

# BEHAVIORAL HEALTH FOR CHILDREN AND ADOLESCENTS SERVICES

**For Behavioral Health Care Providers**  
**Effective January 2021**

Effective January 1, 2021, Cigna Behavioral Health will begin administering two Behavioral Health for Children and Adolescents (BHCA) services, Family Support and Training and Therapeutic Mentoring in accordance with the requirements of Massachusetts Division of Insurance Bulletin 2018-07. For more information about this topic, please see the frequently asked questions below.

## 1. Who is eligible to receive BHCA services?

Only a subset of Cigna customers may be eligible for BHCA services. Per the regulation, only customers under a fully-insured plan, situated (or written) in Massachusetts are covered for BHCA services. Self-funded/ASO customers are not currently covered by this regulation. If a customer is not covered for BHCA services, you may still be able to bill for services using Current Procedural Terminology (CPT®) codes currently covered under Cigna Behavioral Health (as long as they are rendered by a licensed provider and an otherwise covered service).

## 2. How do I verify eligibility and benefits?

To verify a Cigna customer's eligibility and request prior authorization, you can call Cigna Behavioral Health at 800.926.2273, from 8:30 a.m. to 8:00 p.m. EST, and follow the prompts for "health care professional," then "authorizations." Answer "yes" to the following questions:

- › Is this a request for a new authorization?
- › Is this for inpatient or a higher level of care?

Due to the unique coverage associated with these services, we do not recommend verifying eligibility and benefits online.

## 3. How do I bill or receive authorization for outpatient BHCA services?

Family Support and Training (FS&T) and Therapeutic Mentoring (TM) do not require prior authorization for in-network providers or out-of-network providers rendering services to customers with out-of-network benefits.

*Please note:* Authorization is required for all BHCA services if you are out-of-network and the customer does not have out-of-network benefits.

FS&T and TM services are covered under a clinic contract and should be billed on a CMS 1500 form. While Cigna Behavioral Health does not require use of the Child and Adolescent Needs and Strengths (CANS) tool, nor do we have any specific requirements about documentation, we do recommend that you continue to maintain processes around this matter in the event you need to seek reimbursement from other sources.

Outpatient BHCA services may be rendered by bachelor's level, paraprofessional, or unlicensed providers. However, all services should be billed under/by the supervising master's level (or higher) provider. The supervising provider is not required to be present in treatment, however, they should be

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active and credentialed with Cigna Behavioral Health to help ensure appropriate in-network claims payment. In addition to traditional therapeutic services, outpatient providers can bill for time spent engaged in consultations or collateral contacts. No-shows may be billed if a self-pay agreement is on file.

Below is billing guidance for BHCA services for all provider levels. Note, we do not require the use of modifiers.

BHCA service	Service description	Billing code	Frequency
Family Support and Training (FS&T)	Family training and counseling for child development  Service that provides a structured, one-to-one, strength-based relationship between a family partner and a parent/caregiver.	H0038	Per 15 minutes
Therapeutic Mentoring (TM)	Self-help/peer services  Structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs.	T1027	Per 15 minutes

Note, our billing and reimbursement requirements may vary from how you currently bill for BHCA services. Please refer to your amendment for information about reimbursement rates.

**4. Do I have to submit additional credentialing information to provide BHCA services?**

No. Additional credentialing documentation is not required at this time. Per Cigna Behavioral Health’s re-credentialing policy, you will still be required to re-credential every three years. Providers who would like to become credentialed with Cigna Behavioral Health can begin the process by completing the [Provider Information Form](#), which is available at the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Behavioral (under “Join the Cigna Network”).

**5. Who can I contact about contractual or rate questions for BHCA services?**

Contact [Cassandra Hibbard](#), the Cigna Provider Relations Representative for Massachusetts.

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