



MASSACHUSETTS

BEHAVIORAL HEALTH FOR CHILDREN AND ADOLESCENTS (BHCA)

For children and adolescents under age 19

A GUIDE FOR BILLING AND CODING

We cover the following behavioral health services to treat children and adolescents under age 19 who are experiencing serious emotional and behavioral issues. There is no copayment, but their deductible or co-insurance may apply depending on their health plan. These services are subdivided into three major categories: crisis intervention, community-based, and facility-based services as noted below.

<ul style="list-style-type: none"> • Mobile crisis intervention A community-based alternative to emergency room care 	<ul style="list-style-type: none"> • Intensive community based treatment Community-based services, including In-Home Therapy (IHT), In-Home Behavioral Services (IHBS), Intensive Care Coordination (ICC), Therapeutic Mentoring (TM), and Family Support and Training (FS&T) 	<ul style="list-style-type: none"> • Acute residential treatment For facility-based services, includes Community-Based Acute Treatment (CBAT), and Intensive Community-Based Acute Treatment (ICBAT) Notification only within 72 hours
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Important: Some self-insured plans do not offer this coverage. Self-insured plans take on full financial risk, are regulated entirely by federal law, and are not subject to state mandates. You must check a patient's eligibility for these services.



MOBILE CRISIS INTERVENTION SERVICES (A COMMUNITY-BASED ALTERNATIVE TO THE EMERGENCY ROOM)

Mobile crisis intervention

Short-term, mobile, face-to-face therapeutic response services that are available 24/7 to a child experiencing a behavioral health crisis. Used to identify, assess, treat, and stabilize a situation, reducing immediate risk of danger to the child and others.

Billing code	Description	Authorization required?
H2011 can be used by non-independently licensed clinicians Do not use a modifier	<ul style="list-style-type: none"> • 15-minute increments • No limit to the number of services • No restrictions on days 	No
90839/90840. Must be used by independently licensed clinicians Must use the appropriate modifier	For crisis psychotherapy services provided in the community	No

Can I bill for mobile crisis intervention services the same day as other intensive community-based treatments?

Yes. They may be billed on the same date of service, but not delivered simultaneously. For example, if in-home therapy is delivered, but a crisis happens requiring mobile crisis intervention, both services can be billed for a different time of service on the same date of service.



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT) (ICBT INCLUDES FIVE DISTINCT COMMUNITY-BASED SERVICES THAT MAY BE DELIVERED CONCURRENTLY)

In-Home Therapy (IHT)

Medically necessary therapeutic clinical intervention and ongoing training as well as therapeutic support where the child lives. This includes a structured and consistent relationship, development of a treatment plan, and uses established psychotherapeutic techniques to support and teach the child and support the family.

THERAPEUTIC CLINICAL INTERVENTION INCLUDES:

- A structured and consistent therapeutic relationship between a clinician and a child and the child's family to treat the child's mental health needs. This includes improvement of the family's ability to provide effective support for the child and promotion of healthy functioning of the child within the family.
- The development of a treatment plan.
- 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.

THERAPEUTIC SUPPORT INCLUDES:

- Teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations.
- Helping the family to support the child to address the child's emotional and mental health needs.

Please note: These in-home therapy services are different from psychotherapy services provided by a licensed practitioner in the home or other settings. Please refer to [Medical Policy 423](#) for prior authorization and coding details for those services.

Billing code	Description	Authorization required?
H2020 with the HK modifier, if you bill on a 1500 claim form Add 0900 if you bill on a UB-04 and have contracted with us for these services	1 unit per day <ul style="list-style-type: none"> • Typically 60-120 minutes duration • Like most outpatient services, the associated collateral work is included • Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration 	Yes

ABOUT PSYCHOTHERAPY SERVICES

- If you are rendering psychotherapy services and you are an independently licensed clinician, use 90832/90837 and the appropriate modifier for the rendering clinician.
- For psychotherapy services (90832/90837) that are delivered in the home and rendered by a licensed clinician, no prior authorization is required (see [Medical Policy 423](#)).



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT)

In-Home Behavioral Services

A combination of behavior management monitoring and behavior management therapy where the child lives.

BEHAVIOR MANAGEMENT MONITORING—this includes 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—includes a functional behavioral assessment and observation in the home or community setting, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This includes the developing of a crisis-response strategy. This may include short-term counseling and assistance.

Billing code	Description	Authorization required?
H0040 with the HK modifier when billing on a 1500 claim form Add 0900 if you bill on a UB-04 and have contracted with us for these services	1 unit per day <ul style="list-style-type: none"> • Typically 60-120 minutes duration • Like most outpatient services, the associated collateral work is included • Typically face-to-face, but can be billed for substantial non-face to face services of similar duration 	Yes



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT)

Intensive Care Coordination (ICC)

Targeted case management for children with a serious emotional disturbance, including co-occurring conditions.

