

# **BHCA Provider FAQ**



Covered Services Effective 7/1/2019						
CPT Code	Description	Unit Definition	Auth Requirements	Items to Note		
Rev 1001 + H0017	CBAT	CBAT with R&B	Auth Required	Must be billed with corresponding		
Rev 1001 + H0018	ICBAT	ICBAT with R&B	Auth Required	HCPCS		
99510*	Family Stabilization Team/In- Home Therapy	Per Diem 1 unit per day (not a timed code)	No Auth Required	95510 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		
				Code can ONLY be billed Once per Day per Member		
				BA Level Notes do not require sign-off from a licensed provider; however, supervision is required		
				Does NOT include transportation		
				<b>NOTE:</b> 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		
H2014 HO – MA Level	In-Home Behavioral Services	. 96 units per day (per 15 minutes)	No Auth Required	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)		
HN – BA Level			No Auth Required	Supervisory Protocol for BHCA is the SAME as it was for CBHI		
H2011	Mobile Crisis Intervention			There is no HUB for IHBS		
HO – MA Level HN – BA Level				Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual		
H0023	Intensive Care Coordination	1 unit per day	No Auth Required	Code can ONLY be billed Once per Day per Member		
				Effective 7/1/2020, for AllWays Health Partners Health Plans, providers can <b>bill</b> <b>health plan directly</b> for ICC services without requiring a single case agreement (SCA).		
				Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, HPHC and UHC), providers can <b>bill the health</b> <b>plan directly</b> for ICC services without going through Optum's Internal Case Management Team		

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## Covered Services Effective 7/1/2019 (continued)

\*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. You may check eligibility of family member(s) online or by calling the MH/SUD number on the member ID card prior to billing services.

#### SEE ALSO: UBH Supplementation Clinical Criteria: Massachusetts Commercial

## **Covered Services Effective 1/1/2021**

CPT Code	Description	Unit Definition	Auth Requirements	Items to Note
H0038–HA	Therapeutic Mentoring	96 units per day (per 15 minutes)	No Auth Required	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
H0038–HS	Family Support & Training		No Auth Required	

#### **Supervisory Protocol**

The Supervisory Protocol Addendum allows non-credentialed clinicians to render services while under the supervision of an independently licensed clinical. Supervisory Protocol for BHCA is the SAME as it was for CBHI. Please contact Gabe Nathan for any related questions.

- Clinicians rendering psychotherapy services must have a minimum of a master's degree
- All services that are rendered must be within the scope of the clinician's training
- Supervision must occur regularly on a one-to-one basis and be documented
- Optum may periodically conduct chart audits to ensure compliance with Optum's Policies and Procedures

SEE ALSO: Provider Training Supervisory Protocol - Provider Express

## Authorizations

Authorizations can be requested in two (2) ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express (<u>providerexpress.com</u>). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.
- Calling United Behavioral Health (UBH) via the number on the member's card

Reminders:

- 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).
- 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
- The process for billing for ICC claims mirrors the process used under the Medicaid (CBHI) book of business

## **Joining Our Network**

The participation process begins with the submission of the provider application:

- Go to <u>Provider Express</u> home page > <u>Our Network</u>. Under "Join Our Network" select "Individually-Contracted Clinicians" and respond to prompts.
- Clinicians contracting on an individual basis complete the CAQH universal application online at <u>caqh.org</u>
- Credentialing requirements can be found at providerexpress.com under "Join Our Network"
- Orientation to Optum Clinical and Administrative Protocols via Webinars or Review of Provider Resources Posted on providerexpress.com

Benefits			
Not all Optum members are eligible for BHCA services plans must provide this services and other Massachus services as a "Buy-Up" to their ASO plans. For Online	etts-Sitused Health Plans have opted to offer these		
Optum administers to a wide range of benefit p	blans. There are multiple variables in determining to verify member eligibility and benefits prior to rendering		
insurance. Please refer to MassHealth for rela	•		
Rates for BHCA and CBHI are uniform across for related Inquiries	the state. Please contact your Network Representative		
State of Massachusetts Requirement Effe	ective 7/1/2019		
Applies To	Does Not Apply To		
<ul> <li>All Services Available to Members 18 and Under</li> <li>REQUIRED for Fully Insured Commercial</li> <li>Policies Sitused in State of Massachusetts*</li> <li>Provider Practicing in State</li> <li>Both In-Network and Out-of-Network Providers</li> <li>New or Renewing Accounts on or After 7/1/2019</li> </ul>	<ul> <li>MA Residents Whose Accounts are NOT Sitused in Massachusetts</li> <li>Non-MA Practicing Providers</li> </ul>		
Health Plan	Eligibility Details*		
AllWays Partners Health Plan	All Fully Insured + PHS (Partners) ASO Account <b>NOTE:</b> ASO Accounts, GIC and City of Boston cover some of these services (i.e. CBAT, ICBAT, IHT/FST)		
ConnectiCare	All Fully Insured <b>NOTE:</b> Only Applicable to CCI of Massachusetts Members		
Harvard Pilgrim Health Care	All Fully Insured + ASO Buy-Up <b>NOTE:</b> ASO Accounts may Buy-Up to the Services so Eligibility may Vary		
UnitedHealthcare	Fully Insured Upon Renewal on 7/1/2019		
*SITUS state refers to the state in which the insurer is member lives.	located. RESIDENT state refers to the state in which the		
Provider Customer Service Numbers			
	e of business or employer; therefore, when calling customer line of business you have questions about or refer to the number		
Health Plan	Phone Number		
Allways Health Partners	Phone: 844-451-3518		
Partners ASO	Phone: 844-451-3520		
ConnectiCare	Phone: 888-946-4658		
Harvard Pilgrim Health Care	Phone: 888-777-4742		
United Health Care	Call the number on the back of the insurance ID card		

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IHBS vs. IHT		
In-Home Behavioral Services	In-Home Therapy	
<ul> <li>In-Home Behavioral Services (IHBS): 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 nome, a therapeutic foster home, or another community setting and include:</li> <li>Behavior Management Monitoring: monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.</li> <li>Behavior Management Therapy: that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall 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; and provided further, that "behavior management therapy" may include short-term counseling and assistance.</li> </ul>	<ul> <li>In-Home Therapy: medically necessary therapeutic clinical intervention or ongoing training, as well as therapeutic support; provided however, that the intervention or support shall 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 like In-Home Therapy, it may be considered to meet the requirements of this Bulletin. Services can include:</li> <li>Therapeutic Clinical Intervention: intervention that shall include         <ul> <li>✓ the development of a treatment plan; and</li> <li>✓ 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</li> <li>✓ a structured and consistent therapeutic relationship between a licensed clinician and a child and the child's family to provide effective support for the child and promotion of healthy functioning of the child within the family;</li> </ul> </li> <li>Ongoing Therapeutic Training and Support: services that support implementation of a treatment plan pursuant to therapeutic clinical intervention that shall include, but not be limited to, teaching the child</li> </ul>	

\*Definitions of IHBS an IHT taken directly from <u>Commonwealth of Massachusetts Bulletin 2018-07</u>.