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April 2016

COLLATERAL CONTACTS

Plan Name	CPT Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
ВМС	Collateral	A collateral contact is defined as a face-to-face	- Eligible Beacon-insured	- One unit equals 15	Collateral contacts are	BMCHP partners with Beacon
HealthNet	Contact,	or telephonic communication lasting at least 15	MassHealth members under	minutes. There is no	authorization free. They will	Health Strategies to manage
Plan (BMCHP)	service code	minutes for a member under age 21. Collateral	age 21 on the dates of service	maximum per day Not	be subject to periodic record	behavioral health benefits for our
	H0046	contacts are between the member's outpatient	- Meeting is either	to be used for	audit.	members. For additional
		behavioral health treater and an individual or	telephonically or in person	communication with		information, please visit
		agency representative for the purpose of	and is at least 15 minutes in	Beacon		www.beaconhealthstrategies.com
		supporting or reinforcing treatment objectives	duration.	- Not to be used for email		and choose Provider, then
		for that member's care. They are not intended	- The provider must maintain	or voicemail		PROVIDER TOOLS, or email
		for communication between providers within	appropriate documentation,	communications		prelations@beaconhs.com_for
		the same agency or group practice. They can,	including the date of the	- Not to be used for		questions about claims,
		however, be used by an outpatient therapist for	consultation, time of the	supervision or training		authorizations or other matters.
		communication with a CBHI provider within the	consultation, parties involved,	- Not to be used for		
		same agency. They are also not intended for	purpose of the consultation,	communication between		
		brief information requests or brief responses to	and whether it was in person	providers within the		
		inquiries, i.e., ones that take place in less than	or telephonic.	same agency or group		
		15 minutes. The following is a list of individuals	- Documentation should	practice within the same		
		typically involved in collateral contacts:	include what actions will	program. For example,		
		teachers, principals, primary care clinicians,	occur as a result of the	the outpatient treater		
		guidance counselors, day care provider staff,	consultation.	could meet with the		
		previous therapists, attorneys or other staff		Partial Hospital Program		
		from the courts, state agencies, social service		provider or CBHI		
		agencies, outreach programs, after-school		provider, but the		
		programs and community centers. This code		outpatient individual		
		may also be used for outpatient clinicians		clinician could not use it		
		attending meetings on ICC-enrolled members.		to meet with the family		
				therapist or psychiatrist.		
Fallon	Collateral	A collateral contact is defined as a face-to-face	- Eligible Beacon-insured	- One unit equals 15	Collateral contacts are	FCHP partners with Beacon Health
Community	Contact,	or telephonic communication lasting at least 15	MassHealth members under	minutes. There is no	authorization free. They will	Strategies to manage behavioral
Health Plan	service code	minutes for a member under age 21. Collateral	age 21 on the dates of service	maximum per day.	be subject to periodic record	health benefits for our members.
(FCHP)	H0046	contacts are between the member's outpatient	- Meeting is either	- Not to be used for	audit.	For additional information, please
		behavioral health treater and an individual or	telephonically or in person	communication with		visit
		agency representative for the purpose of	and is at least 15 minutes in	Beacon		www.beaconhealthstrategies.com
		supporting or reinforcing treatment objectives	duration.	- Not to be used for email		and choose Provider, then
		for that member's care. They are not intended	- The provider must maintain	or voicemail		PROVIDER TOOLS, or email
		for communication between providers within	appropriate documentation,	communications		prelations@beaconhs.com_for
		the same agency or group practice. They can,	including the date of the	- Not to be used for		questions about claims,
		however, be used by an outpatient therapist for	consultation, time of the	supervision or training		authorizations or other matters.
		communication with a CBHI provider within the	consultation, parties involved,	- Not to be used for		
		same agency. They are also not intended for	purpose of the consultation,	communication between		
		brief information requests or brief responses to	and whether it was in person	providers within the		
		inquiries, i.e., ones that take place in less than	or telephonic.	same agency or group		

