

SUPERVISED BILLING FOR BEHAVIORAL HEALTH SERVICES (formerly known as “incident to” billing)

Supervised billing requirements as described below apply only to clinical services, and are not applicable to case management or specialized rehabilitation services.

These requirements apply to all providers being reimbursed for “supervised billing” under Medicaid.

“Supervised billing” is a way for a supervising provider who is enrolled in Vermont Medicaid to bill for clinical behavioral health services provided by non-licensed personnel under their direct supervision. Providers who are eligible to enroll in Vermont Medicaid must enroll and bill using their own provider number; they cannot bill under another provider’s number.

Supervision of unlicensed providers is critical for patient care, and the service must clearly link to the clinical supervisor. Supervision requirements for professional licensure are described in the administrative rules under the Secretary of State, and must be adhered to for the purpose of “supervised billing”. The supervising provider must sign off on the treatment plan and demonstrate continuing involvement in supervising patient care. Services billed in this manner may be subject to post payment review.

1. Supervising Providers

The following Medicaid contracted providers may bill for supervised services:

- Licensed physician certified in psychiatry by the American Board of Medical Specialties;
- Licensed psychiatric nurse practitioner;
- Licensed psychologist;
- Licensed marriage and family therapist;
- Licensed clinical mental health counselor; and
- Licensed clinical social worker
- Licensed alcohol and drug abuse counselors

The following conditions apply to the Medicaid-contracted provider in order to bill for unlicensed clinical services:

1. Supervisors must be licensed and actively enrolled in Vermont Medicaid.
2. All supervising providers must only supervise for services within their scope of practice.
3. Supervisors must adhere to the supervision requirements outlined in the Secretary of State’s Administrative Rules for their specific provider type. For Licensed Alcohol and Drug Abuse Counselors, supervisors must meet requirements outlined by the Vermont Alcohol and Drug Addiction Certification Board.
 - Note: For purposes of billing clinical services, any behavioral health provider licensed and enrolled Medicaid behavioral health providers and supervising within their scope of practice may provide supervision under this policy. Unlicensed providers who are seeking licensure from the Office of Professional Regulation (OPR) will need to obtain supervised

hours from a supervisor meeting the requirements outlined by OPR in order to apply for licensure.

4. Supervisors do not need to provide direct services in order to bill for supervised services
5. Supervisors must provide regular, face-to-face ongoing supervision to the unlicensed provider, as outlined in the Secretary of State's or Vermont Department of Health's Administrative Rules for the specific provider type.
6. Supervisors must sustain an active part in the ongoing care of the patient.
7. A licensed provider qualified for scope of services must be immediately available in person or by phone within 15 minutes.

2. Non-Licensed Providers

Supervisors may bill Medicaid for clinical services provided by the following non-licensed providers:

- Master-level mental health practitioners, including clinical social workers, clinical mental health counselors, and marriage and family therapists, actively fulfilling 3,000 hours of supervised practice.
- Psychiatric Nurse Practitioners actively fulfilling 24 months and 2,400 hours of supervised practice.
- Psychologists actively fulfilling 2,000 hours of supervised practice after receiving a doctoral or master's degree in psychology.
- Addiction counselors actively fulfilling the required number of hours of supervised work experience providing alcohol/drug counseling services, commensurate with their degree as outlined by the Vermont Alcohol and Drug Addiction Certification Board.

The following conditions must apply to non-licensed providers in order for the supervisor to bill for non-licensed services:

- Mental health practitioners shall be entered on the roster of nonlicensed and noncertified psychotherapists, and must be actively working towards professional licensure.
- Psychologists shall be entered on the roster of nonlicensed and noncertified psychotherapists, and must be actively working towards professional licensure.
- Psychiatric Nurse Practitioners shall be a Registered Nurse with a Collaborative Provider Agreement, and must be actively working towards professional licensure.
- Addiction counselors must be actively working towards professional licensure.

