

Behavioral Health for Children and Adolescents

Massachusetts-specific commercial health plan requirements

The Massachusetts Division of Insurance and Department of Mental Health requires managed care organizations who offer Commercial (employer-sponsored) health plans to cover services that diagnose and treat child and adolescent mental health disorders. Those disorders substantially interfere with or limit the functioning and social interactions of the child or adolescent, including an inability to attend school, the need for hospitalization or a pattern of conduct or behavior which poses a serious danger to self or others.

Services must be included on a non-discriminatory basis, in the least restrictive clinically appropriate setting. Services include inpatient, intermediate and outpatient that shall permit medically necessary, active care expected to lead to improvement of the condition in a reasonable period of time, as well as medically necessary noncustodial treatment for the mental health disorders. The covered services may be provided to the child/adolescent, their parents and/or other appropriate caregivers.*

SEE ALSO: [Optum Supplemental Clinical Criteria: Massachusetts Commercial](#)

Covered Services				
CPT Code/Modifiers	Description	Unit Definition	Authorization Required?	Additional Information
Rev 1001 + H0017	CBAT	CBAT with R&B	Yes	ICBAT (Intensive Community-Based Acute Treatment) has been merged with CBAT (Community-Based Acute Treatment). Please consult the CBAT section for information. Must be billed with corresponding HCPCS code. Cannot be billed with other outpatient codes.
H2014 • HO – MA Level • HN – BA Level	In-Home Behavioral Services	96 units per day (per 15 minutes)	No	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Billing BHCA under supervision is the SAME as it was for the Children's Behavioral Health Initiative (CBHI)
H2011 • HO – MA Level • HN – BA Level	Mobile Crisis Intervention	96 units per day (per 15 minutes)	No	There is no hub for In-Home Behavioral Services (IHBS) Can be used when providing 7-Day Mobile Crisis Intervention (MCI) follow-up • S9485 is used for crisis intervention, per usual

87CPT Code/Modifiers	Description	Unit Definition	Authorization Required?	Additional Information
For services provided prior to 10/1/2024: 99510* - HO – MA Level - HN – BA Level For services provided on 10/1/2024 and after: - H2019 - HO – MA Level - HN – BA Level BA = Bachelor's-level clinician MA = Master's-level clinician	In-Home Therapy	99510 – Per diem based on one 60-minute unit per day See Additional Information for instructions on how to bill two units H2019 – 96 units per day (per 15 minutes)	No	Service(s) includes phone contact with family; collateral contact for the purpose of care coordination; service(s) provided in the home and various locations in the community; completing and updating assessment/diagnosis; creating and updating treatment plans; creating discharge plans; and other non-traditional services. BA-level notes do not require sign-off from a licensed provider; however, supervision is required. <i>*For 99510 only:</i> - Code will not pay if billed under the member's name while the member is in CBAT care - Code can be used by either MA-level or BA-level team member - A second 60-min unit is allowed if needed on occasion - Use primary modifier XU for billing
H0023	Intensive Care Coordination	1 unit per day	No	Code can only be billed once per day per member
H0038–HA	Therapeutic Mentoring	96 units per day (per 15 minutes)	No	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
H0038–HS	Family Support & Training		No	

Billing Under Supervision

Billing under supervision allows non-credentialed clinicians to render services while under the supervision of an independently licensed clinician. Depending on the provider's Participation Agreement (contract), claims may be submitted under the licensed, credentialed supervisor or the agency.

- 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: [Outpatient Services Rendered Under Supervision - Commercial](#)

Prior Authorization

Community-Based Acute Treatment (CBAT) requires prior authorization before treatment is rendered. Note: Most other behavioral health services for children and adolescents do NOT require authorization at this time, including both prior authorization and reauthorization.

Authorization of CBAT services can be requested in 2 ways:

1. **Online:** Network (contracted) providers can request authorization for most services via the Provider Express secure portal
 - Go to Providerexpress.com > Log in (upper right corner > Enter your One Healthcare ID and password. Then, go to Auths > Auth Requests and follow the prompts.
 - If you need to set up an ID and password, select First Time User instead of Log In.
2. **By phone:** Call Optum Behavioral Health via the number on the back of the member's ID card.

