



PROVIDER REIMBURSEMENT GUIDANCE		
Community Behavioral Health Centers		
Original Date Approved	Effective Date	Revision Date
07/07/2023	10/07/2023	N/A
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines <input checked="" type="checkbox"/> Senior Care Options <span style="margin-left: 200px;"><input checked="" type="checkbox"/> One Care</span>		

**PAYMENT POLICY SUMMARY:**

Commonwealth Care Alliance (CCA) covers medically necessary behavioral health and substance use disorder services delivered by contracted Community Behavioral Health Centers (CBHCs) in accordance with Massachusetts Executive Office of Health and Human Services (EOHHS). Effective January 1, 2023, for services rendered in Community Behavioral Health Centers CCA will be reimbursed as set forth in 101 CMR 305 for One Care and Senior Care Options.

**AUTHORIZATION REQUIREMENTS:**

CCA requires a notification of admission for Adult Community Crisis Stabilization. For information on notification requirements, please refer to the [Prior Authorization Requirements](#) in the [Senior Care Options and One Care Provider Manual](#).

**REIMBURSEMENT GUIDELINES:**

Concordant with [MassHealth 101 CMR 305](#), CCA’s reimbursement for claims billed appropriately for *only contracted* Community Behavioral Health Centers based on codes and modifiers within the billing and coding guidelines section of this policy.

**BILLING and CODING GUIDELINES:**

Encounter bundle rate: In order to receive reimbursement for the bundle rate, CBHC providers must bill one T1040 regardless of the number of designated services provided to the Member on that date. CBHCs should refer to the [Community Behavioral Health Center Services Provider Manual](#) for regulation information and billing requirements.

If CBHCs deliver services via Telehealth, the appropriate Telehealth place of service (02, 10) and modifiers are required (95, 93, FR, FQ, or GQ). Please refer to [Telehealth/Telemedicine policy](#) for further guidance.

Service Codes	Modifier	Code Description	Place of Service
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T1040	HB	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)	53
Designated service codes for all services provided on the same day			
90791	Psychiatric diagnostic evaluation		
90792	Psychiatric diagnostic evaluation with medical services		
90832	Psychotherapy, 30 minutes with patient		
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)		
90834	Psychotherapy, 45 minutes with patient		
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) (Use this add-on code with an appropriate evaluation and management service code when medication management is provided)		
90837	Psychotherapy, 60 minutes with patient		
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)		
90839	Psychotherapy for crisis, first 60 minutes		
+90840	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure) (Add-on code).		
90846	Family psychotherapy (without the patient present), 50 minutes		
90847	Family psychotherapy with patient 50 minutes		
90849	Multiple-family group psychotherapy (per person session not to exceed 10 clients)		
90853	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)		

90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (case consultation)
90887	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)
+96164	Health behavior group intervention, 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (add-on code).
96372	Therapeutic prophylactic or diagnostic injection (specify substance use or drug); subcutaneous or intramuscular
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 45-59 minutes of total time spent on the date of the encounter
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using

	time for code selection, 10-19 minutes of total time spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure), 60 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure), 60 minutes
H0004	Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum) (per session)
H0005	Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum)
H0033	Oral medication administration, direct observation (substance use disorder programs only)
T1006	Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)



**Adult Community Crisis Stabilization (Adult CCS):** A community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization when clinically appropriate and provides short-term, staff-secure, safe, and structured crisis stabilization and treatment for individuals with mental health and substance use disorders

Service code	Mod 1	Service Description	Place of Service
S9485	ET	Crisis intervention mental health services, per diem (Adult Community Crisis Stabilization per day rate)	22, 53

**Adult Mobile Crisis Intervention (AMCI) formerly known as Emergency Service Program:** a community-based behavioral health service available 24/7/365 and providing short-term mobile, onsite, face-to-face crisis assessment, intervention, and stabilization to adults experiencing a behavioral health crisis. Note: Please follow CMS guidelines crisis evaluations for Medicare Advantage Plans

Service code	Mod 1	Mod 2	Service Description	Place of Service
S9485	HB		Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention.)	23
S9485	HE		Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	53
S9485	U1		Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	15
H2011	HN	HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a Paraprofessional or bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.)	53
H2011	HO	HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a master's level Clinician. Follow-up interventions provided up to the third day following initial evaluation.)	53
H2011	HN	HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a	15

			community-based site of service outside of the CBHC site by a Paraprofessional or bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.)	
H2011	HO	HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a master's level clinician. Follow-up interventions provided up to the third day following initial evaluation	15

Specialty Service:

Service Code	Mod 1	Service Description
H0046	HE	Mental health services, not otherwise specified (Certified Peer Specialist Services).

Optional Services:

- Psychological testing refer to [Behavioral Health Outpatient payment policy](#)
- Structured Outpatient Addiction Program and Enhanced Structured Outpatient Addiction Program (E-SOAP) refer to [Opioid Replacement Therapy and Medication Assisted Treatment payment policy](#)
- Intensive Outpatient Program refer to [Behavioral Health Inpatient Intermediate Diversionary Services payment policy](#)

**RELATED SERVICE POLICIES:**

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- [Behavioral Health Outpatient payment policy](#)
- [Behavioral Health Inpatient Intermediate Diversionary Services payment policy](#)
- [Opioid Replacement Therapy and Medication Assisted Treatment payment policy](#)
- [Community Crisis Stabilization \(CCS\) MNG](#)

**AUDIT and DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for the complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits,



referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

#### **REFERENCES:**

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Massachusetts Executive Office of Health and Human Services (EOHHS)

[101 CMR 305: Rates for Community Behavioral Health Centers](#)

CBHCs should refer to the [Community Behavioral Health Center Services Provider Manual](#) for regulation information and billing requirements.

#### **POLICY TIMELINE DETAILS:**

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1. Effective: January 1, 2023