
Behavioral Health Supervisory Billing Payment Policy

Policy Statement

This policy describes Neighborhood Health Plan of RI's guidelines for reimbursement of services rendered by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently, as governed by state licensing and scope of practice rules and regulations. This policy applies to all outpatient professional behavioral healthcare services rendered under supervision, for Commercial and Medicaid lines of business.

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)

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

For services rendered under supervision by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently to be eligible for reimbursement, the following requirements must be present on the CMS 1500 Claim Form or its electronic equivalent (837p):



- U5 modifier is required for each service rendered under supervision in order to identify supervisory outpatient services that are performed.
- Legible identity with credentials of fully independent credentialed provider, along with their Tax ID and National Provider Identification (NPI) within the rendering field of the claim identifying appropriate supervision of the non-licensed clinical supervisee.

Exclusions

This policy does not apply to INTEGRITY members.

This policy does not apply to ABA services. Please refer to the Autism and Developmental Services Payment Policy for further guidance:

This policy may not apply to state mandated services with existing modifier requirements.

This policy does not apply to entities licensed by the Department of Health to provide behavioral health services.

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.

Neighborhood will reimburse for services rendered by unlicensed practitioners working towards clinical licensure or other practitioners not eligible to practice independently, as governed by state licensing and scope of practice rules and regulations.

Providers who elect to utilize a supervisory billing practice must maintain a written policy that includes, at a minimum, the following elements:

- Licensure and credentialing status of practitioners who provide supervision
- Documentation procedures for supervisees that clearly identify licensed and credentialed supervisor
- Procedures for supervision of unlicensed practitioners, including frequency of meetings, review of patient progress and outcomes, and documentation requirements



Neighborhood maintains the right to audit documentation of services provided to members under supervision.

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