

## **Coordinating Care for MassHealth-Enrolled Youth in Outpatient Therapy FAQ**

**For further information on Case Consultation, Care Coordination, and Family Consultation, please access the following resources:**

- **MBHP Alert 168: Effective 10/1/16: Additional Changes to: Case Consultation, Family Consultation, and Collateral Contact Authorization Procedures and Parameters**
- **Beacon Bulletin September 2016: Additional Changes Effective 10/1/16 to Case Consultations, Family Consultations, and Collateral Contact Authorization Procedures and Parameters for MassHealth Members Under 21 years old**
- **Tufts Alert: Additional Changes Effective 10/1/16 to Case Consultations, Family Consultations, and Collateral Contact Authorization Procedures and Parameters for MassHealth Members Under 21 years old**

1. **Will OP be paid to complete comprehensive assessments, follow up CANS, treatment plan updates, discharge summaries, and other documentation as other CBHI services do?**

At this time, completion of required documentation is not billable for OP, with the exception of the initial CANS.

2. **What should I do if I'm the OP functioning as the hub and the hub-dependent CBHI services are not responsive to efforts to my coordinate?**

Every effort should be made to coordinate directly with hub-dependent services, but in cases where there is a lack of response, the OP should contact a supervisor at the hub-dependent service's agency to make them aware. The member's Managed Care Entity may also be contacted for assistance.

3. **Is case management a billable activity?**

If the activities being completed fall under the definitions of case consultations, family consultations or collateral contacts, then it would be considered a billable activity.

4. **Can the case consultation and collateral contact codes be billed if MassHealth is the secondary insurance?**

Yes, they can be billed if MassHealth is secondary.

5. **Are there billing codes for collateral contacts for clients with strictly MassHealth?**

The collateral contact code (H0046) is appropriate for Masshealth members under the age of 21. Case consultation (90882) and family consultation (90887) codes can be used for members in

different levels of benefit and of different ages. Providers should ensure that it is in their fee schedule and in the benefit line as a billable code to ensure payment.

**6. Will providers receive updated fee schedules to reflect the changes to the case consultation and collateral contact codes?**

Yes, these will come from each of the Managed Care Entities.

**7. Is there a limit to the number of case consultations billed per week?**

No, there is no limit as it is based on medical necessity.

**8. Is email a billable activity?**

With the updated guidelines, providers can bill for collateral consults (H0046) for members under 21 with MassHealth which occur via email.

**9. Can two separate consultations be billed on the same day?**

Yes.

**10. If two clinicians from the same agency attend a family meeting, can they each bill a case consultation?**

Both clinicians can bill for attending the same meeting, as long as they are billing under separate clients. They cannot bill for attending the same meeting for the same client, unless they are providing different levels of care (ex. one outpatient clinician and one CBHI clinician).

**11. Can OP bill for consulting within their own agency when consulting with other levels of care? (i.e. In Home Behavioral Services, IHT, or psychiatry).**

Yes, billing is permitted when consulting with another level of care.

**12. If a clinician does two collateral contacts of five minutes each for the same client on the same day, can the clinician bill one unit? (i.e. 5 minutes + 5 minutes = 10 minutes, or 1 unit)**

Yes. Providers should document their consultations accurately in the record including what was discussed and the timeframe spent.

**13. If billing for time spent on email, does the actual email need to be included in the medical record as supporting documentation?**

Either the email should be included in the medical record or a description of the email should be included in a progress note.

**14. What are the expectations for documentation for case consultations, collateral contact, and family consults? (i.e. time spent on each activity, diagnosis, etc.)**

As noted in the bulletins sent out by the MCE's, The provider who submits the claim must obtain appropriate documentation, including the date and time of the consultation, names of all parties involved, purpose of consultation, and whether the consultation was in-person or telephonic or when appropriate via email. Documentation should also include what actions will occur as a result of the consultation.

**15. Can psychiatrists or psychiatric nurse practitioners bill for case consultation?**

A psychiatrist or nurse practitioner are able to bill for consultations.

**16. Can OP providers bill the case consultation/collateral contact/family consult codes if they're not the hub?**

Yes, OP providers may bill the consult codes regardless of whether they are functioning as the hub or not.

**17. Do two consultations need to be billed as one claim?**

No they do not.

**18. Can documentation be counted as part of the consult?**

No, documentation cannot be billed as part of the consult.

**19. Can an OP therapist bill for consultation when a youth is hospitalized?**

OP may bill for consulting with team members, including hospital staff, when a youth is in an inpatient level of care.

**20. Is crisis intervention a different CPT code, or is it considered case consultation?**

Crisis intervention is a different CPT code and is not considered case consultation.

**21. Can an OP bill for consultation with a sibling's therapist if it's within the same agency if it pertains to a family goal?**

While we encourage and expect providers within the same agency to collaborate with one another, as appropriate, therapists within the same agency and same level of care should not bill for consulting with one another or for supervision.

**22. Can multiple types of consultation be billed on the same day?**

Yes, multiple types of consultations can be billed on the same day

**23. What is the differentiation between case consultation and collateral contact?**

**Case Consultation** is a documented meeting of at least 15 minutes' duration, either in person or by telephone, between the treating provider and other behavioral health/medical clinicians or physician, concerning a member who is a client of the BH provider.

**Collateral Contact** is a documented communication of at least 15 minutes' duration, either in-person, by telephone (including voice mails), or by email. These contacts are between a provider and individuals who are involved in the care or treatment of a member under 21 years of age. This would include, but are not limited to: school and day care personnel, state agency staff, human services agency staff, court appointed personnel, religious or spiritual advisers, and/or other community resources.

**24. Can case consultations and collateral contacts be billed on the same day the OP bills for individual therapy?**

Yes.

**25. Can case consultation or collateral contact be billed for letter writing?**

No, letter writing cannot be billed as a case consultation or collateral contact.

**CANS**

Please refer to the following documents for information on CANS:

- [MBHP Alert #151: CANS Update](#)
- [MBHP Alert #135: CANS Completion](#)
- [MBHP Alert #120: CANS Update](#)
- [Beacon Bulletin: CBHI-Outpatient March 2014: Important Information Regarding Outpatient CANS Claims for Initial Assessment \(90791\)](#)
- [Tufts](#): Refer to tuftshealthplan.com for additional information about the CANS

**1. If OP is working with IHT and IHT is the hub, does OP still need to complete a CANS or do they use IHT's CANS?**

The OP is required to complete their own CANS. If the family has consented to have their CANS entered into the Virtual Gateway, the OP may review CANS completed by other providers working with the youth.

**2. If MassHealth is the secondary insurance, is CANS completion still required?**

No, the CANS is not required for members with MassHealth as the secondary payer.

**3. Can the CANS at intake be completed after the initial two visits, or is it required to be completed after one?**

Initial CANS may be completed and billed for in up to two visits, depending on the amount of time it takes to complete the assessment.