Eligibility and Benefits

Optum Behavioral Health administers a wide range of benefit plans. There are multiple variables in determining member eligibility for services. Providers should verify member eligibility and benefits prior to rendering any Behavioral Health for Children and Adolescents services. Not all Optum Behavioral Health members covered by a Commercial health plan are eligible for these services:

- Massachusetts-sitused* fully insured Commercial plans must cover these services.
- Other Massachusetts-sitused health plans may have opted to cover these services as a buy-up to their Administrative Services Only (ASO) contract with Optum Behavioral Health.

You can verify a member's eligibility and benefits for services via the Provider Express secure portal:

- Go to Providerexpress.com > Log in (upper right corner > Enter your One Healthcare ID and password. Then, go to Auths > Auth Requests and follow the prompts.

State of Massachusetts Requirements

Applies To	Does Not Apply To
• Members ages 18 and under • All fully insured Commercial health plans (required) • Policies sitused in the state of Massachusetts* • Provider who is practicing in Massachusetts • Both network (contracted) and out-of-network providers	• Massachusetts residents who are not covered by a fully insured Commercial health plan that is sitused in the state of Massachusetts • Providers who do not practice in Massachusetts

Health Plan	Eligibility Details*
Mass General Brigham Health Plan	All fully insured and ASO health plans NOTE: ASO Accounts, GIC and City of Boston cover some BHCA services. Confirm eligibility prior to enrollment.
ConnectiCare	Only applicable to fully insured CCI of Massachusetts members
UnitedHealthcare	All fully insured health plans

*“Situs state” refers to the state in which the health plan is located. “Resident state” refers to the state in which the member lives.

MassHealth covers copays and deductibles for members who have MassHealth as secondary insurance. Please contact MassHealth for questions.

Rates for BHCA and CBHI are uniform across the state. Please contact your Network Representative for related Inquiries

Provider Service Contacts

Please call the phone number that corresponds to the health plan you have questions about, as outlined below.

Health Plan	Phone Number
Mass General Brigham Health Plan	1-844-451-3518
Mass General Brigham Health Plan ASO	1-844-451-3520
ConnectiCare	1-888-946-4658
UnitedHealthcare	Call the number on the back of the member’s health plan ID card
Optum Behavioral Health	Email
Bradley Eardley Provider Relations Consultant & CBHI Program Manager	bradley_eardley@optum.com
Optum Behavioral Health Provider Services	1-877-614-0484 / 8 am to 8 pm ET, Monday – Friday

The Differences Between In-Home Behavioral Services (IHBS) and In-Home Therapy (IHT)

In-Home Behavioral Services	In-Home Therapy
In-Home Behavioral Services (IHBS) are a combination of medically necessary behavior management therapy and behavior management monitoring. The services must 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. The services include: • Behavior Management Monitoring Monitoring of a child's behavior, the implementation of a behavior plan, and reinforcing implementation of a behavior plan by the child's parent(s) or other caregiver(s). • Behavior Management Therapy Addresses challenging behaviors that interfere with a child's successful functioning. The behavior management therapy may include short-term counseling and assistance. The therapy must include: • A functional behavioral assessment and observation of the youth in the home and/or community setting • Development of a behavior plan • Supervision and coordination of interventions to address specific behavioral objectives or performance	In-Home Therapy (IHT) is medically necessary therapeutic clinical intervention or ongoing training, as well as therapeutic support. The intervention or support must be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. The services can include: • Therapeutic Clinical Intervention ○ Development of a treatment plan; and ○ Use of established psychotherapeutic techniques when 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 ○ A structured and consistent therapeutic relationship between a licensed clinician and a child, and the child's family, to treat the child's mental health needs, ▪ This includes improvement of the family's ability to provide effective support for the child and promotion of healthy functioning of the child within the family. • Ongoing Therapeutic Training and Support Services that support implementation of a treatment plan pursuant to therapeutic clinical intervention: ○ Teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations. ○ Assisting the family in supporting the child and addressing the child's emotional and mental health needs. If a health plan's Family Stabilization Treatment (FST) service is substantially similar to In-Home Therapy, it may be considered to meet state requirements.

* Definitions of IHBS and IHT taken directly from [Commonwealth of Massachusetts Bulletin 2018-07](#) .