



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

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of March 3, 2021.

**Fully-Insured Health Plans' Coverage of Behavioral Health for Children and Adolescents:
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In-home Behavioral Services						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	H2014 HO – MA Level HA – BA Level	96 units per day (per 15 min)	A combination of medically necessary behavior management therapy and behavior management monitoring, provided, however, that such services shall 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 addition, medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs, provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.	Does not require authorization	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Supervisory Protocol for BHCA is the SAME as it was for CBHI There is no HUB for IHBS Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual
Connecticare 888-946-4658 (Optum is the MBHO)	H2014 HO – MA Level HA – BA Level	96 units per day (per 15 min)	A combination of medically necessary behavior management therapy and behavior management monitoring, provided, however, that such services shall 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 addition, medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs, provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.	Does not require authorization	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Supervisory Protocol for BHCA is the SAME as it was for CBHI There is no HUB for IHBS Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual
Harvard Pilgrim Health Care 888-777-4742 (Optum is the MBHO)	H2014 HO – MA Level HA – BA Level	96 units per day (per 15 min)	A combination of medically necessary behavior management therapy and behavior management monitoring, provided, however, that such services shall 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 addition, medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs, provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.	Does not require authorization	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Supervisory Protocol for BHCA is the SAME as it was for CBHI There is no HUB for IHBS Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual
United Healthcare (Optum is the MBHO)	H2014 HO – MA Level HA – BA Level	96 units per day (per 15 min)	A combination of medically necessary behavior management therapy and behavior management monitoring, provided, however, that such services shall 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 addition, medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs, provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.	Does not require authorization	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Supervisory Protocol for BHCA is the SAME as it was for CBHI There is no HUB for IHBS Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual

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In-home Therapy						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	99510	1 unit per day (not a timed code)	Medically necessary therapeutic clinical intervention or ongoing training and therapeutic support, delivering a flexible variety of services under a comprehensive and coordinated treatment plan either where the child resides or where the family engages in the community	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	<p>99510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services.</p> <p>Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name.</p> <p>This is a per diem, single unit code. Typically, would be billed no more than 1 x day.</p> <p>Can be billed with other outpatient codes within the same 24 hour period.</p> <p>BA Level Notes do not require sign-off from a licensed provider; however, supervision is required</p> <p>Does NOT include transportation</p> <p>NOTE: you cannot bill for member outreach that was unsuccessful (i.e. member no show); must provide an intervention, engage in care coordination, and/or create assessments or treatment plans to bill for services.</p>
Connecticare 888-946-4658 (Optum is the MBHO)	99510	1 unit per day (not a timed code)	Medically necessary therapeutic clinical intervention or ongoing training and therapeutic support, delivering a flexible variety of services under a comprehensive and coordinated treatment plan either where the child resides or where the family engages in the community.	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	<p>99510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services.</p> <p>Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if</p>

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						<p>member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name.</p> <p>This is a per diem, single unit code. Typically, would be billed no more than 1 x day.</p> <p>Can be billed with other outpatient codes within the same 24 hour period.</p> <p>BA Level Notes do not require sign-off from a licensed provider; however, supervision is required</p> <p>Does NOT include transportation</p> <p>NOTE: you cannot bill for member outreach that was unsuccessful (i.e. member no show); must provide an intervention, engage in care coordination, and/or create assessments or treatment plans to bill for services.</p>
<p>Harvard Pilgrim Health Care</p> <p>888-777-4742</p> <p>(Optum is the MBHO)</p>	99510	1 unit per day (not a timed code)	Medically necessary therapeutic clinical intervention or ongoing training and therapeutic support, delivering a flexible variety of services under a comprehensive and coordinated treatment plan either where the child resides or where the family engages in the community	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	<p>99510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services.</p> <p>Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name.</p> <p>This is a per diem, single unit code. Typically, would be billed no more than 1 x day.</p> <p>Can be billed with other outpatient codes within the same 24 hour period.</p> <p>BA Level Notes do not require sign-off from a licensed provider; however, supervision is required</p>

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						<p>Does NOT include transportation</p> <p>NOTE: you cannot bill for member outreach that was unsuccessful (i.e. member no show); must provide an intervention, engage in care coordination, and/or create assessments or treatment plans to bill for services.</p>
<p>United Healthcare (Optum is the MBHO)</p>	99510	1 unit per day (not a timed code)	Medically necessary therapeutic clinical intervention or ongoing training and therapeutic support, delivering a flexible variety of services under a comprehensive and coordinated treatment plan either where the child resides or where the family engages in the community	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	<p>99510 can be used by either the MA or BA team member and includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and other non-traditional services.</p> <p>Code will not pay if billed under member's name while the member is in CBAT / ICBAT care; if member is in CBAT or ICBAT care and a provider wants to conduct In-Home Therapy / FST with family, then 99510 will need to be billed under another covered family member's name.</p> <p>This is a per diem, single unit code. Typically, would be billed no more than 1 x day.</p> <p>Can be billed with other outpatient codes within the same 24 hour period.</p> <p>BA Level Notes do not require sign-off from a licensed provider; however, supervision is required</p> <p>Does NOT include transportation</p> <p>NOTE: you cannot bill for member outreach that was unsuccessful (i.e. member no show); must provide an intervention, engage in care coordination, and/or create assessments or treatment plans to bill for services.</p>

