



## Comprehensive Biopsychosocial Evaluations and Re-evaluations (CBE/R) Guidance

### Staffing Requirements

CBE/Rs must have a licensed psychiatrist or licensed psychologist actively involved in the completion of the evaluation. Specifically, the licensed staff person must spend at least one hour of face-to-face time with the member over the course of the completion of the CBE. For CBRs, the licensed psychiatrist or licensed psychologist must have completed at least one half-hour of face-to-face time with the member as part of the evaluation. The psychiatrist (MD evaluations) or psychologist (Non-MD evaluations) must meet the requirements for each position as documented in CBH's Manual for Review of Provider Personnel Files (MRPPF) available on the CBH website at <https://www.cbhphilly.org/>.

For MD level CBE/Rs, those domains listed previously as not requiring licensed staff may be completed by staff who meet the requirements for any of the following positions as defined in the Manual for Review of Provider Personnel Files (MRPPF):

- Psychologist
- Certified Registered Nurse Practitioner (CRNP)
- Mental Health Professional
- Master's Level Psychology Intern (w/ appropriate supervision and co-signature)
- Drug and Alcohol Counselor (for substance use CBE/Rs only)
- Drug and Alcohol Counselor's Assistant (for substance abuse CBE/Rs only)
- Drug and Alcohol Assessors (for substance use CBE/Rs only)

Everyone completing work on the CBE/R must clearly note the time spent completing the evaluation. This must include date and clock times and not simply duration. The information should be readily available and evident in the clinical chart. When the data collection and licensed psychiatrist's work are separated, it is expected that the non-licensed staff's work will precede that of the psychiatrist. To be eligible for payment, CBE/R-MDs must be completed by a psychiatrist holding a valid a license. Physicians in other disciplines/specialties are not able to complete and bill for CBE/Rs.

Per the Commonwealth's billing codes, CBE/Rs completed by psychologists **must** be completed in their entirety by the licensed psychologist or staff with graduate training (doctoral level) as permitted and defined by Title 49, Chapter 41 of the Pa. Code.<sup>1</sup>

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<sup>1</sup> 49 Pa. Code § 41 (2018), <https://www.pacode.com/secure/data/049/chapter41/chap41toc.html>

## **Clinical Process and Documentation**

All CBE/Rs must address several required elements. Ideally, information will be obtained from the member through conversation rather than a series of questions and answers. All areas with potentially clinically relevant information should be explored, either in the CBE/R or during treatment. The CBE/R report should include comprehensive descriptions of the following domains:

- Reason for evaluation
- Demographics
- History of presenting challenges/needs
- Review of prior and current treatment
- Substance use assessment
- Medications (current and history)
- Medical history (and active medical conditions)
- Family history (physical and behavioral health challenges)
- Psychosocial history (including social determinants of health)
- Trauma assessment
- Suicide assessment
- Aggression/self-harm risk/safety assessment
- Bullying assessment
- Current mental status exam
- Diagnosis (must be completed by licensed psychiatrist or psychologist)
- Strengths and protective factors
- Community supports
- Potential barriers or challenges to recovery
- Formulation (must be completed by licensed psychiatrist or psychologist)
- Comprehensive recommendation (must be completed by licensed psychiatrist or psychologist)

There should also be clear evidence of collaboration with other existing healthcare providers for the member.

For children and adolescents, CBE/Rs must also review:

- Family engagement
- Education (current and past)
- Developmental history
- Any intellectual disability

CBRs should explore, in detail, those areas that have had changes. Areas with no significant change should be noted as such.

CBH Compliance staff frequently encounter CBE/Rs with concerns related to completion and documentation of the CBE/R based on the following requirements:

- A licensed psychiatrist or licensed psychologist **must** complete the diagnosis, formulation, and recommendations.
- There must be a clinical rationale for the completion of any CBE/R. Reasons such as “annual” or “initial” are insufficient to establish the need for a CBE/R.
- Rule-out diagnoses are appropriate for members who are initially entering treatment with the provider or when there is a significant clinical change. Rule-out diagnoses should not be carried over for multiple CBE/Rs.

The clinical formulation is what sets a CBE/R apart from other assessments and evaluations. The clinical formulation must be completed by a licensed psychiatrist or licensed psychologist actively involved in the CBE/R process. There is no established length for the clinical formulation; it should be a thorough but concise conceptualization of the member’s current case. The formulation must include clarification of any observed discrepancies during the evaluation process and the licensed psychiatrist or licensed psychologist’s synthesis of the information presented. The formulation must **not** be a simple rehashing or repeating of information already obtained during the evaluation.

The formulation will lead directly to recommendations for treatment. This cannot simply be a level of care (i.e. behavioral health rehabilitative services [BHRS], outpatient) or even specific service types within the level of care (i.e. therapeutic support staff [TSS], cognitive behavioral therapy). Rather, the recommendations must include the evaluator’s recommendations for specific interventions to be used and specific needs and challenges to be addressed.

### **Billing**

Because of the detail required in the evaluation, it is understood that the CBE/R process may be conducted across more than one visit. Claims for CBE/R activities must correspond to the date the activities were completed. However, no portion of the CBE/R may be billed until the entire evaluation is completed. While there is no time frame specified to complete the CBE/R process, each provider must submit “clean claims” no more than 90 days following the date of service. This, by default, means that, for members who have CBH as their primary/only coverage, the CBE/R must be completed within 90 days of the initiation of the evaluation.

If the provider is pursuing coordination of benefits, the provider must obtain a final determination from the primary payer(s) dated no more than 180 days following the date of service and submit a clean claim to CBH within 90 days after receipt of the final determination.

CBE/Rs are billed in 30-minute units. Each CBE may be billed for a maximum of 8 units (4 hours) per evaluation. Each CBR may be billed for a maximum of 4 units (2 hours). It is expected that a significant number of CBE/Rs will **not** require the full time permitted. Further, it is expected that CBE/R durations will vary depending on many factors.

Documentation must accurately reflect the time spent completing each portion of the evaluation with start and end times noted. Simply noting duration is insufficient. Clock times must reflect AM/PM designations or use military time. Best practice is to document clock times on the note for the session in which each portion of the CBE/R occurred. However, clock times may be recorded in a separate section of the member's record. Notes for each portion of the CBE/R should include pertinent details of who was involved in the contact and purpose; details of names, contact information, or follow-up on the process completed thus far.

Please note signing consents and releases is **not** considered billable time.

CBH currently contracts for eight different types of CBEs:

- 300-50 CBE MD: Mental Health CBE completed by a licensed psychiatrist
- 300-51 CBE NON-MD: Mental Health CBE completed by a licensed psychologist
- 300-54 CBR MD: Mental Health CBR completed by a licensed psychiatrist
- 300-57 CBR NON-MD: Mental Health CBR completed by a licensed psychologist
- 350-40 CBE MD: Drug and Alcohol CBE completed by a licensed psychiatrist
- 350-41 CBE NON-MD: Drug and Alcohol CBE completed by a licensed psychologist
- 350-42 CBR MD: Drug and Alcohol CBR completed by a licensed psychiatrist
- 350-43 CBR NON-MD: Drug and Alcohol CBR completed by a licensed psychologist

### **Contact**

If you have any questions or concerns related to this guidance or the bulletin announcing it, please contact CBH Compliance Operations Specialist Adam Muhammad by email at [Adam.Muhammad@phila.gov](mailto:Adam.Muhammad@phila.gov) or by phone at 267-602-2207.