

**BEHAVIORAL HEALTH**

Date of origin: Nov. 11, 2024

Review dates: None yet recorded

**APPLIES TO**

- Commercial
- Medicare follows CMS unless otherwise specified
- Medicaid follows MDHHS unless otherwise specified

**POLICY NAVIGATION**

- [Residential treatment](#)
- [Applied behavior analysis \(ABA\) therapy](#)
- [Electroconvulsive therapy](#)
- [Detoxification services](#)
- [Transcranial magnetic stimulation](#)
- [Partial hospitalization program](#)
- [Care management](#)
- [Psychological E/M of non-mental health disorders](#)

**POLICY SPECIFIC-INFORMATION****Residential treatment****Definition**

Residential treatment for behavioral health is defined as 24-hour care in a subacute facility with structured, licensed healthcare professionals. This treatment must be medically monitored and include the following services 24 hours a day, 7 days a week: medical services, licensed nursing and clinical staff onsite and physician emergency on call availability.

**Medical policy**

[Behavioral Health Residential Treatment \(#91625\)](#)

**Policy specific information**

One claim should be submitted for the full period of care. Separate claims shouldn't be submitted for services included in the period of care.

**Revenue codes**

- **1001:** Behavioral Health Accommodations – Residential – Psychiatric
- **1002:** Behavioral Health Accommodations – Residential – Chemical Dependency
- **1003:** Behavioral Health Accommodations – Supervised Living
- **0128:** Room & Board – Semiprivate (Two Beds) - Rehabilitation

**Documentation requirements**

Documentation may be required to support medical necessity. Documentation must include all services performed.

**Place of service**

Residential treatment is billed with type of bill 86

## Applied behavior analysis (ABA) therapy

### Definition

Applied behavior analysis (ABA) is a style of therapy designed to improve social and emotional skills using interventions based on how people learn.

### Medical policy

[Behavioral Health Residential Treatment \(#91625\)](#)

### Policy specific information

#### CPT Codes

- **97151:** Behavior identification assessment, by a physician or other qualified healthcare professional, per 15 minutes Time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
- **97153:** Adaptive behavior treatment by protocol, per 15 minutes Administered by technician under the direction of a BCBA, face-to-face with one patient
- **97154:** Group adaptive behavior treatment by protocol, per 15 minutes Administered by technician under the direction of a BCBA, face-to-face with two or more patients
- **97155:** Adaptive behavior treatment with protocol modification, per 15 minutes Administered by BCBA, which may include simultaneous direction of technician
- **97156:** Family adaptive behavior treatment guidance, per 15 minutes Administered by BCBA, with or without patient present, face-to-face with guardian(s)/caregiver(s)
- **97157:** Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
- **97158:** Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

#### Modifiers

- **XP:** When billing ABA code with a Speech Therapy code modifier XP must be billed on the ABA code.

#### Documentation requirements

Documentation must include a treatment program that's developed and supervised by a Board-Certified Behavior Analyst. Documentation must show measurable progress in the treatment plan to be considered for continuation of treatment.

## Electroconvulsive therapy

### Definition

Electroconvulsive therapy (ECT) is a procedure done under general anesthesia, in which small electric currents are passed through the brain intentionally triggering a brief seizure. ECT can cause changes in brain chemistry that can reverse symptoms of certain mental illnesses.

### Policy specific information

#### CPT/revenue codes

- **90870:** Electroconvulsive therapy with monitoring; single seizure
- **0901:** Electroshock Treatment
- **00104:** Anesthesia for electroconvulsive therapy

For ECT codes 0901 or 90870, the anesthesia service is considered part of the bundled rate and won't be separately reimbursed.

## Documentation requirements

To determine medical necessity for ECT, the Priority Health Behavioral Health department relies on InterQual Behavioral Health criteria.

## Detoxification services

### Definition

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of a patient who's acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances.

### Medical policy

[Detoxification \(#91104\)](#)

### Policy specific information

#### Revenue codes

Inpatient only:

- **0110:** Room & Board - Private - General
- **0111:** Room & Board - Private - Medical/Surgical/GYN
- **0120:** Room & Board - Semiprivate
- **0121:** Room & Board - Semiprivate - Medical/Surgical/GYN
- **0130:** Room & Board - Three and Four Beds - General
- **0131:** Room & Board - Three and Four Beds - Medical/Surgical/GYN
- **0200:** Intensive Care Unit - General
- **0201:** Intensive Care Unit - Surgical
- **0202:** Intensive Care Unit - Medical

Non-medical detoxification:

- **0116:** Room & Board - Private - Detoxification
- **0126:** Room & Board - Semi-Private Two Bed - Detoxification
- **0136:** Semi-Private - Three & Four Beds - Detoxification
- **0146:** Private (Deluxe) - Detoxification
- **0156:** Room & Board Ward – Detoxification

Distinction between medical and substance use disorder detox must be made for appropriate application of member benefits.

### Documentation requirements

Intoxication alone isn't an indication for medical detoxification admission. The medical record must show necessity for inpatient admission to monitor withdrawal symptoms. See our [Detoxification medical policy \(#91104\)](#) for further information.

## Transcranial magnetic stimulation

### Definition

Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. TMS is typically used when other depression treatments haven't been effective.

### Policy specific information

TMS treatment must be administered under direct supervision of prescribing physician. The device used to administer TMS must be FDA approved and cleared to provide treatment in a safe and effective manner.

### CPT codes

- **90867:** Therapeutic repetitive transcranial magnetic stimulation treatment; initial, including cortical mapping, motor threshold determination, delivery and management
- **90868:** Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent delivery and management, per session
- **90869:** Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent motor threshold re-determination with delivery and management
  - TMS retreatment may be considered for those who successfully completed original round of treatment and subsequently has a relapse of depressive symptoms.

### Documentation requirements

Documentation should include the following for TMS to be considered medically necessary:

- A confirmed diagnosis of major depressive disorder, **AND**
- One or more of the following:
  - A lack of significant response to treatment with psychopharmacological agents
  - Intolerance of psychopharmacologic agents
  - History of successful TMS
  - TMS as a less invasive option to electro-convulsive therapy
  - **AND**
- No significant improvement after an adequate duration of psychotherapy, **AND**
- Order for TMS by a psychiatrist that has examined the patient and reviewed their history.

### Partial hospitalization program

See our [Partial hospitalization program \(PHP\) billing policy](#).

### Care management

See our [Care management billing policy](#).

### Psychological E/M of non-mental health disorders

Psychological E/M services are performed to address difficulties associated with an acute or chronic illness, prevent a physical illness or disability and maintain health that don't meet criteria for a psychiatric diagnosis. Find details for reporting these E/M services [in our Provider Manual](#).

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## CHANGE / REVIEW HISTORY

| Date | Revisions made |
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