Plan Name	CPT Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
		15 minutes. The following is a list of individuals	- Documentation should	practice within the same		
		typically involved in collateral contacts:	include what actions will	program. For example,		
		teachers, principals, primary care clinicians,	occur as a result of the	the outpatient treater		
		guidance counselors, day care provider staff,	consultation.	could meet with the		
		previous therapists, attorneys or other staff		Partial Hospital Program		
		from the courts, state agencies, social service		provider or CBHI		
		agencies, outreach programs, after-school		provider, but the		
		programs and community centers. This code		outpatient individual		
		may also be used for outpatient clinicians		clinician could not use it		
		attending meetings on ICC-enrolled members.		to meet with the family		
				therapist or psychiatrist.		
Neighborhood	Collateral	A collateral contact is defined as a face-to-face	- Eligible Beacon-insured	- One unit equals 15	Collateral contacts are	NHP partners with Beacon Health
Health Plan	Contact,	or telephonic communication lasting at least 15	MassHealth members under	minute. There is no	authorization free. They will	Strategies to manage behavioral
(NHP)	service code	minutes for a member under age 21. Collateral	age 21 on the dates of service	maximum per day.	be subject to periodic record	health benefits for our members.
	H0046	contacts are between the member's outpatient	- Meeting is either	- Not to be used for	audit.	For additional information, please
		behavioral health treater and an individual or	telephonically or in person	communication with		visit
		agency representative for the purpose of	and is at least 15 minutes in	Beacon		www.beaconhealthstrategies.com
		supporting or reinforcing treatment objectives	duration.	- Not to be used for email		and choose Provider, then
		for that member's care. They are not intended	- The provider must maintain	or voicemail		PROVIDER TOOLS, or
		for communication between providers within	appropriate documentation,	communications - Not to be used for		emailprelations@beaconhs.com
		the same agency or group practice They can, however, be used by an outpatient therapist for	including the date of the			for questions about claims, authorizations or other matters.
		communication with a CBHI provider within the	consultation, time of the consultation, parties involved,	supervision or training - Not to be used for		authorizations of other matters.
		same agency. They are also not intended for	purpose of the consultation,	communication between		
		brief information requests or brief responses to	and whether it was in person	providers within the		
		inquiries, i.e., ones that take place in less than	or telephonic.	same agency or group		
		15 minutes. The following is a list of individuals	- Documentation should	practice within the same		
		typically involved in collateral contacts:	include what actions will	program. For example,		
		teachers, principals, primary care clinicians,	occur as a result of the	the outpatient treater		
		guidance counselors, day care provider staff,	consultation.	could meet with the		
		previous therapists, attorneys or other staff		Partial Hospital Program		
		from the courts, state agencies, social service		provider or CBHI		
		agencies, outreach programs, after-school		provider, but the		
		programs and community centers. This code		outpatient individual		
		may also be used for outpatient clinicians		clinician could not use it		
		attending meetings on ICC-enrolled members.		to meet with the family		
				therapist or psychiatrist.		
Tufts Health	Collateral	A collateral contact is defined as a face-to-face	- Eligible Network Health-	- One unit equals 15	Collateral contacts are	For any questions, please visit
Public Plans	Contact,	or telephonic communication lasting at least 15	insured MassHealth members	minutes; there is no	authorization free. They will	www.tuftshealthplan.comor call
	service code	minutes for a member under age 21. Collateral	under age 21 on the dates of	maximum per day.	be subject to periodic record	888-257-1985.
	H0046	contacts are between the member's outpatient	service.	- Not to be used for	audit.	
		behavioral health treater and an individual or	- Meeting is either	communication with		
		agency representative for the purpose of	telephonically or in person	Network Health.		
		supporting or reinforcing treatment objectives				

Plan Name	CPT Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
		for that member's care. They are not intended	and is at least 15 minutes in	- Not to be used for email		
		for communication between providers within	duration.	or voicemail		
		the same agency or group practice, however	- The provider must maintain	communications.		
		they can be used by an outpatient therapist for	appropriate documentation,	- Not to be used for		
		communication with another CBHI provider	including the date of the	supervision or training.		
		within the same agency. They are also not	consultation, time of the	- Not to be used for		
		intended for brief information requests or brief	consultation, parties involved,	communication between		
		responses to inquiries, i.e., ones that take place	purpose of the consultation,	providers within the		
		in less than 15 minutes. The following is a list of	and whether it was in person	same agency or group		
		individuals typically involved in collateral	or telephonic.	practice within the same		
		contacts: teachers, principals, primary care	- Documentation should	program. For example,		
		clinicians, guidance counselors, day care	include what actions will	the outpatient treater		
		provider staff, previous therapists, attorneys or	occur as a result of the	could meet with the		
		other staff from the courts, state agencies,	consultation.	Partial Hospital Program		
		social service agencies, outreach programs,		provider or with a CBHI		
		after-school programs and community centers.		provider, but the		
		This code may also be used for outpatient		outpatient individual		
		clinicians attending meetings on ICC-enrolled		clinician could not use it		
		members.		to meet with the family		
				therapist or psychiatrist.		
Health New	Collateral	A Collateral Contact is defined as a face-to-face	Eligible HNE members must	- Not available for	Collateral contacts are	As the behavioral health partner to
England (HNE)	Contact,	or telephonic exchange lasting at least 15	be under 21 years of age on	communication between	authorization free. They will	HNE Be Healthy, the
Be Healthy	service code	minutes between the outpatient behavioral	the date of service.	providers with the same	be subject to periodic record	Massachusetts Behavioral Health
	H0046	health provider of a Member under 21 years of	- Meeting of at least 15	provider number, i.e.	audit.	Partnership (MBHP) manages the
		age and an individual or agency representative	minutes is scheduled, either	within the same clinic or		mental health and substance
		for the purpose of coordinating and supporting	telephonically or in person.	group practice.		abuse services for members of the
		the treatment plan for that Member's care. The	- The provider must maintain	- Not concurrently		HNE Be Healthy plan.
		following is a list of typical collateral contacts:	appropriate documentation	available for members		
		teachers, principals, primary care clinicians,	as follows:	receiving Dialectical		For additional information, please
		guidance counselors, day care provider staff,	Date and time of collateral	Behavioral Treatment		visit <u>www.masspartnership.com</u> or
		previous therapists, attorneys or other staff	contact	(DBT) or Intensive		call 800-495-0086.
		from the courts, state agencies, social service	Parties involved	Outpatient Treatment		
		agencies, outreach programs, after-school	Purpose of collateral	(IOP).		
		programs, community centers, and behavioral	contact	- Does not replace case		
		health providers at another level of care such as	In-person or telephonic	consultation.		
		inpatient providers.	contact	- Not available for		
			Action that will occur as a	communication or		
			result of the collateral contact	consultation with MBHP.		
			Signature and name of	- Not available for e-mail		
			clinician	or voice mail		
			Providers must insure that	communications.		
			all applicable state and	- Not available for		
			federal confidentiality laws	supervision or training.		
			are followed with regard to			1

