



# CBHI/Intensive community based treatments (ICBT)

Behavioral health for children and adolescents under age 18

## A guide for billing and coding. Please read carefully.

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.

<ul style="list-style-type: none"> <li>• Mobile crisis intervention (an alternative to emergency room care)</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive community based treatment (for home-based services, excluding mobile crisis)</li> </ul>	<ul style="list-style-type: none"> <li>• Acute residential treatment (for CBAT and ICBAT)</li> </ul>
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**Important:** Some self-insured plans do not offer this coverage. Self-insured plans take on full financial risk and are regulated entirely by federal law and are not subject to state mandates. You must check a patient’s eligibility for these services. See page 4 for more information.



### Mobile Crisis Intervention Services (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 (no modifier)  Independently licensed professionals: Use 90839/90840 and the appropriate modifier for <b>crisis psychotherapy</b> services provided by in the home.	<ul style="list-style-type: none"> <li>• 15-minute increments.</li> <li>• No limit to number of services or restrictions on days.</li> </ul>	No

### Commonly asked questions

#### 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 on the same day.



## Home-Based Intensive Community-based Treatment Services (ICBT)

### In-home therapy

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, 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
- 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 in supporting the child and addressing the child’s emotional and mental health needs.

**Please note:** These In-home therapy services are different than 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?
<p>H2020-HK</p> <p>Use 0900 If you bill on a UB-04 and have contracted with us for behavioral health child and adolescent services.</p> <p>Independently licensed professionals: Use 90832/90837 and the appropriate modifiers for the rendering clinician and site of service for <b>psychotherapy</b> services.</p>	<p>1 unit per day</p> <ul style="list-style-type: none"> <li>• 60-120 minutes duration</li> <li>• Includes collateral work associated with most outpatient services</li> <li>• Typically face-to-face, but can be billed for substantial non-face-to face services of similar duration</li> </ul>	<p>Yes</p> <p>Licensed professionals: No prior authorization is required by licensed professionals for psychotherapy delivered in the home (see Medical Policy <a href="#">423</a>).</p>



## 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 the home 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. This may include short-term counseling and assistance.

Billing code	Description	Authorization required?
H0040-HK  Use 0900 if you bill on a UB-04 and have contracted with us for behavioral health child and adolescent services.	1 unit per day  <ul style="list-style-type: none"> <li>• 60-120 minutes duration</li> <li>• Includes collateral work associated with most outpatient services</li> <li>• Typically face-to-face, but can be billed</li> </ul>	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**—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 service shall be based upon a system of care philosophy and the individualized care plan shall be tailored to meet the needs of the individual. The service shall include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in office, home or other settings, as clinically appropriate.

Billing code	Description	Authorization required?
H0023-HK  Use 0900 if you bill on a UB-04 and have contracted with us for behavioral health child and adolescent services.	1 unit per calendar month	Yes

### Commonly asked questions

#### Can I bill for these the same day as other intensive community based treatments?

**Yes.** They may be billed on the same date of service, but not delivered simultaneously or be used for a single short phone call or other collateral work. For example, a 10-minute phone call or documenting progress notes should not be separately billed.



## Home-Based Intensive Community-based Treatment Services (ICBT)

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### Intensive care coordination (ICC)

#### How to determine member eligibility for this service

- 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, here is how to 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.

#### About prior authorization and modifiers

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



## Acute Residential Treatment (non-home based)

### 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?
Code is contract dependent. Typically use H0017 or H0018.  No modifier required.	1 unit per day	Yes



## Acute Residential Treatment (non-home based)

### 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?
Code is contract dependent. Typically use H0017 or H0018.  No modifier required.	1 unit per day	Yes

***Please see instructions for how to determine member eligibility and cost share, and information on prior authorization and modifiers.***