

BHCA Provider FAQs

Covered Services Effective 7/1/2019				
CPT Code	Description	Unit Definition	Auth Requirements	Items to Note
Rev 1001 + H0017	CBAT	CBAT with R&B	Auth Required	Must be billed with corresponding HCPCS
Rev 1001 + H0018	ICBAT	ICBAT with R&B	Auth Required	Cannot be billed with other OP codes
99510*	Family Stabilization Team/In-Home Therapy	Per Diem 1 unit per day (not a timed code)	No Auth Required	<p>95510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services</p> <p>Code can only be billed once per day per member</p> <p>BA-level notes do not require sign-off from a licensed provider; however, supervision is required</p> <p>Does not include transportation</p> <p>NOTE: you cannot bill for member outreach that was unsuccessful (i.e. member no show); must provide an intervention, engage in care coordination, and/or create assessments or treatment plans to bill for services</p>
H2014 HO – MA Level HN – BA Level	In-Home Behavioral Services	96 units per day (per 15 minutes)	No Auth Required	<p>Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)</p> <p>Billing under supervision BHCA is the SAME as it was for CBHI</p> <p>There is no HUB for IHBS</p> <p>Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual</p>
H2011 HO – MA Level HN – BA Level	Mobile Crisis Intervention		No Auth Required	
H0023	Intensive Care Coordination	1 unit per day	No Auth Required	<p>Code can only be billed once per day per member</p> <p>Effective 7/1/2020, for Mass General Brigham Health Plan, providers can bill health plan directly for ICC services without requiring a single case agreement (SCA).</p> <p>Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can bill the health plan directly for ICC services without going through Optum's Internal Case Management Team</p>

Covered Services Effective 7/1/2019 (continued)

*Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name. You may check eligibility of family member(s) online or by calling the MH/SUD number on the member ID card prior to billing services.

SEE ALSO: [UBH Supplementation Clinical Criteria: Massachusetts Commercial](#)

Covered Services Effective 1/1/2021

CPT Code	Description	Unit Definition	Auth Requirements	Items to Note
H0038–HA	Therapeutic Mentoring	96 units per day (per 15 minutes)	No Auth Required	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Billing under supervision for BHCA is the SAME as it was for CBHI
H0038–HS	Family Support & Training		No Auth Required	

Billing under supervision

Billing under supervision allows non-credentialed clinicians to render services while under the supervision of an independently licensed clinical. Billing under supervision for BHCA is the SAME as it was for CBHI. Please contact Gabe Nathan for any related questions.

- Clinicians rendering psychotherapy services must have a minimum of a master's degree
- All services that are rendered must be within the scope of the clinician's training
- Supervision must occur regularly on a one-to-one basis and be documented
- Optum may periodically conduct chart audits to ensure compliance with Optum's Policies and Procedures

SEE ALSO: [Claim Billing Guide – Billing under Supervision \(providerexpress.com\)](#)

Authorizations

Authorizations can be requested in two (2) ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express ([providerexpress.com](#)). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.
- Calling United Behavioral Health (UBH) via the number on the member's card

Reminders:

- Effective 7/1/2020, for Mass General Brigham Health Plan, providers can **bill health plan directly** for ICC services without requiring a single case agreement (SCA).
- Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can **bill the health plan directly** for ICC services without going through Optum's Internal Case Management Team
- The process for billing for ICC claims mirrors the process used under the Medicaid (CBHI) book of business

Joining Our Network

The participation process begins with the submission of the provider application:

- Go to [Provider Express](#) home page > [Our Network](#). Under "Join Our Network" select "Individually-Contracted Clinicians" and respond to prompts.
- Clinicians contracting on an individual basis complete the CAQH universal application online at [caqh.org](#)
- Credentialing requirements can be found at [providerexpress.com](#) under "Join Our Network"
- Orientation to Optum Clinical and Administrative Protocols via Webinars or Review of Provider Resources Posted on [providerexpress.com](#)