Plan Name	CPT Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			disclosures of a Member's personal health information through a collateral contact.	- Not concurrently available for members receiving Assessment for Safe and Appropriate Placement (ASAP) evaluation or DSS Multi-Disciplinary Assessment Team (MDAT) Not available for unscheduled or undocumented contacts.		
Massachusetts Behavioral Health Partnership (MBHP)	Collateral Contact, service code H0046	A Collateral Contact is defined as a face-to-face or telephonic exchange lasting at least 15 minutes between the outpatient behavioral health provider of a Member under 21 years of age and an individual or agency representative for the purpose of coordinating and supporting the treatment plan for that Member's care. The following is a list of typical collateral contacts: teachers, principals, primary care clinicians, guidance counselors, day care provider staff, previous therapists, attorneys or other staff from the courts, state agencies, social service agencies, outreach programs, after-school programs, community centers, and behavioral health providers at another level of care such as inpatient providers.	Eligible MBHP members must be under 21 years of age on the date of service. - Meeting of at least 15 minutes is scheduled, either telephonically or in person. - The provider must maintain appropriate documentation as follows: Date and time of collateral contact Parties involved Purpose of collateral contact Action that will occur as a result of the collateral contact Signature and name of clinician Providers must insure that all applicable state and federal confidentiality laws are followed with regard to disclosures of a Member's personal health information through a collateral contact.	- Not available for communication between providers with the same provider number, i.e. within the same clinic or group practice Not concurrently available for members receiving Dialectical Behavioral Treatment (DBT) or Intensive Outpatient Treatment (IOP) Does not replace case consultation Not available for communication or consultation with MBHP Not available for e-mail or voice mail communications Not available for supervision or training Not concurrently available for members receiving Assessment for Safe and Appropriate Placement (ASAP) evaluation Not available for unscheduled or undocumented contacts.	Collateral contacts are authorization free. They will be subject to periodic record audit.	For additional information, please visit www.masspartnership.com or call 800-495-0086.

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CASE CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
BMC HealthNet	Case	Case consultation is a telephonic or in-person meeting on	- Meeting is either telephonic or in-	- One unit equals 15 minutes.	Case consultations are authorization
Plan (BMCHP)	Consultation,	behalf of the member for any of the following:	person and is consistent with the	- Beacon will audit providers	free. They will be subject to periodic
	service code	- Treatment coordination	above definition of case	using this service excessively	record audit.
	90882	- Aftercare planning	consultation.	through retroactive reporting.	
		- Treatment planning	- The provider who submits the claim		
		- Assessment of the appropriateness of additional or	must maintain appropriate		
		alternative treatment	documentation, including the date of		
		- Clinical consultation (which does not include supervision)	the consultation, time of the		
		- Second clinical opinion	consultation, parties involved,		
		- Termination planning	purpose of the consultation and		
			whether it was in person or		
			telephonic. Documentation should		
			include what actions will occur as a		
			result of the consultation.		
			- The meeting is between two		
			outpatient providers who do not		
			work at the same agency, or		
			between an outpatient provider and		
			a representative of the school, a		
			state agency, medical staff or		
			residential staff.		
Fallon	Case	Case consultation is a telephonic or in-person meeting on	- Meeting is either telephonic or in-	- One unit equals 15 minutes.	Case consultations are authorization
Community	Consultation,	behalf of the member for any of the following:	person and is consistent with the	- Beacon will audit providers	free. They will be subject to periodic
Health Plan	service code	- Treatment coordination	above definition of case	using this service excessively	record audit.
(FCHP)	90882	- Aftercare planning	consultation.	through retroactive reporting.	
		- Treatment planning	- The provider who submits the claim		
		- Assessment of the appropriateness of additional or	must maintain appropriate		
		alternative treatment	documentation, including the date of		
		- Clinical consultation (which does not include supervision)	the consultation, time of the		
		- Second clinical opinion	consultation, parties involved,		
		- Termination planning	purpose of the consultation and		
			whether it was in person or		
			telephonic. Documentation should		
			include what actions will occur as a		
			result of the consultation.		
			- The meeting is between two		
			outpatient providers who do not		
			work at the same agency, or		
			between an outpatient provider and		
			a representative of the school, a		

