
Behavioral Health Intermediate Payment Policy

Policy Statement

Intermediate behavioral health services are clinically indicated services that fall between inpatient psychiatric hospitalization and standard outpatient therapy. This includes partial hospitalization program (PHP), intensive outpatient program (IOP), and similar levels of care. Below outlines Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and guidelines for intermediate behavioral health services.

Scope

This policy applies to:

- ☒ **Medicaid** *excluding Extended Family Planning (EFP)*
- ☒ **INTEGRITY**
- ☒ **Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)
- American Society of Addiction Medicine (ASAM) criteria

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information, please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Behavioral Health Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Integrated Home Health (IHH) The IHH program is built upon the evidence-based practices of the patient-centered medical home (PCMH) model. IHH coordinates care for persons with Severe Mental Illness (SMI) and builds linkages with and among behavioral healthcare providers, primary



care, specialty medical providers, and other community and social supports, and enhances coordination of medical and behavioral healthcare. The goal of IHH is to more effectively address the complex needs of persons with severe mental illness and co-occurring mental illness and other chronic illnesses. IHH is a service provided to community-based members and collateral providers by a team of professional and paraprofessional mental health staff in accordance with an approved treatment plan for the purpose of ensuring the member's stability, improved medical outcomes and less reliance on more restrictive services, such as the emergency department and inpatient medical-surgical and inpatient psychiatric care. The desired outcome is increased community tenure and improved health outcomes for each of the member's chronic conditions. IHH teams coordinate care and ensure that medically necessary interventions are provided to help the member manage symptoms of their illness. The IHH also helps the members, their providers, and their natural community supports to address the social determinants affecting the member's well-being with the goal of improving the member's overall life situations. Members receive assistance in accessing needed medical, social, educational, vocational, and other services necessary to meeting basic human needs.

Assertive Community Treatment (ACT) ACT is a comprehensive set of services designed to meet all of a members' needs in a community setting. A multi-disciplinary team provides the member enrolled in ACT with mental health outpatient services, care coordination, peer support, psychopharmacology, substance use disorder counseling, vocational training, and care management to keep the member with Serious Mental Illness (SMI) in the member's chosen community setting. The ACT team is mobile and delivers integrated clinical treatment, rehabilitation and other supportive services in community locations. The ACT teams are available to provide these necessary services 24 hours a day, seven days a week, 365 days a year.

The ACT and IHH Teams provide or coordinate the following services:

- Crisis Stabilization Services 24/7
- Housing Assistance, Tenancy Supports and Activities of Daily Living Supports
- Medication Management Medication administration, monitoring and reconciliation
- Individual, Group and Family Therapy
- Medical and Substance Use Treatment Coordination Activities
- Recovery and Rehabilitation Skills
- Substance Use Treatment (for ACT participants only)
- Supported Employment/Schooling Assessment and Assistance
- Care Transition – hospital, incarceration or nursing home to home
- Outreach and engagement
- Identification and engagement of natural supports and social relationships
- Peer Support and IADL Support Services
- Education, Support, and Consultation to Clients' Families and Other Major Supports

ACT/IHH Reimbursement Requirements

ACT Health Home providers must bill HCPC code H0040 with at least one Shadow Direct (T1016) or Indirect (H0036) code on the same claim to receive the bundled payment on HCPC code H0040.



Integrated Health Home providers must bill HCPC code H0037 with at least one Shadow Direct (T1016) or Indirect (H0036) code on the same claim to receive the bundled payment on HCPC code H0037.

Members cannot be enrolled in the IHH/ACT and CCBHC programs within the same month.

Integrated Home Health/ACT Services Coding (Medicaid and INTEGRITY)

HCPC Code	Program	Description
H0037	IHH	Community psychiatric supportive treatment program, per diem
H0040	ACT	Assertive community treatment program, per diem
H0036	Shadow code for ACT/IHH	Community psychiatric supportive treatment, face-to-face, per 15 minutes
T1016	Shadow code for ACT/IHH	Case management, each 15 minutes

Certified Community Behavioral Health Clinic (CCBHC) - A Certified Community Behavioral Health Clinic is a specially designated clinic that complies with all certification standards as issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is certified by BHDDH (Behavioral Healthcare, Developmental Disabilities & Hospitals). This clinic provides coordinated comprehensive behavioral healthcare to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, age, or the severity of their condition.

