
Outpatient Behavioral Health Payment Policy

Policy Statement

Outpatient behavioral health services consist of counseling or psychiatry services to address mental health, substance use or both. The policy below outlines Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and guidelines around these 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 [Clinical Medical Policies](#).

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

Reimbursement Requirements

Neighborhood Credenitals the following behavioral health provider types:

- Psychiatrists (MD, DO)
- Psychiatric Neurologist (MD, DO)
- Addiction Medicine (MD, DO)
- Clinical Nurse Specialist (CNS)



- Nurse Practitioner-Behavioral Health (NP)
- Physician's Assistant-Behavioral Health (PA)
- Psychologists (PhD, PsyD, Ed.D)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Behavior Analysts (LBA)
- Licensed Chemical Dependency Professionals (LCDP)

Qualifying Integrated Behavioral Health Primary Care Practice (QIBHPCP) (Commercial)

In accordance with Rhode Island OHIC Regulation effective 01/01/2021, the copay on behavioral health services for fully insured Commercial plan members has been eliminated when the member sees a behavioral health specialist and a primary care physician (PCP) on the same day (even if one of the visits is a telehealth visit) and the same RI QIBHPCP location. Providers must submit modifier HK on the on the QIBHPCP applicable service in order to not apply any cost sharing.

Psychotherapy

Psychiatric Diagnostic Evaluation	90791
Psychotherapy	90832, 90834, 90837
Psychotherapy Crisis	90839, 90840
Family/Group Therapy	90846, 90847, 90849, 90853, 90857
Health Behavior Assessment/Intervention	96150 - 96155

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 create date