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
			state agency, medical staff or residential staff.		
Neighborhood Health Plan (NHP)	Case Consultation, service code 90882	Case consultation is a telephonic or in-person meeting on behalf of the member for any of the following: - Treatment coordination - Aftercare planning - Treatment planning - Assessment of the appropriateness of additional or alternative treatment - Clinical consultation (which does not include supervision) - Second clinical opinion - Termination planning	- Meeting is either telephonic or inperson and is consistent with the above definition of case consultation The provider who submits the claim must maintain appropriate documentation, including the date of the consultation, time of the consultation, parties involved, purpose of the consultation and whether it was in person or telephonic. Documentation should include what actions will occur as a result of the consultation The meeting is between two outpatient providers who do not work at the same agency, or between an outpatient provider and a representative of the school, a state agency, medical staff or residential staff.	- One unit equals 15 minutes Beacon will audit providers using this service excessively through retroactive reporting.	Case consultations are authorization free. They will be subject to periodic record audit.
Tufts Health Public Plans	Case Consultation, service code 90882	Case consultation is a telephonic or in-person meeting on behalf of the member for any of the following: - Treatment coordination - Aftercare planning - Treatment planning - Assessment of the appropriateness of additional or alternative treatment - Clinical consultation (which does not include supervision) - Second clinical opinion - Termination planning	- Meeting is either telephonic or inperson and is consistent with the above definition of case consultation The provider who submits the claim must maintain appropriate documentation, including the date of the consultation, time of the consultation, parties involved, purpose of the consultation and whether it was in person or telephonic. Documentation should include what actions will occur as a result of the consultation The meeting can be between two outpatient providers who do not work at the same agency, however it can also be used by an outpatient therapist with another CBHI provider within the same agency; or the	- One unit equals 15 minutes Maximum of 4 units per day.	Case consultations are authorization free. They will be subject to periodic record audit.

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
			meeting can be between an		
			outpatient provider and a		
			representative of the school, a state		
			agency, medical staff or residential		
			staff.		
Health New	Case	Case consultation is a scheduled telephonic or in-person	- A case consultation is scheduled,	- One unit equals 15 minutes	Case consultations are authorization
England (HNE) Be	Consultation,	meeting on behalf of the Member for any of the following	and is consistent with the definition	- The number of units allowed	free. MBHP may audit providers who
Healthy	service code	medically necessary purposes:	of case consultation.	per day is individualized for	appear to be outliers with reference
	90882	- Treatment coordination	- A case consultation is scheduled	each Member based on what is	to their utilization of this service
		- Aftercare planning	with another outpatient provider	medically necessary to fulfill	code, as reflected in retroactive
		- Treatment planning	who does not share the same	one of the functions listed in	claims-based reporting.
		- Assessment of appropriateness of additional or	provider number or with staff who	the definition.	
		alternative treatment	provide any of the other levels of		
		- Clinical consultation (which does not include supervision	care within their agency and are		
		or team meeting discussions)	under the same provider number		
		- Second clinical opinion	(i.e., Community Support Programs,		
		- Termination planning	Psychiatric Day Treatment, In Home		
			Therapy, Therapeutic Mentoring, in		
			home behavioral Services, Intensive		
			Care Coordination, Family Support		
			and Training, etc.) or		
			- A case consultation is scheduled		
			with a representative of school staff,		
			a state agency, medical staff,		
			residential staff, etc.		
			- The provider who submits the claim		
			must maintain appropriate		
			documentation including:		
			Date and time of consultation		
			Parties involved		
			Purpose of consultation		
			Whether consultation was in-		
			person or telephonic		
			Actions that will occur as a result		
			of the consultation		
			- Only the outpatient clinician or		
			prescriber can bill for case		
			consultations that occur with staff		
			that provide any of the other levels		
			of care within their agency and are		
			under the same provider number.		
			The staff from the other levels of		
			care under the same provider		
			number follow the billing procedures		

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
			applicable to their level of care, and,		
			in most cases, consultation is		
			included in the rate for those levels		
			of care.		
Massachusetts	Case	Case consultation is a scheduled telephonic or in-person	- A case consultation is scheduled,	- One unit equals 15 minutes	Case consultations are authorization
Behavioral Health	Consultation	meeting on behalf of the Member for any of the following	and is consistent with the definition	- The number of units allowed	free. MBHP may audit providers who
Partnership	service code	medically necessary purposes:	of case consultation.	per day is individualized for	appear to be outliers with reference
(MBHP)	90882	- Treatment coordination	- A case consultation is scheduled	each Member based on what is	to their utilization of this service
		- Aftercare planning	with another outpatient provider	medically necessary to fulfill	code, as reflected in retroactive
		- Treatment planning	who does not share the same	one of the functions listed in	claims-based reporting.
		- Assessment of appropriateness of additional or	provider number or with staff who	the definition.	
		alternative treatment	provide any of the other levels of		
		- Clinical consultation (which does not include supervision	care within their agency and are		
		or team meeting discussions)	under the same provider number		
		- Second clinical opinion	(i.e., Community Support Programs,		
		- Termination planning	Psychiatric Day Treatment, In Home		
			Therapy, Therapeutic Mentoring, in		
			home behavioral Services, Intensive		
			Care Coordination, Family Support		
			and Training, etc.) or		
			- A case consultation is scheduled		
			with a representative of school staff,		
			a state agency, medical staff,		
			residential staff, etc The provider who submits the claim		
			1		
			must maintain appropriate documentation including:		
			Date and time of consultation		
			Parties involved		
			Purpose of consultation		
			Whether consultation was in-		
			person or telephonic		
			Actions that will occur as a result		
			of the consultation		
			- Only the outpatient clinician or		
			prescriber can bill for case		
			consultations that occur with staff		
			that provide any of the other levels		
			of care within their agency and are		
			under the same provider number.		
			The staff from the other levels of		
			care under the same provider		
1			number follow the billing procedures		
			applicable to their level of care, and,		