CCBHCs provide:

- Mental health and substance use services appropriate for individuals across the lifespan.
- Increased access to high-quality community mental health and substance use care, including crisis care.
- Integrated person- and family-centered services, driven by the needs and preferences of the people receiving services and their families.
- A range of evidence-based practices, services, and supports to meet the needs of their communities.
- Services provided in homes and communities rather than in inpatient or non-community-based residential settings.

CCBHC Reimbursement Requirements

CCBHC's will submit 1 professional claim per member per month with T1041 (with appropriate population modifier) on the first line and the dates of service span for the month. All other lines will include applicable service codes with the date of service that the service was rendered. One rendering provider per month. Only one line will receive reimbursement, the others will receive a global denial. Members cannot be enrolled in the IHH/ACT and CCBHC programs within the same month.



Please refer to EOHHS CCBHC Billing Manual and Shadow Billing codes list. [Information about Certified Community Behavioral Health Clinics \(CCBHC\) for Providers and Managed Care Organizations | Executive Office of Health and Human Services](#)

CCBHC Services Coding (Medicaid)

HCPC Code	Description
T1041	Medicaid certified community behavioral health clinic services, per month

CCBHC Population Specific Modifiers for T1041	
Population	Modifier
High Acuity Adult	U3
High Acuity Children and Youth	U4
Substance Use Disorder (SUD)	U5
Standard Population (Adults and Children/Youth)	U6

Electroconvulsive Therapy (ECT) is a medical treatment most commonly used in patients with severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. It is typically administered by a team of trained medical professionals in an inpatient or outpatient setting that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.

Electroconvulsive Therapy Coding (All lines of business)

CPT/Rev Code	Description
90870/0901	Electroconvulsive therapy (includes necessary monitoring)

Enhanced Outpatient Services (EOS)

Home/community based clinical services provided by a team of specialized licensed therapists and case managers. (Some examples of EOS clinical specialists include providers with expertise in the treatment of Developmental Disabilities, Sexual Abuse, and Post Traumatic Stress Disorder). The goal of EOS is to offer an effective and clinically supported transition of care from an inpatient or residential setting or to avoid an inpatient or residential admission for high-risk members. Providers offer prompt access to this service and are able to provide varying levels of service intensity (multiple times per day and tapering to multiple times per week) to meet the unique needs of children and their families. This service may be used to assist a child transitioning from an inpatient stay or to prevent an admission.

Minimum program requirements include:

- Home/community based clinical services provided to meet the member's clinical needs. It is recommended that services are provided for up to 5 days per weeks.



- Services are provided to the member based on the member's need. It is recommended that this includes 4 hours per day of service by a multi-disciplinary clinical team.

Billable services include:

- Any face-to-face, synchronous communication with member, family members, or collaterals (ie. Caregiver, school medical or behavioral health personnel). Does not include treatment planning, paperwork, phone calls, etc.

Enhanced Outpatient Services Coding (All lines of business)

CPT/HCPC Code	Modifier	Max Allowed Units	Description
90791		1 per year or new episode of care	Psychiatric diagnostic evaluation
H0004		16 per day	Behavioral health counseling and therapy, per 15 minutes
H0036	HN	24 per day	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H2011	U1	4 per day	Crisis intervention service, per 15 minutes (first hour)
H2011		16 per day	Crisis intervention service, per 15 minutes (each additional 15 minutes after first hour)

Health Home Opioid Treatment Program (OTP)

The Opioid Treatment Program (OTP) Health Home (HH) initiative is a state-wide collaborative model designed to decrease stigma and discrimination, monitor chronic conditions, enhance coordination of physical care and treatment for opioid dependence, and promote wellness, selfcare, and recovery through preventive and educational services. It is the fixed point of responsibility in the provision of person-centered care; providing timely post-discharge follow-up, and improving consumer health outcomes by addressing primary medical, specialist and behavioral health care through direct provision, or through contractual or collaborative arrangements with appropriate service providers.¹

Members can only be enrolled in one specialized program at a time and cannot be simultaneously enrolled in ACT, IHH and OTP Health Home. Can be enrolled in OTP and CCBHC at the same time.