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Mobile Crisis Intervention						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	H2011 HO – MA Level HA – BA Level	96 units per day (per 15 minutes)	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; 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. The intervention shall 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.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
Connecticare 888-946-4658 (Optum is the MBHO)	H2011 HO – MA Level HA – BA Level	96 units per day (per 15 minutes)	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; 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. The intervention shall 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.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
Harvard Pilgrim Health Care 888-777-4742 (Optum is the MBHO)	H2011 HO – MA Level HA – BA Level	96 units per day (per 15 minutes)	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; 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. The intervention shall 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.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
United Healthcare (Optum is the MBHO)	H2011 HO – MA Level HA – BA Level	96 units per day (per 15 minutes)	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; 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. The intervention shall 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.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Can be billed with other outpatient codes within the same 24-hour period.

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Intensive Care Coordination						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	H0023	1 unit per day	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. 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. ICC is delivered in office, home or other settings, as clinically appropriate.	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Effective 7/1/2020, for AllWays Health Partners Health Plans, providers can bill health plan directly for ICC services without requiring a single case agreement (SCA).
Connecticare 888-946-4658 (Optum is the MBHO)	H0023	1 unit per day	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. 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. ICC is delivered in office, home or other settings, as clinically appropriate.	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can bill the health plan directly for ICC services without going through Optum's Internal Case Management Team
Harvard Pilgrim Health Care 888-777-4742 (Optum is the MBHO)	H0023	1 unit per day	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. 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. ICC is delivered in office, home or other settings, as clinically appropriate.	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can bill the health plan directly for ICC services without going through Optum's Internal Case Management Team
United Healthcare (Optum is the MBHO)	H0023	1 unit per day	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. 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. ICC is delivered in office, home or other settings, as clinically appropriate.	Does not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can bill the health plan directly for ICC services without going through Optum's Internal Case Management Team

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Community Based Acute Treatment for Children and Adolescents (CBAT)						
Plan Nam	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	Rev 1001+H0017	Per diem	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; 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
Connecticare 888-946-4658 (Optum is the MBHO)	Rev 1001+H0017	Per diem	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; 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
Harvard Pilgrim Health Care 888-777-4742 (Optum is the MBHO)	Rev 1001+H0017	Per diem	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; 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
United Healthcare (Optum is the MBHO)	Rev 1001+H0017	Per diem	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; 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.	Requires authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.

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

Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductible	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	Rev 1001+H0018	Per diem	Provides the same services as CBAT but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
Connecticare 888-946-4658 (Optum is the MBHO)	Rev 1001+H0018	Per diem	Provides the same services as CBAT but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
Harvard Pilgrim Health Care 888-777-4742 (Optum is the MBHO)	Rev 1001+H0018	Per diem	Provides the same services as CBAT but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.
United Healthcare (Optum is the MBHO)	Rev 1001+H0018	Per diem	Provides the same services as CBAT but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery. 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.	Requires authorization. Services for Partners ASO members seeing a contracted provider will not require authorization.	Member eligibility and cost sharing may vary by plan. Providers can go to https://www.providerexpress.com to check eligibility and cost sharing	Must be billed with corresponding HCPCS.

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Family Support and Training (FS&T)						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Allowable Staff/Supervision	Other Information
AllWays Health Partners 844-451-3518 (Optum is the MBHO)	H0038 - HS	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician, and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p> <p>Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
Connecticare 888-946-4658 (Optum is the MBHO)	H0038 - HS	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician, and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)

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			<p>and supports in their communities, including parent support and self-help groups.</p> <p>Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p>			
<p>Harvard Pilgrim Health Care</p> <p>888-777-4742</p> <p>(Optum is the MBHO)</p>	H0038 - HS	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician, and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p> <p>Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)

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			services and supports in their communities, including parent support and self-help groups.			
United Healthcare (Optum is the MBHO)	H0038 - HS	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician, and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p> <p>Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)

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Therapeutic Mentoring (TM)						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Allowable Staff/Supervision	Other Information
Always Health Partners 844-451-3518 (Optum is the MBHO)	H0038-HA	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults.</p> <p>Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.</p> <p>Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
Connecticare 888-946-4658 (Optum is the MBHO)	H0038-HA	96 units per day (per 15 minutes)	<p>Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults.</p> <p>Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.</p> <p>Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.</p>	Does not require authorization.	Supervisory Protocol for BHCA is the SAME as it was for CBHI.	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)

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<p>Harvard Pilgrim Health Care</p> <p>888-777-4742</p> <p>(Optum is the MBHO)</p>	<p>H0038-HA</p>	<p>96 units per day (per 15 minutes)</p>	<p>Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults.</p> <p>Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.</p> <p>Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.</p>	<p>Does not require authorization.</p>	<p>Supervisory Protocol for BHCA is the SAME as it was for CBHI.</p>	<p>Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)</p>
<p>United Healthcare</p> <p>(Optum is the MBHO)</p>	<p>H0038-HA</p>	<p>96 units per day (per 15 minutes)</p>	<p>Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults.</p> <p>Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting.</p> <p>Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.</p>	<p>Does not require authorization.</p>	<p>Supervisory Protocol for BHCA is the SAME as it was for CBHI.</p>	<p>Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)</p>