

Behavioral Health Billing Information

Billing Instructions:

Unless otherwise noted, Senior Whole Health follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules.

Behavioral Health Outpatient Services

Licensure and Modifiers

Claims for behavioral health outpatient services must include the appropriate modifier for the license of the clinician who provided the service. The table below shows licensures accepted by Senior Whole Health corresponding modifiers, and Senior Whole Health's policy regarding reimbursement.

Degree	License	Modifier	Senior Whole Health Policy
Physician	MD, DO	U6	May provide/bill for direct service
Psychologist: PhD, PsyD, EdD	LP	AH	May provide/bill for direct service
Advanced Practice Nurse; Clinical Nurse Specialist	APRN, RNCS	SA	May provide/bill for direct service
Physician Assistant	PA	SA	May provide/bill for direct service
Independent Clinical Social Worker	LICSW	HO	May provide/bill for direct service
Master's in counseling or social work with or *without license	LMHC, LMFT, MSW, LCSW, LRC	HO	May provide/bill for direct service
Master's in Drug/Alcohol Counseling Certification, with or *without license	LADC	HO	May provide/bill for direct service
Nurse	RN	TD	May provide/bill for direct service medical service

*Unlicensed clinicians must be under the direct and continuous supervision of an independently licensed behavioral health professional.

Dialectical Behavioral Therapy must be delivered by a minimum of two DBT trained therapists for the provision of DBT services.

Behavioral Health Diversionary Services

Certain behavioral health diversionary services require the following:

Level of Care	HCPCS	Description	Senior Whole Health Process
Acute Treatment Services (ASAM Level 3.7)	H0011	Alcohol and/or drug services; acute detoxification medically monitored inpatient detoxification services	Notification of admission within 48 hours per Section 19 of Chapter 258 of the Acts of 2014
Clinical Support Services (ASAM Level 3.5)	H0010	Alcohol and/or drug services sub-acute detoxification (residential addiction program inpatient) (clinically managed detoxification services)	Notification of admission within 48 hours per Section 19 of Chapter 258 of the Acts of 2014
Psychiatric Day Treatment (PDT)	H2012	Behavioral Health Day Treatment, per hour	Notification of admission; authorization for continued stay review is required after 9 months and in 90-day increments
Community Support Program	H2016-HM	Comprehensive community support services, per diem (Enrolled client day) (recovery support service by a recovery advocate trained in Recovery Coaching)	Notification of admission is required. Authorization for continued stay review required after 90 days.
Community Support Program	H2016-HK	Comprehensive community support services, per diem (Community Support Program for Chronically Homeless Individuals (CSP-CHI)).	Members MUST meet the HUD qualifications to receive services for this program; permissible to pass through based on qualified providers rendering services to individuals who are homeless. Notification of admission is required including written documentation that the member receiving CSP-CHI is chronically homeless. Authorization for continued stay review required after 90 days. Providers are required to submit claims using Z59.0 (homelessness) secondary diagnosis code for any member receiving CSP-CHI services.

Other claim submission requirements for behavioral health diversionary services:

Level of Care	CPT/HCPCS/ REV CODE	Description	Process
Community Crisis Stabilization	S9485-ET	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization)	Submit claims for this level of care with modifier "ET."
Partial Hospitalization Program	0912	Partial – Adult Half Day Partial Psychiatric – provided in a hospital outpatient setting	Submit claims for this level of care with Rev Code 0912, may bill up to two units per day
Partial Hospitalization Program	H0035	Partial – Adult Half Day Partial Psychiatric – provided in a outpatient mental health clinic setting	Submit claims for this level of care with HCPCS H0035, may bill up to two units per day

Behavioral Health Inpatient Services

Claims for certain behavioral health inpatient service must include the following:

Level of Care	Rev Code	Description	Process
Inpatient Level of Care – Administratively Necessary Days	0129	Adult Inpatient Psychiatric Administratively Necessary Days	For members no longer meeting MNC for psych inpatient level of care, providers submit claim using Rev Code 0129.