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 related to:

- **Residential treatment**
- **Detoxification services**
- **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' FirstSource PPO**
- **Health Advantage**

Residential treatment center (RTC) claims

Residential treatment center claims are 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 – IOP/PHP

Outpatient claims – intensive outpatient program (IOP) and partial hospitalization program (PHP) – are 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.

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