CBHC Programs Frequently Asked Questions (FAQ)
Part III: All Payor Billing Questions

Updated 12/21/2022

For plan-specific billing questions, please reach out directly to the Member's health plan.

Thank you to those who have expressed interest in the CBHC model. EOHHS and MBHP encourage providers to participate in this transformative service delivery option and are committed to working to ensure the successful implementation of the CBHC network of providers as a major enhancement to the behavioral health (BH) delivery system.

This FAQ Part III document expands upon the FAQ Part I that was released on March 14, 2022 and FAQ Part II that was released on March 25, 2022. Questions have been merged, edited, and condensed for clarity. Questions not directly related to the procurement documents are not included in this FAQ.

Commonly used acronyms in this document:
CBHC = Community Behavioral Health Center
AMCI = Adult Mobile Crisis Intervention (formerly known as Emergency Services Program (ESP))
YMCI = Youth Mobile Crisis Intervention (formerly known as Mobile Crisis Intervention (MCI))
Adult CCS = Adult Community Crisis Stabilization
YCCS = Youth Community Crisis Stabilization

1. **Will all health plans cover CBHC services beginning January 1, 2023?**
   Yes. All MassHealth Managed Care Entities (MCEs) are required to contract with all CBHCs. All CBHCs will be eligible to enroll in MassHealth's Fee-For-Service program as well. For additional detail about plan-specific reimbursement for CBHC services, please contact the Member's MCE directly. See also FAQ I, Q17.

2. **In what circumstances will procedure codes trigger the bundled encounter rate?**
   The bundled encounter rate will be paid for any Member who receives one or more of the services included in the bundle. All services identified in Appendix 3 of the CBHC RFP are covered by the bundled encounter rate. In order to receive the bundled payment, the CBHC must include the applicable procedure code with any applicable modifiers (which will be zero paid), with the claim for the bundle T-code. For additional questions regarding billing the encounter rate, please contact the Member's MCE directly. See also FAQI, Q95 and FAQ II, Q9

3. **Are labs (including urine drug screens and phlebotomy) reimbursed as part of the encounter rate?**
   No, whether preformed onsite or via an independent/outside lab, all lab services are billed outside of the encounter rate and should be billed directly to the Member's medical plan, as is the current process. For additional questions regarding billing for labs, please contact the Member's MCE directly. This response is clarifying previous guidance in FAQ II 10, and in Appendix 3: *Listing of Procedure Codes Included in the Bundled Rate*. See also FAQ II, Q2.

4. **Must CBHC providers bill for all services rendered as part of the CBHC encounter bundle on the same claim as the encounter rate?**
   Yes. All CBHC bundle services that are paid under the encounter rate on a given date of service must be included on the same claim as the encounter rate. All services that the Member received for the same date of service should be included on the same service claim, including the applicable code for the encounter rate, and the specific procedure codes that will be zero paid. F or additional questions regarding billing the encounter rate, please contact the Member's MCE directly. See also FAQ I, Q100

5. **How must providers submit claims for encounter rate and non-encounter rate services provided on the same date for the same Member?**
   Services provided outside the encounter bundle must be billed separately. Billing requirements are not changing for services rendered outside the of the CBHC bundle. Billing for services outside the bundle should be based on standard billing parameters and medical necessity for those services. For additional questions regarding billing the encounter rate, please contact the Member's MCE directly. See also FAQ I, Q 95, and FAQ II, Q13

6. **What modifiers will be used to differentiate the encounter rates for youth and adult services?**
   Providers will use "HA" for youth and "HB" for adult as separate claim-level modifiers to differentiate these patients and corresponding charges. Please see 101 CMR 305: *Rates for Community Behavioral Health Centers*. See also FAQ II, Q9

7. **Will there be separate facility or administrative payment to CBHCs?**
   No. There is no separate facility or administrative payment for CBHCs. CBHCs may bill for encounter bundle services, and other CBHC services bill outside the bundle.

8. **If services paid for as part of the bundled encounter rate are also covered by the Member's primary commercial insurance, must providers wait for final adjudication of those claims by those payers prior to submitting claims for payment to MassHealth?**
   MassHealth is a payer of last resort. If a Member has commercial insurance as the primary insurance provider, then CBHCs must submit all applicable covered codes to the commercial plan. Following adjudication, regular TPL policies will apply. MassHealth, as the Member's secondary insurance will pay the lessor of 1) the Member's liability, including coinsurance, deductibles and copayments as indicated on the EOB from the primary insurer, or 2) the provider's charges or the maximum allowable amount payable under the MassHealth agency's payment methodology, whichever is less, minus payments from the primary insurer. Please see 130 CMR 450: *Administrative and Billing Regulations*. See also FAQ I, Q17

9. **How should CBHCs bill for the encounter rate for Members dually enrolled in Medicare and MassHealth?**
   In general, for both the services for which the encounter rate will be paid and other CBHC services, CBHCs should bill Medicare for Medicare-covered codes separately. Services should not be billed using the T1040 code because Medicare does not recognize this code and will reject the claim. The claim will then cross over to MassHealth per current procedures, and MassHealth will pay in accordance with MassHealth's standard Medicare cross-over processes. Until further notice,

CBHCs should *not* bill an additional claim for the encounter directly to MassHealth. MassHealth intends to issue additional guidance related to billing for dually eligible Members soon.

10. **May CBHCs submit claims for Adult and Youth MCI services on the same date the Member receives ED-Based Crisis evaluation services?**
    Emergency departments (EDs) and CBHCs can bill on the same day for crisis evaluation services in instances where, after an A/YMCI initial evaluation or during rendering of follow-up services, the disposition specifies that the individual's clinical presentation indicates that ED or inpatient services are needed to stabilize and treat the individual. Additionally, CBHCs may bill for follow-up MCI services when provided after an ED crisis intervention as part of the Member's final disposition/discharge plan. See also FAQ I, Q99

11. **Will MassHealth Members be responsible for any cost of services?**
    No. There is no cost share for MassHealth Members for services provided by CBHCs. MassHealth Members are not responsible for any copayments for services provided by CBHCs.

12. **Can providers bill for the service using interns?**
    The policy and procedure per the service would apply, and they can refer to the coding manual if needed.