



**Fully-Insured Health Plan's Coverage of Behavioral Health for Children and Adolescents:  
*Plans Partnered with Blue Cross Blue Shield of Massachusetts***

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of February 18, 2021. For additional information visit: [BCBSMA Provider Central](#)

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**In-home Behavioral Services**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA  1-800-524-4010	H0040 HK (must include HK modifier) Use 0900 on claims for reimbursement only if you bill on a UB, such as a hospital that has been contracted with us for BHCA services)	1 unit per day	<b>In-home Behavioral Services</b> are: Behavior management monitoring and behavior management therapy where the child lives; these services are considered by BCBSMA to be one possible component of Intensive Community Based Treatment that are governed by a single authorization when delivered by one facility/provider.	Prior authorization is required under the umbrella of Intensive Community Based Treatment (ICBT);  All components of ICBT (In-home Therapy, In-home Behavioral Therapy, and Intensive Care Coordination) are governed by a single authorization when delivered by one facility/provider.	No copayment, but applicable co-insurance and deductibles will apply.	<ul style="list-style-type: none"> <li>• Typically 60-120 minutes duration</li> <li>• Like most outpatient services, the associated collateral work is included</li> <li>• Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration</li> </ul>

**In-home Therapy**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA  1-800-524-4010	H2020 HK (must include HK modifier) Use 0900 on claims for reimbursement only if you bill on a UB, such as a hospital that has been contracted with us for BHCA services)  NOTE: If billing for psychotherapy services provided by independently licensed professional in the home, rather than BHCA services, use 90832-90837 and the appropriate modifiers for the rendering clinician and site of service.	1 unit per day	In-Home Therapy services are: Therapeutic clinical intervention and ongoing therapeutic training and support where the child lives; these services are considered by BCBSMA to be one possible component of Intensive Community Based Treatment that are governed by a single authorization when delivered by one facility/provider.  NOTE: in-home therapy services are considered part of the ICBT suite of services by BCBSMA and are typically provided by a non-independently licensed clinician in the home setting. These services should be seen as distinct from Psychotherapy services provided by an independently licensed provider in the home setting, which is governed by Medical Policy 423 and does not require PA or medical necessity review.	Prior authorization is required under the umbrella of Intensive Community Based Treatment (ICBT);  All components of ICBT (In-home Therapy, In-home Behavioral Therapy, and Intensive Care Coordination) are governed by a single authorization when delivered by one facility/provider	No copayment, but applicable co-insurance and deductibles will apply.	<ul style="list-style-type: none"> <li>• Typically 60-120 minutes duration</li> <li>• Like most outpatient services, the associated collateral work is included</li> <li>• Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration</li> </ul>

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Mobile Crisis Intervention						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA 1-800-524-4010	H2011 if non independently licensed clinician is rendering the service, Do not use a modifier.  NOTE: if billing for psychotherapy for crisis services in the home, rather than for BHCA services, use 90839 / 90840 and the appropriate modifier.	H2011 is per 15 minute increments.	<b>Mobile Crisis Intervention</b> services are: short-term, mobile, on-site, face-to-face therapeutic response services that are available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis; these services are considered by BCBSMA to be an alternative to an emergency room visit.	Prior authorization is not required.	No copayment, but applicable co-insurance and deductibles will apply.	

Intensive Care Coordination						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA 1-800-524-4010	H0023 HK (must include HK modifier) Use 0900 on claims for reimbursement only if you bill on a UB such as a hospital that has contracted with us for BHCA services	1 unit per calendar month	Intensive Care Coordination services are: Targeted case management for patients with a serious emotional disturbance; includes assessment, individualized care plan, referral and activities to implement and monitor care plan; these services are considered by BCBSMA to be one possible component of Intensive Community Based Treatment that are governed by a single authorization when delivered by one facility/provider.	Prior authorization is required under the umbrella of Intensive Community Based Treatment (ICBT);  All components of ICBT (In-home Therapy, In-home Behavioral Therapy, and Intensive Care Coordination) are governed by a single authorization when delivered by one facility/provider	No copayment, but applicable co-insurance and deductibles will apply.	Available when contracts are renewed

**Fully-Insured Health Plans' Coverage of Behavioral Health for Children and Adolescents:  
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<b>Community Based Acute Treatment for Children and Adolescents (CBAT)</b>						
<b>Plan Nam</b>	<b>Procedure Code &amp; Modifier</b>	<b>Unit</b>	<b>Definition</b>	<b>Authorization Procedures</b>	<b>Cost Sharing/Deductible</b>	<b>Other Information</b>
BCBSMA 1-800-524-4010	Code is contract dependent. Typically use H0017 or H0018. Do not use modifier when billing for CBAT	Per diem	Community Based Acute Treatment (CBAT) services are: 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: daily medication monitoring; psychiatric assessment; nursing availability; specializing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed; both ICBAT and CBAT are considered by BCBSMA to be substantially similar to Acute Residential Treatment (Subacute Care), (no distinction is made).	Prior authorization is required under the umbrella of Acute Residential Treatment.	Deductible applies, Copay and coinsurance varies based on plan design	BCBSMA already provided coverage for this service prior to the mandate from the MA DOI 2018-07 bulletin. * CMHC must be contracted for this service.

<b>Intensive Community Based Treatment for Children and Adolescents (ICBAT)</b>						
<b>Plan Nam</b>	<b>Procedure Code &amp; Modifier</b>	<b>Unit</b>	<b>Definition</b>	<b>Authorization Procedures</b>	<b>Cost Sharing/Deductible</b>	<b>Other Information</b>
BCBSMA 1-800-524-4010	Code is contract dependent. Typically use H0017 or H0018. Do not use modifier when billing for ICBAT	Per diem	Intensive Community Based Acute Treatment (ICBAT) services are: 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; both ICBAT and CBAT are considered by BCBSMA to be substantially similar to Acute Residential Treatment (Subacute Care), (no distinction is made).	Prior authorization is required under the umbrella of Acute Residential Treatment.	Deductible applies, Copay and coinsurance varies based on plan design	Code is contract dependent. Typically use H0017 or H0018. Do not use modifier when billing for ICBAT

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**Family Support and Training (FS&T)**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA  1-800-524-4010	H0025 HK when billing on a CMS 1500 form  Add 0900 if billing on a UB-04 and are contracted for this service	1 unit per day	Medically necessary services provided to a parent or 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.	Prior authorization is required under the umbrella of Intensive Community Based Treatment (ICBT);  All components of ICBT (In-home Therapy, In-home Behavioral Therapy, and Intensive Care Coordination) are governed by a single authorization when delivered by one facility/provider	No copayment, but applicable co-insurance and deductibles will apply.	<ul style="list-style-type: none"> <li>• Typically 60-120 minutes duration</li> <li>• Like most outpatient services, the associated collateral work is included</li> <li>• Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration</li> </ul>

**Therapeutic Mentoring (TM)**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
BCBSMA  1-800-524-4010	H0046 HK when billing on a CMS 1500 form  Add 0900 if billing on a UB-04 and are contracted for this service	1 unit per day	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.	Prior authorization is required under the umbrella of Intensive Community Based Treatment (ICBT);  All components of ICBT (In-home Therapy, In-home Behavioral Therapy, and Intensive Care Coordination) are governed by a single authorization when delivered by one facility/provider	No copayment, but applicable co-insurance and deductibles will apply.	<ul style="list-style-type: none"> <li>• Typically 60-120 minutes duration</li> <li>• Like most outpatient services, the associated collateral work is included</li> <li>• Typically face-to-face, but can be billed for substantial non face-to-face services of similar duration</li> </ul>