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Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
			in most cases, consultation is		
			included in the rate for those levels		
			of care.		

FAMILY CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
ВМС	Family	Family consultation is a telephonic or in-person	- Meetings are either	- One unit equals 15	Family consultations are	BMCHP partners with Beacon
HealthNet	Consultation,	meeting, on behalf of the member, for any of	telephonic or in-person.	minutes.	authorization free. They will	Health Strategies to manage
Plan (BMCHP)	service code	the following medically necessary purposes:	- The provider must maintain		be subject to periodic record	behavioral health benefits for our
	90887	- Treatment planning with the member's family	appropriate documentation,		audit.	members. For additional
		- "Family" includes the mother, father, adoptive	including the date of the			information, please visit
		parent(s), foster parent(s), kinship parent(s), or	consultation, time of the			www.beaconhealthstrategies.com
		anyone else the member identifies as "family."	consultation, parties involved,			and choose Provider, then
		- The member does not need to be present at	purpose of the consultation			PROVIDER TOOLS, or email
		these meetings.	and whether it was in person			prelations@beaconhs.com for
			or telephonic. Documentation			questions about claims,
			should include what actions			authorizations or other matters.
			will occur as a result of the			
			consultation.			
Fallon	Family	Family consultation is a telephonic or in-person	- Meetings are either	- One unit equals 15	Family consultations are	FCHP partners with Beacon Health
Community	Consultation,	meeting, on behalf of the member, for any of	telephonic or in-person.	minutes.	authorization free. They will	Strategies to manage behavioral
Health Plan	service code	the following medically necessary purposes:	- The provider must maintain		be subject to periodic record	health benefits for our members.
(FCHP)	90887	- Treatment planning with the member's family	appropriate documentation,		audit.	For additional information, please
		- "Family" includes the mother, father, adoptive	including the date of the			visit
		parent(s), foster parent(s), kinship parent(s), or	consultation, time of the			www.beaconhealthstrategies.com
		anyone else the member identifies as "family."	consultation, parties involved,			and choose Provider, then
		- The member does not need to be present at	purpose of the consultation			PROVIDER TOOLS, or email
		these meetings.	and whether it was in person			prelations@beaconhs.com for
			or telephonic. Documentation			questions about claims,
			should include what actions			authorizations or other matters.
			will occur as a result of the			
			consultation.			
Neighborhood	Family	Family consultation is a telephonic or in-person	- Meetings are either	- One unit equals 15	Family consultations are	NHP partners with Beacon Health
Health Plan	Consultation,	meeting, on behalf of the member, for any of	telephonic or in-person.	minutes.	authorization free. They will	Strategies to manage behavioral
(NHP)	service code	the following medically necessary purposes:	- The provider must maintain		be subject to periodic record	health benefits for our members.
	90887	- Treatment planning with the member's family	appropriate documentation,		audit.	For additional information, please
		- "Family" includes the mother, father, adoptive	including the date and time of			visit
		parent(s), foster parent(s), kinship parent(s), or	the consultation, parties			www.beaconhealthstrategies.com
		anyone else the member identifies as "family."	involved, purpose of the			and choose Provider, then
		- The member does not need to be present at	consultation and whether it			PROVIDER TOOLS, or email
		these meetings.	was in person or telephonic.			prelations@beaconhs.com for

