for crisis, first 60 minutes	
90840	Psychotherapy for crisis, each additional 30 minutes (add on code)	Must be reported with primary service code
90846	Family psychotherapy (without the patient present)	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	
90849	Multiple-family group psychotherapy	
90853	Group psychotherapy (other than of a multiple-family group)	
90867	Therapeutic repetitive magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	
90868	Subsequent delivery and management, per session	
90869	Subsequent motor threshold re-determination with delivery and management	
90870	Electroconvulsive therapy	
90882	Environmental intervention for medical management	Not reimbursed
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Not reimbursed

Code	Service description	Comments
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Bill services on date service was actually performed
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes list separately in addition to code for primary procedure)	<ul style="list-style-type: none"> <li>• Must be billed with primary service code</li> <li>• Bill services on date(s) service was actually performed</li> </ul>
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Bill services on date(s) service was actually performed
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (list separately in addition to code for primary procedure)	Must be billed with the primary service
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Bill services on date(s) service was actually performed
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure)	Must be billed with the primary service
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Bill services on date(s) service was actually performed
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure)	Must be billed with the primary service
96136 - 96139	Psychological or neuropsychological test administration and scoring	<p>Bill services on date(s) service was actually performed</p> <p>Add on code must be billed with primary service code</p>

Code	Service description	Comments
99201 - 99285	New or established patient, office or outpatient visits	May be used to report some psychiatric services when appropriate, or reported for treatment of psychiatric conditions, rather than the psychiatric services codes when appropriate
99304-99337	Nursing facility, domiciliary or rest home visit	
99341-99350	Home visits	
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	Not reimbursed
99446-99449	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional	
99451-99452	Inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional	
99484	Care management services for behavioral health conditions, at least <u>20</u> minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team	
99492 – 99494	Psychiatric collaborative care management	
G0516 – G0518	Non-biodegradable drug delivery implant	Bill for administration of HCPCS J0570
H0023	Behavioral health outreach service, per calendar month (Intensive care coordination)	Effective July 1, 2019 <ul style="list-style-type: none"> <li>• Use to bill for community-based intensive care coordination services.</li> <li>• Bill with HK modifier</li> <li>• Reimbursed once per calendar month</li> </ul>
H0040	Assertive community treatment program, per diem (In-home behavioral services))	Effective July 1, 2019 <ul style="list-style-type: none"> <li>• Use to bill for community-based in-home behavioral health services. Includes: <ul style="list-style-type: none"> <li>○ Behavior management monitoring</li> <li>○ Behavior management therapy</li> </ul> </li> <li>• Bill with HK modifier</li> </ul>

Code	Service description	Comments
H0046	Mental health services, not otherwise specified	May be used to report expedited psychiatric admissions requiring special care services
H2020	Therapeutic behavioral services, per diem (In-home therapy)	Effective July 1, 2019 <ul style="list-style-type: none"> <li>Use to bill for community-based in-home therapy treatment. Includes: <ul style="list-style-type: none"> <li>Therapeutic clinical intervention or ongoing training as well as support</li> </ul> </li> <li>Bill with HK modifier</li> </ul>
J0570	Buprenorphine implant, <a href="#">74.2</a> mg	
T1002	Rn services, up to <a href="#">15</a> minutes	May be used to report expedited psychiatric admissions requiring special care services
<b>Modifiers</b>		
HK	Therapeutic behavioral services	<ul style="list-style-type: none"> <li>Report in primary modifier field</li> <li>Use modifier to indicate intensive community-based treatment services. Includes: <ul style="list-style-type: none"> <li>Intensive care coordination</li> <li>In-home therapy</li> <li>In-home behavioral services</li> </ul> </li> </ul>

When submitting claims, report all services with:

- Up-to-date industry-standard procedure and diagnosis codes, and
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

## Related policies

[Autism](#)

[Community Mental Health Centers](#)

[Drug Testing](#)

[General Coding and Billing](#)

[Non-Reimbursable Services](#)

[Telehealth \(Telemedicine\) - Behavioral Health](#)

[Medical policies](#)

## Policy update history

- |            |                                                                                                                                                                                                   |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/27/2014 | Documentation of existing policy; guidance for reporting psychotherapy services whose duration exceeds 52 minutes                                                                                 |
| 07/29/2015 | Template update; annual review; inclusion of information on access to care for managed care members                                                                                               |
| 10/01/2015 | Inclusion of telemedicine payment policy link to the “Related Policies” section                                                                                                                   |
| 10/30/2015 | Inclusion of information on reimbursement for services delivered to members receiving care in an acute outpatient hospital setting                                                                |
| 09/30/2016 | Updated references to the drug testing payment policy and Medical Policy # 674: Drug Testing in Pain Management and Substance Abuse Treatment Settings to reflect the name change of the policies |
| 01/01/2017 | Annual review; template update; inclusion of information on methadone reimbursement guidelines; inclusion of information on prior notification guidelines for one-hour psychotherapy services     |

- 01/01/2018 Removal of guidance for reporting psychotherapy services whose duration exceeds 52 minutes
- 02/06/2018 Removal of references to retired medical policy
- 07/26/2018 Replaced references of drug abuse with drug use
- 09/30/2018 Inclusion of virtual reality therapy reimbursement information
- 12/31/2018 Annual review expanded documentation of existing reimbursed and non-reimbursed services; inclusion MAT and coding grid and revenue codes, outpatient facility reimbursement edits for clarity
- 07/01/2019 Update to include reimbursement and coding information for intensive community-based treatment services; added community mental health centers to related policies
- 09/30/2019 Added reimbursement for expedited psychiatric special services, edits for clarity under drug testing.

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider's contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

MPC\_110315-1P-7