



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

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of **February 4, 2020**. This information is intended as a supplemental resource.

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**In-home Behavioral Services**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
Cigna	H2014	15 minutes	Skills training and development.  Delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.	Does not require authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	No modifier required.

**In-home Therapy**

Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
Cigna	H2019	15 minutes	Therapeutic behavioral services.  Delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support.  Delivered in the home and community.	Does not require authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	No modifier required.

**Mobile Crisis Intervention**

Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
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Cigna	H2011	15 minutes	<p>Crisis Intervention Service.</p> <p>Provides short-term service that is a mobile, on-site, face-to-face therapeutic response to a patient experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to self or others.</p>	Does not require authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	No modifier required.
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Intensive Care Coordination						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
Cigna	H0023	15 minutes	<p>Behavioral Health Outreach Service (Planned approach to reach a targeted population).</p> <p>Facilitates care planning and coordination of services for patients with serious emotional disturbance (SED). Single point of accountability for ensuring that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner.</p>	Does not require authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	No modifier required.

Community Based Acute Treatment for Children and Adolescents (CBAT)						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
Cigna	1001	Per Diem	24 hour per day, 7 days per week staff-secure treatment setting. Short-term crisis stabilization, therapeutic intervention, and specialized programming in a staff-secure environment with a high degree of supervision and structure, with the goal of supporting the rapid and successful transition of the child/adolescent back to the community.	Requires authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	Services are authorized and reimbursed similar to Residential levels of care. Refer to your current contract for details regarding compensation information.

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<b>Intensive Community Based Treatment for Children and Adolescents (ICBAT)</b>						
<b>Plan Name</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>
Cigna	1001	Per Diem	24 hour per day, 7 days per week staff-secure treatment setting. Short-term crisis stabilization, therapeutic intervention, and specialized programming in a staff-secure environment with a high degree of supervision and structure, with the goal of supporting the rapid and successful transition of the child/adolescent back to the community. Provides the same services as Community Based Acute Treatment (CBAT) but of higher intensity, including more frequent psychiatric evaluation and medication management and a higher staff-to-patient ratio	Requires authorization.	Services may be subject to cost sharing or deductible. Please verify patient's benefits for confirmation.	Services are authorized and reimbursed similar to Residential levels of care. Refer to your current contract for details regarding compensation information.