Benefits	
<p>Not all Optum members are eligible for BHCA services. Massachusetts-Sitused* Commercial Fully Insured plans must provide this services and other Massachusetts-Sitused Health Plans have opted to offer these services as a “Buy-Up” to their ASO plans. For Online Member Eligibility Information, see: Provider Express.</p> <ul style="list-style-type: none"> • Optum administers to a wide range of benefit plans. There are multiple variables in determining member eligibility. Providers should continue to verify member eligibility and benefits prior to rendering any BHCA services. Please reach out to specified plan to identify eligibility and cost sharing. • MassHealth covers copays and deductibles for members who have MassHealth as secondary insurance. Please refer to MassHealth for related inquires. • Rates for BHCA and CBHI are uniform across the state. Please contact your Network Representative for related Inquiries 	
State of Massachusetts Requirement Effective 7/1/2019	
Applies To	Does Not Apply To
<ul style="list-style-type: none"> • All Services Available to Members 18 and Under • REQUIRED for Fully Insured Commercial • Policies Sitused in State of Massachusetts* • Provider Practicing in State • Both In-Network and Out-of-Network Providers • New or Renewing Accounts on or After 7/1/2019 	<ul style="list-style-type: none"> • MA Residents Whose Accounts are NOT Sitused in Massachusetts • Non-MA Practicing Providers
Health Plan	Eligibility Details*
Mass General Brigham Health Plan	All Fully Insured + PHS (Partners) ASO Account NOTE: ASO Accounts, GIC and City of Boston cover some of these services (i.e. CBAT, ICBAT, IHT/FST)
ConnectiCare	All Fully Insured NOTE: Only Applicable to CCI of Massachusetts Members
Harvard Pilgrim Health Care	All Fully Insured + ASO Buy-Up NOTE: ASO Accounts may Buy-Up to the Services so Eligibility may Vary
UnitedHealthcare	Fully Insured Upon Renewal on 7/1/2019
*SITUS state refers to the state in which the insurer is located. RESIDENT state refers to the state in which the member lives.	
Provider Customer Service Numbers	
Customer service phone numbers may vary by the type of business or employer; therefore, when calling customer service-call the phone number that corresponds to the line of business you have questions about or refer to the number on the member’s insurance identification card.	
Health Plan	Phone Number
Mass General Brigham Health Plan	Phone: 844-451-3518
Mass General Brigham Health Plan ASO	Phone: 844-451-3520
ConnectiCare	Phone: 888-946-4658
Harvard Pilgrim Health Care	Phone: 888-777-4742
United Health Care	Call the number on the back of the insurance ID card

Provider Contacts for Questions	
Contact	Email
Bradley Eardley, CBHI Program Manager, Provider Relations Consultant	bradley_eardley@optum.com
Provider Services	1-877-614-0484 Calls are answered between 7 a.m. and 7 p.m. CST
IHBS vs. IHT	
In-Home Behavioral Services	In-Home Therapy
<p>In-Home Behavioral Services (IHBS): a combination of medically necessary behavior management therapy and behavior management monitoring; provided, however, that such services shall be available, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting and include:</p> <ul style="list-style-type: none"> • Behavior Management Monitoring: monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver. • Behavior Management Therapy: that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall include a functional behavioral assessment and observation of the youth in the home and/or community setting, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy; and provided further, that "behavior management therapy" may include short-term counseling and assistance. 	<p>In-Home Therapy: medically necessary therapeutic clinical intervention or ongoing training, as well as therapeutic support; provided however, that the intervention or support shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. Where any Carrier's Family Stabilization Treatment (FST) service is substantially like In-Home Therapy, it may be considered to meet the requirements of this Bulletin. Services can include:</p> <ul style="list-style-type: none"> • Therapeutic Clinical Intervention: intervention that shall include <ul style="list-style-type: none"> ✓ the development of a treatment plan; and ✓ the use of established psychotherapeutic techniques, working with the family or a subset of the family to enhance problem solving, limit setting, communication, emotional support or other family or individual functions ✓ a structured and consistent therapeutic relationship between a licensed clinician and a child and the child's family to treat the child's mental health needs, including improvement of the family's ability to provide effective support for the child and promotion of healthy functioning of the child within the family • Ongoing Therapeutic Training and Support: services that support implementation of a treatment plan pursuant to therapeutic clinical intervention that shall include, but not be limited to, teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations and assisting the family in supporting the child and addressing the child's emotional and mental health needs.

*Definitions of IHBS an IHT taken directly from [Commonwealth of Massachusetts Bulletin 2018-07](#) .