TARGETED CASE MANAGEMENT—service shall include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in the office or home, and includes an assessment, the development of an individualized care plan, referrals to appropriate levels of care, monitoring of goals, and coordinating with other services and social supports and with state agencies, as indicated. The services will be based on a system of care philosophy, and the individualized care plan will be tailored to meet the needs of the individual. The service will include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in the office, home or other settings, as clinically appropriate.

Billing code	Description	Authorization required?
H0023 with the HK modifier when billing on a 1500 claim form Add 0900 if you bill on a UB-04 and have contracted with us for these services	1 unit per calendar month	Yes



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT)

Therapeutic Mentoring (TM)

Medically necessary services provided to a child to support age-appropriate social functioning where the child lives. This is a skill-building service that addresses one or more goals in a child’s behavioral health treatment plan. It can also be delivered in their community so they can practice desired skills in appropriate settings.

Billing code	Description	Authorization required?
H0046 with the HK modifier when billing on a 1500 form Add 0900 if you bill on a UB-04 and have contracted with us for these services	1 unit per day <ul style="list-style-type: none"> Typically 60-120 minutes duration Like most outpatient services, the associated collateral work is included Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration 	Yes



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT)

Family Support and Training (FS&T)

Medically necessary services provided to a parent or other caregiver to improve their capacity to help or resolve the child’s emotional or behavioral needs where the child lives. This may include education about the child’s behavioral health needs and resiliency factors, how to find services for the child, and how to find formal and informal services in their communities, like parent support and self-help groups.

Billing code	Description	Authorization required?
H0025 with the HK modifier when billing on a 1500 form Add 0900 if you bill on a UB-04 and have contracted with us for these services	1 unit per day <ul style="list-style-type: none"> Typically 60-120 minutes duration Like most outpatient services, the associated collateral work is included Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration 	Yes



HOME-BASED INTENSIVE COMMUNITY-BASED TREATMENT SERVICES (ICBT)

Questions

Can I bill more than one Intensive Community-based Treatment service on the same date of service?

Yes. Multiple ICBT services may be billed on the same date of service, but not delivered simultaneously or by more than one provider at a time. Additionally, like most outpatient services, the associated collateral work is included in the per diem codes. For example, a 10-minute phone call or documenting progress notes should not be billed separately.

How do I determine member eligibility for these services?

- Call Clinical Intake at **1-800-524-4010**.
- Ask that the ICBT case be opened for the member under your facility.
- Confirm eligibility when speaking with the Behavioral Health Utilization Manager.
- If the member is not eligible, Blue Cross Blue Shield of Massachusetts will generate a benefit denial letter.

If the member is eligible, how do I determine member cost share?

- Call Provider Service at **1-800-882-2060**.
- Always when calling for benefits, be sure to ask for “child-adolescent mental health disorder treatment services” or “intensive community based treatment services.” This will ensure you will be quoted the appropriate benefit.
- Without asking, our Provider Service representative will only quote general benefits.
- No member copayments will apply; however applicable co-insurance and deductibles for behavioral health services will still apply.

Do ICBT services require authorization and the use of modifiers?

- Prior authorization is required for these services through our behavioral health network. Call **1-800-524-4010** to request prior authorization.
- When billing on a 1500 form, you must include the HK modifier on your claims to be reimbursed for these services.



ACUTE RESIDENTIAL TREATMENT (ACUTE RESIDENTIAL TREATMENT INCLUDES TWO FACILITY-BASED SERVICES: CBAT AND ICBAT)

Community Based Acute Treatment for Children and Adolescents (CBAT)

Behavioral health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to ensure safety for the child or adolescent. Includes daily medication monitoring, individual, group and family therapy, case management, and more. This service may be used as an alternative to or transition from inpatient services.

Billing code	Description	Authorization required?
<ul style="list-style-type: none"> • Code is contract dependent • Typically use H0017 or H0018 • No modifier required 	1 unit per day	Notification only within 72 hours.



ACUTE RESIDENTIAL TREATMENT

Intensive Community Based Acute Treatment for Children and Adolescents (ICBAT)

The same services as CBAT for children and adolescents but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment, and more intensive staffing and service delivery. For children who can be safely cared for in an unlocked setting. It can be used as an alternative to inpatient hospitalization.

Billing code	Description	Authorization required?
<ul style="list-style-type: none"> • Code is contract dependent • Typically use H0017 or H0018 • No modifier required 	1 unit per day	Notification only within 72 hours.