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			Documentation should include what actions will occur as a result of the consultation.			questions about claims, authorizations or other matters.
Tufts Health Public Plans	Family Consultation, service code 90887	Family consultation is a telephonic or in-person meeting, on behalf of the member, for any of the following medically necessary purposes: - Treatment planning with the member's family. - "Family" includes the mother, father, adoptive parent(s), foster parent(s), kinship parent(s), or anyone else the member identifies as "family." - The member does not need to be present at these meetings.	- Meetings are either telephonic or in-person The provider must maintain appropriate documentation, including the date of the consultation, time of the consultation, parties involved, purpose of the consultation and whether it was in person or telephonic. Documentation should include what actions will occur as a result of the consultation.	- One unit equals 15 minutes Maximum of 4 units per day.	Family consultations are authorization free. They will be subject to periodic record audit.	For any questions, please visit www.tuftshealthplan.com or call 888-257-1985.
Health New England (HNE) Be Healthy	Family Consultation, service code 90887	Family consultation is a scheduled telephonic or in-person meeting on behalf of the Member for any of the following medically necessary purposes: - Treatment coordination - Aftercare planning - Treatment planning - Assessment of the appropriateness of additional or alternative treatment - Termination planning - Treatment planning with Member's family For these purposes, "Family" includes the mother, father, adoptive parent(s), foster parent(s), kinship parents or anyone else the Member identifies as "family."	- Meeting, either telephonic or in-person, is scheduled. The Member does not need to be present at these meetings The provider who submits the claim must maintain appropriate documentation, including the date and time of the consultation, names of all the parties involved, purpose of consultation, whether it was in-person or telephonic, and what actions will occur as a result of the consultation Multiple providers with different providers with different provider numbers may bill for the same family consultation if more than one provider is present or in on a phone conference.	- One unit equals 15 minutes 16 units may be billed per 120-day period, the 120-day period starting from the first date Family Consultation Services are provided to the Member Additional units may be billed without prior approval if they meet MBHP medical necessity criteria (as described in the MBHP Provider Manual.) - Provider must be contracted with HNE in order to be reimbursed for these services.	- Family consultations are authorization free MBHP will audit through retroactive reporting all providers who are considered to be using this service code excessively.	As the behavioral health partner to HNE Be Healthy, the Massachusetts Behavioral Health Partnership (MBHP) manages the mental health and substance abuse services for members of the HNE Be Healthy plan. For additional information, please visit www.masspartnership.com or call 800-495-0086.
Massachusetts Behavioral Health Partnership (MBHP)	Family Consultation, service code 90887	Family consultation is a scheduled telephonic or in-person meeting on behalf of the Member for any of the following medically necessary purposes: - Treatment coordination - Aftercare planning	- Meeting, either telephonic or in-person, is scheduled. The Member does not need to be present at these meetings.	- One unit equals 15 minutes 16 units may be billed per 120-day period, the 120-day period starting from the first date Family	- Family consultations are authorization free MBHP will audit through retroactive reporting all providers who are considered	For additional information, please visit www.masspartnership.com or call 800-495-0086.

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
		- Treatment planning	- The provider who submits	Consultation Services are	to be using this service code	
		- Assessment of the appropriateness of	the claim must maintain	provided to the Member.	excessively.	
		additional or alternative treatment	appropriate documentation,	- Additional units may be		
		- Termination planning	including the date and time of	billed without prior		
		- Treatment planning with Member's family	the consultation, names of all	approval if they meet		
		For these purposes, "Family" includes the	the parties involved, purpose	MBHP medical necessity		
		mother, father, adoptive parent(s), foster	of consultation, whether it	criteria (as described in		
		parent(s), kinship parents or anyone else the	was in-person or telephonic,	the MBHP Provider		
		Member identifies as "family."	and what actions will occur as	Manual.)		
			a result of the consultation.	- Provider must be		
			- Multiple providers with	contracted with MBHP in		
			different provider numbers	order to be reimbursed		
			may bill for the same family	for these services.		
			consultation if more than one			
			provider is present or in on a			
			phone conference.			

PLEASE NOTE: This document was originally developed in March 2012 and updated in April 2016. As such, providers should refer to MCE Provider Manuals and Alerts for the most up-to-date information to verify its accuracy. This applies only to outpatient clinics/agencies and individual practitioners.

April 2016

BRIDGE CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
BMC HealthNet Plan (BMCHP)	Bridge Consultation, service codes 90834 or 90832	A visit by an existing outpatient provider to a member who is in a 24 hour level of care.	The purpose of this in-person visit must be to maintain continuity of care with the member and to coordinate care with the 24 hour level of care provider. Must adhere to outpatient specifications as defined in the provider manual. The provider who submits the claim must maintain appropriate documentation, including the date and time visit, with appropriate clinical documentation regarding next steps.	Bridge visits must adhere to specifications for outpatient visits - there is no limit to payment while member is inpatient. There must be an authorization on file (or within initial auth-free sessions) and must be clinically indicated for the purpose of coordination and continuity of care. Provider should always work with facility providers to schedule.	Provider must have an authorization for outpatient visits or member must still have authorization free initial encounters as defined by the members benefit level. Outpatient level of care is subject to periodic record audit. Providers may utilize E - Services @beaconhealthstrategies.com to request additional authorization.	BMCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit www.beaconhealthstrategies.com and choose PROVIDER, then PROVIDER TOOLS, or email prelations@beaconhs.com for questions about claims, authorizations or other matters.
Fallon Community Health Plan (FCHP)	Bridge Consultation, service codes 90834 or 90832	A visit by an existing outpatient provider to a member who is in a 24 hour level of care.	The purpose of this in-person visit must be to maintain continuity of care with the member and to coordinate care with the 24 hour level of care provider. Must adhere to outpatient specifications as defined in the provider manual. The provider who submits the claim must maintain appropriate documentation, including date and time of visit, with appropriate clinical documentation regarding next steps.	Bridge visits must adhere to specifications for outpatient visits – there is no limit to payment while member is inpatient. There must be an authorization on file (or within initial auth-free sessions) and must be clinically indicated for the purpose of coordination and continuity of care. Provider should always work with facility providers to schedule.	Provider must have an authorization for outpatient visits or member must still have authorization free initial encounters as defined by the members benefit level. Outpatient level of care is subject to periodic record audit. Providers may utilize E - Services @beaconhealthstrategies.com to request additional authorization.	FCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit www.beaconhealthstrategies.com and choose PROVIDER, then PROVIDER TOOLS, or email prelations@beaconhs.com for questions about claims, authorizations or other matters.
Neighborhood Health Plan (NHP)	Bridge Consultation, service codes 90834 or 90832	A visit by an existing outpatient provider to a member who is in a 24 hour level of care.	The purpose of this in-person visit must be to maintain continuity of care with the member and to coordinate care with the 24 hour level of care provider. Must adhere to outpatient specifications as defined in the provider manual. The provider who	Bridge visits must adhere to specifications for outpatient visits – there is no limit to payment while member is inpatient. There must be an authorization on file (or within initial auth-free sessions) and must be	Provider must have an authorization for outpatient visits or member must still have authorization free initial encounters as defined by the members benefit level. Outpatient level of care is subject to periodic record audit.	NHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit www.beaconhealthstrategies.com and choose PROVIDER, then PROVIDER TOOLS, or email prelations@beaconhs.com for

