

# Behavioral health billing



## Guidelines for:

- Residential treatment
- Partial hospital
- Intensive outpatient

This reference tool is offered for **behavioral health/substance use treatment providers** who file claims for services related to:

- Residential treatment
- Partial hospital programs
- Intensive outpatient programs

Affected Arkansas Blue Cross and Blue Shield-affiliated provider networks include:

- Preferred Payment Plan (PPP)
- True Blue PPO (Preferred Provider Organization) – Exchange and ARHOME (Arkansas Health & Opportunity for Me), including Octave Blue Cross and Blue Shield
- Arkansas' First Source PPO
- Health Advantage.

### Inpatient claims

Inpatient claims should be billed with:

Bill type	Room revenue code
86X	1001 & 1002

Allowances are based on global, all-inclusive per diems that are approved by Facility Reimbursement and Pricing. There is **no additional allowance** for physician services.

### Detoxification (detox) claims

Detox claims should be billed with:

Bill type	Room revenue code
11X	126

To be reimbursed for detoxification services, residential treatment centers **must** have:

- Obtained **certification** to perform detoxification services from **at least one** of the following organizations:
  - The Joint Commission (JCAHO)
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
- Received a **specific contract** stating **detoxification rates**
- **Interim billing** – May be submitted by acute-care hospitals **only** when an admission exceeds **60 days**. Psychiatric hospitals, rehabilitation hospitals and Arkansas Children's Hospital may submit first interim bills when the admission extends beyond **14 days**.

**Note:** Some facilities **are not** credentialed for detoxification.

### Outpatient claims

Outpatient claims should be billed with:

Bill type	Revenue codes
13X	0905, 0906, 0912, 0913 & 0915

Each of the supplied revenue codes for outpatient claims must be accompanied by **corresponding CPT/HCPCS codes**.

**Note:** Each date of service should be billed on a **separate line**, with the appropriate **HCPCS/CPT codes**.

The HCPCS codes are allowed **on a global basis**. All other services billed with the following codes will be rolled up for pricing:

- **Partial hospitalization services – S0201** (less than 24 hours, per diem)
  - Only with revenue codes **0912** and/or **0913**
- **Intensive outpatient psychiatric services – S9480** (per diem)
  - Only with revenue codes **0905** and/or **0906**

**Electroconvulsive therapy (ECT)** – If ECT is listed on the contract, bill with:

Revenue code	CPT code
0901	90870

ECT will be reimbursed at the **current outpatient fee schedule** allowance.

**Residential Substance Abuse Center benefits** are dependent upon any payable member benefits.

**Facility benefits** are dependent upon the covered member's benefits