



**Fully-Insured Health Plan's Coverage of Behavioral Health for Children and Adolescents:
*Plans Partnered with Aetna***

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of **February 12, 2020**. This is intended as a supplemental resource.

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In-home Behavioral Services

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H2014	15 minute unit	<p>In-Home Behavioral Services: A combination of medically necessary behavior management therapy and behavior management monitoring. The in-home behavioral services must 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. In-home behavioral services 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. Therapy that addresses challenging behaviors that interfere with a child's successful functioning. <ul style="list-style-type: none"> ○ Behavior management therapy must 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. ○ Behavior management therapy may include short-term counseling and assistance. 	Does not require authorization.	

In-home Therapy

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H2019	15 minute unit	<p>In-Home Therapy: Medically necessary therapeutic clinical intervention or ongoing training, as well as therapeutic support. The intervention or support must 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 similar to in-home therapy, it may be considered to meet this Notice's requirements.</p> <ul style="list-style-type: none"> • Therapeutic Clinical Intervention. Intervention that must include: <ul style="list-style-type: none"> ○ 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. ○ 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. • Ongoing Therapeutic Training and Support. Services that support implementation of a treatment plan pursuant to a therapeutic clinical intervention that must 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 health needs. 	Does not require authorization.	
	T1027	15 minute unit			
	99510	No unit associated with this code			

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Mobile Crisis Intervention					
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H2011	15 minute unit	<p>Mobile Crisis Intervention: A short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis. Mobile crisis intervention is used to identify, assess, treat and stabilize a situation, to reduce the immediate risk of danger to the child or others and to make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care.</p> <ul style="list-style-type: none"> The intervention must be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan. 	Does not require authorization.	

Intensive Care Coordination					
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H0023	No unit associated with this code	<p>Intensive Care Coordination (ICC): A collaborative service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions, in order to meet the comprehensive medical, behavioral health and psychosocial needs of an individual and the individual's family, while promoting quality, cost-effective outcomes.</p> <ul style="list-style-type: none"> This service 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 must be based upon a system of care philosophy and the individualized care plan must be tailored to meet the individual's needs. The service must include both face-to-face and telephonic meetings, as indicated as clinically appropriate. ICC is delivered in office, home or other settings, as clinically appropriate. 	Does not require prior authorization.	

Community Based Acute Treatment for Children and Adolescents (CBAT)					
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H0017 Rev code 1001 + H0017	Per day	<p>Community-Based Acute Treatment for Children and Adolescents (CBAT): Mental 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, while providing intensive therapeutic services including, but not limited to:</p> <ul style="list-style-type: none"> Daily medication monitoring Psychiatric assessment Nursing availability Specialing (as needed) 	Requires prior authorization.	

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			<ul style="list-style-type: none"> ○ Individual, group and family therapy ○ Case management ○ Family assessment and consultation ○ Discharge planning and ○ Psychological testing, as needed ● This service may be used as an alternative to or transition from inpatient services. ● Whenever a carrier's Accurate Residential Treatment (ART) program is substantially similar to CBAT, it may be considered to meet this Notice's requirements. 		
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Intensive Community Based Acute Treatment for Children and Adolescents (ICBAT)

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Aetna	H0018 Rev code 1001 + H0018	Per day	<p>Intensive Community Based Treatment for Children and Adolescents (ICBAT): Provides 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.</p> <ul style="list-style-type: none"> ● ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. ● ICBAT programs are able to treat children and adolescents with clinical presentations similar to those referred to inpatient mental health services but who are able to be cared for safely in an unlocked setting. ● Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization. ICBAT is not used as a step-down placement following discharge from a locked, 24-hour setting. ● Whenever a carrier's ART program is substantially similar to ICBAT, it may be considered to meet this Notice's requirements. 	Requires prior authorization.	