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			submits the claim must maintain appropriate documentation, including the date and time of the visit, with appropriate clinical documentation regarding next steps.	clinically indicated for the purpose of coordination and continuity of care. Provider should always work with facility providers to schedule.	Providers may utilize E - Services @beaconhealthstrategies.com to request additional authorization.	questions about claims, authorizations or other matters.
Tufts Health Public Plans	Bridge Consultation, service code H0032	The Bridge Consultation is a single-session consultation conducted by an outpatient provider while a Network Health Enrollee is on an inpatient psychiatric unit or at another 24 hour level of care facility, e.g. such as a Community-Based Acute Treatment (CBAT) program. The Bridge Visit involves the outpatient Provider meeting with the Enrollee and the acute-care facility's treatment team or the designated treatment team clinician at the facility.	The meeting is in person while the member is on an inpatient psychiatric unit or at another 24 hour level of care facility.	A provider gets one bridge consultation per member per inpatient or acute-care psychiatric stay.	Bridge consultations are authorization free.	For additional information please visit www.tuftshealthplan.com or call 888-257-1985.
Health New England (HNE) Be Healthy	Bridge Consultation, service code H0032	The Bridge Consultation is a single-session consultation conducted by a Network Outpatient Provider at a: - Psychiatric inpatient unit - Community-Based Acute Treatment (CBAT) program (children and adolescents) - Intensive Community-Based Acute Treatment (ICBAT) program (children and adolescents) - Enhanced Acute Treatment Services (EATS) program The Bridge Consultation is intended to provide therapeutic contact between an outpatient therapist and the Member so as to facilitate aftercare treatment planning prior to discharge and may be requested by the Member or the Member's family/guardian, the inpatient team, the CBAT treatment team, the ICBAT treatment team, the EATS treatment team, the primary outpatient clinician or Masters level outpatient liaison who is attempting to engage the Member in outpatient treatment. Regardless of the initiation source, the outpatient provider will arrange and coordinate the Bridge Consultation with the inpatient unit, CBAT, ICBAT or EATS program. During the	The Bridge Consultation is linked to the development of a comprehensive aftercare treatment plan and therefore includes the following: - Plans for follow-up outpatient therapy (as agreed upon by the Member, including a specific appointment within 7 calendar days of the projected inpatient discharge date.) - Plans for follow-up medication management, monitoring and support (including a specific appointment within 14 business days of the projected inpatient discharge date.) - Plans for admission to or discharge from inpatient, CBAT, ICBAT or EATS program.	- 45-50 minutes per unit - One unit per provider, per Member, per psychiatric hospitalization (claims submission for additional units per Member, per psychiatric hospitalization, is prohibited.) - Only contracted network outpatient providers who may submit claims for service code H0032 and one of the following modifiers: U6, SA, TD, HO, AH, U3, U4 or U7 are allowed to provide a Bridge Consultation - Only clinicians with the following license level/degree may conduct a Bridge Consultation:	Bridge Consultations are authorization free. Questions relating to Bridge Consultation should please be directed to MBHP's Community Relations at 800-495-0086 (press #1,then # 3,then # 1 to skip the prompts)	Documentation of the Bridge Consultation is the responsibility of the outpatient clinician. A copy of the Bridge Consultation documentation is provided to the inpatient/CBAT/ICBAT/EATS facility and to the Member. The original documentation is included in the Member's outpatient record. Documentation must include: - Member's contact information - Provider's contact information - Member's treatment needs - Appointment information - Initial crisis prevention planning An integral part of the Bridge Consultation includes contacting the Member 24 hours prior to the scheduled outpatient therapy and/or medication appointment. The provider will utilize outreach efforts to contact the Member as necessary and will document in

