



Provider Alert

Optum Behavioral: Community Behavioral Health Centers

Effective 01/01/2023, designated Community Behavioral Health Centers (CBHCs) will serve as an entry point for the treatment for mental health conditions and substance use disorders and will provide routine appointments, urgent visits, and 24/7 community-based crisis intervention and stabilization services.

As of 01/01/2023, CBHC Services are available to Mass Health membership, Massachusetts Exchange membership and some additional Massachusetts sitused commercial fully insured membership. **Please check benefits and eligibility before providing services to our commercial members.**

Coding/Billing Requirements:

CBHC Encounter Bundle Services

EOHHS is establishing **two encounter rates**, one for adults and one for youth, for outpatient services that make up the CBHC outpatient encounter bundle.

Service Code	Modifier	Service Description
T1040	HB	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)
T1040	HA	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Child/Adolescent Services)

On the same claim that the T1040 is billed, the provider MUST include at least one of the following codes in the [CPT Codes - CBHC Encounter Bundle](#) to indicate the specific service provided. (T1040 + applicable modifier before the CPT codes on the claim) Please note: The CPT codes MUST be billed with \$0 and will pay \$0.

CBHC Non-Encounter Bundle Services

Crisis Intervention Services:

Service Code	Modifier	Service Description
S9485	ET	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)
S9485	HA, ET	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization per day rate)

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.)
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. Use Place of Service code 23.)
S9485	HA, HE	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485	U1	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)
S9485	HA, U1	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 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.)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a 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 seventh day following initial evaluation. Use Place of Service code 15)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation.)
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.)
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011	HN, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a paraprofessional or bachelor's level staff.

		Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a community-based site of service by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)
H2011	HO, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a master's level clinician. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at a community-based site of service by a master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)

Optional services that can be provided by a CBHC:

- Psychological Testing
- Enhanced Structured Outpatient Addiction Program (ESOAP) – cannot be billed on same DOS as Encounter bundle by the CBHC
- Structured Outpatient Addiction Program (SOAP) - cannot be billed on same DOS as Encounter bundle by the CBHC
- Intensive Outpatient Program (IOP) - cannot be billed on same DOS as Encounter bundle by the CBHC

Additional billing instruction for all CBHC services can be found on the Massachusetts specific page of Provider Express. Please visit [Welcome Massachusetts \(providerexpress.com\)](https://www.masspartnership.com/provider/cbhcrfp.aspx) General Information > Designated CBHC

For more information on the CBHCs Awards, please visit the MABHP website at <https://www.masspartnership.com/provider/cbhcrfp.aspx>