Crisis stabilization and residential treatment are considered community services; members in those programs may also receive OTP Health Home services.

¹ [Contract between RI EOHHS and NHPRI](#)



Health Home OTP providers must bill HCPC code H0047 with at least one Shadow Direct (H0036, H0006) or Indirect (H0006 with modifier U1) code on the same claim to receive the bundled payment on HCPC code H0047. Please reference the EOHHS OTP HH Billing Manual.

Health Home Opioid Treatment Program (Medicaid and MMP)

HCPC Code	Description
H0047	Alcohol and/or other drug abuse services, not otherwise specified
H0006	Alcohol and/or drug services; case management
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes

Intensive Outpatient Program (IOP)

IOP is a clinically structured outpatient program for individuals with mental health or substance abuse conditions offering short-term day, evening, or combination services which consist of intensive treatment within a stable therapeutic milieu for those individuals who can be safely treated in a less intense setting than a partial, day or evening program but require a higher level of intensity than that available in outpatient therapy. IOP's primary treatment modality is group therapy which supports positive and safe communication and interactions in a supportive therapeutic milieu which is an essential component for member recovery.

Intensive Outpatient Program Coding (All lines of business)

HCPC/Rev. Code	Description
S9480/0905	Intensive outpatient psychiatric services, per diem, Mental Health
H0015/0906	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education, Substance Use Disorder

Medication Assisted Treatment Program (MAT) (Medicaid and Commercial)

HCPC Code	Description
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0033	Oral medication administration, direct observation (Suboxone)

Partial Hospitalization Program (PHP)

A short term, comprehensive, multidisciplinary behavioral health program that promotes and maintains a therapeutic milieu/community. The PHP is an alternative to or step-down from inpatient



care. PHP is designed to provide stabilization of acute, severe, mental illness, substance use disorders, or dual diagnosis.

A PHP requires daily psychiatric evaluation and treatment comparable to that provided by an inpatient setting. A PHP may be provided by both hospital-based and freestanding facilities and available 6-9 hours per day at minimum 5 days per week. For adults, a PHP provides services similar to hospital level care for members who have a supportive environment to return to in the evening. As the adult's symptoms improve and a transition plan effectively transitions the adult back to the community, the PHP consults and coordinates the member's care with other treating providers, and community supports. The PHP implements behavior plans, monitors, manages, and administers medication, and has 24/7 physician availability for emergencies.

Partial Hospitalization Program Coding (All lines of business)

HCPC/Rev. Code	Description
H0035/ 0912, 0913	Mental health partial hospitalization, treatment, less than 24 hours

Peer Support

Peer support services are provided by individuals with lived experience with mental health or substance use disorders who serve as a personal guide and mentor for people seeking or in recovery. The peer support/Recovery Coach assists to remove barriers and obstacles and links the recovering person to the recovery activities and supports.

Peer Support Coding (Medicaid and INTEGRITY)

HCPC Code	Description
H0038	Self-help/peer services, per 15 minutes

Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that delivers magnetic pulses to the brain to change neural activity. It is used to treat mental health disorders, particularly depression, as well as neurological disorders.

The procedure involves a magnetic coil that is placed over the scalp. Repetitive magnetic pulses emanate through the coil, enter the brain, and activate neurons in targeted regions, such as those that govern emotion regulation. The increases and decreases of activity in those regions are what treat depression and other disorders.

Transcranial Magnetic Stimulation Coding (All lines of business)

CPT Code	Description
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management

CPT Code	Description
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.



Document History

Date	Action
09/01/2025	Policy effective date