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
		consultation it is expected that the outpatient	- Confirmation of Member's	MD/DO (U6);		the Member's outpatient record
		clinician will meet face-to-face with the	telephone number and	psychologist (AH);		the dates and times when
		Member and attend the inpatient, CBAT, ICBAT	address (in order to contact	psychologist intern (U3);		attempted contacts occurred.
		or EATS treatment team meeting or meet with	member approximately 24	Master level clinician		Claims payments will be recouped
		the clinician who is a member of the treatment	hours prior to the	(HO); APRN (SA); social		if the outpatient record
		team.	appointment time.)	work intern (U4); CAC		documentation does not include:
			- Development of a problem-	(U7); and RN (TD).		- Dates, times and location of
			focused treatment plan			follow-up appointments for
			(including crisis prevention			medication and/or therapy, which
			planning, consistent with			are presented to the Member at
			Member's presenting			the time of the Bridge
			problems and/or family			Consultation
			needs.)			- Attempts to contact the
						Member approximately 24 hours
						prior to the appointment
						- Other information outlined in
						the Requirements section
Massachusetts	Bridge	The Bridge Consultation is a single-session	The Bridge Consultation is	- 45-50 minutes per unit	Bridge Consultations are	Documentation of the Bridge
Behavioral	Consultation,	consultation conducted by a Network	linked to the development of	- One unit per provider,	authorization free. Questions	Consultation is the responsibility
Health	service code	Outpatient Provider at a:	a comprehensive aftercare	per Member, per	relating to Bridge Consultation	of the outpatient clinician. A copy
Partnership	H0032	- Psychiatric inpatient unit	treatment plan and therefore	psychiatric	should please be directed to	of the Bridge Consultation
(MBHP)		- Community-Based Acute Treatment (CBAT)	includes the following:	hospitalization (claims	MBHP's Community Relations	documentation is provided to the
		program (children and adolescents)	- Plans for follow-up	submission for additional	at 800-495-0086 (press	inpatient/CBAT/ICBAT/EATS
		- Intensive Community-Based Acute Treatment	outpatient therapy (as agreed	units per Member, per	#1,then # 3,then # 1 to skip	facility and to the Member. The
		(ICBAT) program (children and adolescents)	upon by the Member,	psychiatric	the prompts)	original documentation is
		- Enhanced Acute Treatment Services (EATS)	including a specific	hospitalization, is		included in the Member's
		program	appointment within 7	prohibited.)		outpatient record.
		The Bridge Consultation is intended to provide	calendar days of the	- Only contracted		Documentation must include:
		therapeutic contact between an outpatient	projected inpatient discharge	network outpatient		- Member's contact information
		therapist and the Member so as to facilitate	date.)	providers who may		- Provider's contact information
		aftercare treatment planning prior to discharge	- Plans for follow-up	submit claims for service		- Member's treatment needs
		and may be requested by the Member or the	medication management,	code H0032 and one of		- Appointment information
		Member's family/guardian, the inpatient team,	monitoring and support	the following modifiers:		- Initial crisis prevention planning
		the CBAT treatment team, the ICBAT treatment	(including a specific	U6, SA, TD, HO, AH, U3,		
		team, the EATS treatment team, the primary	appointment within 14	U4 or U7 are allowed to		An integral part of the Bridge
		outpatient clinician or Masters level outpatient	business days of the	provide a Bridge		Consultation includes contacting
		liaison who is attempting to engage the	projected inpatient discharge	Consultation		the Member 24 hours prior to the
		Member in outpatient treatment. Regardless	date.)	- Only clinicians with the		scheduled outpatient therapy
		of the initiation source, the outpatient provider	- Plans for admission to or	following license		and/or medication appointment.
		will arrange and coordinate the Bridge	discharge from inpatient,	level/degree may		The provider will utilize outreach
		Consultation with the inpatient unit, CBAT,	CBAT, ICBAT or EATS	conduct a Bridge		efforts to contact the Member as
		ICBAT or EATS program. During the	program.	Consultation:		necessary and will document in
		consultation it is expected that the outpatient	- Confirmation of Member's	MD/DO (U6);		the Member's outpatient record
		clinician will meet face-to-face with the	telephone number and	psychologist (AH);		the dates and times when

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
		Member and attend the inpatient, CBAT, ICBAT	address (in order to contact	psychologist intern (U3);		attempted contacts occurred.
		or EATS treatment team meeting or meet with	member approximately 24	Master level clinician		Claims payments will be recouped
		the clinician who is a member of the treatment	hours prior to the	(HO); APRN (SA); social		if the outpatient record
		team.	appointment time.)	work intern (U4); CAC		documentation does not include:
			- Development of a problem-	(U7); and RN (TD).		- Dates, times and location of
			focused treatment plan			follow-up appointments for
			(including crisis prevention			medication and/or therapy, which
			planning, consistent with			are presented to the Member at
			Member's presenting			the time of the Bridge
			problems and/or family			Consultation
			needs.)			- Attempts to contact the
						Member approximately 24 hours
						prior to the appointment
						- Other information outlined in
						the Requirements section