Individuals who have been on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State for more than five years after January 1, 2016 will no longer be eligible under Medicaid to provide clinical services. Extensions may be granted on a case-by-case basis.

3. Billable services provided by supervised non-licensed providers

Clinical services within the provider's scope of practice, including:

- Diagnosis & Evaluation

- Individual Therapy
- Group Therapy
- Family Therapy
- Medical Evaluation/ Management
- Medication/ Psychotherapy

The following services are not eligible for reimbursement:

- Services rendered by any provider who is eligible to be enrolled as a Vermont Medicaid provider but has not applied to be a Vermont Medicaid Provider.
- Services performed by a non-licensed provider who cannot practice independently and is not actively working towards licensure.

4. Procedures for Billing

1. Practices/Agencies must maintain documentation on unlicensed master's level individuals providing clinical services that includes the following:
 - a. Name of rostered, unlicensed provider
 - b. Degree and discipline
 - c. Name of supervising provider
 - d. Status of license-eligibility:
 - i. License-eligible
 - ii. Rostered nonlicensed and noncertified psychotherapists
 - iii. Psychiatric Nurse Practitioners fulfilling 24 months and 2,400 hours of supervised practice.
 - iv. Addiction counselors fulfilling required hours of supervised work experience.
 - e. Date when individual was entered on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State, if applicable.
2. Supervising provider must use their unique provider number for services provided by unlicensed providers.
 - a. Modifier "HO" must be used to indicate the service was performed by a master's level non-licensed provider.
 - b. Modifier "HN" must be used to indicate the service was performed by a bachelor's level non-licensed intern engaged in a graduate-level mental health master's program.
3. In the event of a supervisor's short-term absence (e.g. vacation) where another licensed provider is providing supervision, the documented licensed supervisor should continue to be included on the claim as the provider using the appropriate modifier indicated above. Length of absence appropriate for this approach should be defined in provider's internal policy.

NONCOMPLIANCE WITH POLICY

MEDICAID CONTRACTED PROVIDERS MAY BE AUDITED REGARDING THESE REQUIREMENTS AND MAY BE REQUESTED TO REIMBURSE DVHA THE MONIES BILLED FOR THE NON-LICENSED PROFESSIONAL.

Appendix A: Waiver criteria for the Five Year Licensure Rule

Five Year Licensure Rule:

Individuals who have been on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State for more than five years after January 1, 2016 will no longer be eligible under Medicaid to provide clinical services.

Waivers to the *Five Year Licensure* rule are only available to current Designated Agency staff who have been employed by that Vermont Designated Agency for more than **two** years as of January 1, 2016.

Extensions to the *Five Year Licensure* rule may be granted on a case-by-case basis.

Individuals receiving a waiver to the *Five Year Licensure* rule must adhere to the following:

- Continuing education requirements of licensure for profession, as outlined by the Office of Professional Regulation or in the Vermont Department of Health's Alcohol and Drug Abuse Program Administrative Rules.
- Must maintain records showing attendance and participation in the continuing education activities claimed. Examples of acceptable records include certificates of attendance received during the instruction, receipt of registration and the activity's time schedule, signature of facilitator, or brief summary of the work content. These records are subject to inspection and verification upon request.
- Must receive supervision meeting the criteria outlined in the *Supervised Billing for Behavioral Health Services* policy.

An individual granted a waiver to the "five year licensure" rule may have a change in employment. If an individual with a waiver moves to a new designated agency for employment, they may apply for a continuation of their waiver at the new agency. However, there must not be a gap of employment between designated agencies exceeding 90 days. If a gap of employment exceeding 90 day exists, the individual will lose its waiver and cannot reapply.

Send all completed waiver forms to:

Provider Member Relations Unit
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495

Documentation of waiver to *Five Year Licensure* rule must be maintained by the designated agency.

Supervised Billing “Five Year Rule” Waiver Form

Date of waiver application:

Name of Waiver Applicant:

Agency of Employment:

Date of hire:

Provider type:

APPROVAL DATE _____

DENIAL DATE _____