IBHS Billing Guide

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Community Behavioral Health
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1. INTRODUCTION

This Intensive Behavioral Health Services (IBHS) Billing Guide was developed in collaboration with the CBH Clinical Management and Compliance Departments. Every effort was made to provide clear and accurate answers to providers' questions. This guide covers the services under the IBHS Individual and Applied Behavior Analysis (ABA) Levels of Care (LOC). This guide does not cover Group services or some CBH LOCs, as noted below:

Not included:

- 425-14 Group 2-8
- 425-15 Group 9-12
- 425-16 Group 13-20
- 425-20 Functional Family Therapy
- 425-23 CTSS
- 425-25 Early Childhood Intensive Treatment
- ABA Group

CBH plans to develop content in this Billing Guide related to Group services in the future.

2. ASSESSMENT, EVALUATION, AND INITIAL TREATMENT

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-1	IBHS – Level of Care Assessment – Licensed Professional	H0031 with Pricing Modifier U9	Mental Health Assessment by Non-Physician	30 Minute
425-2	IBHS – Psychological Evaluation	90791	Psychiatric Diagnostic Evaluation – No Medical Service	30 Minute
425-4	IBHS – Assessment	H0032 with Pricing Modifiers U9 or UB	Mental Health Service Plan Development by a Non-Physician	15 Minute
425-4	IBHS – Assessment	H2019 with Pricing Modifier U9	Therapeutic Behavioral Services	15 Minute
425-5	IBHS – Initial Treatment	H0032 with Pricing Modifiers U9 or UB	Mental Health Service Plan Development by a Non-Physician	15 Minute

CBH LOC	CBH Description	CPT Code	CPT Code Description	Unit of Measure
425-5	IBHS – Initial Treatment	H2019 with Pricing Modifier U9	Therapeutic Behavioral Services	15 Minute
425-5	IBHS – Initial Treatment	H2021	Community-Based Wraparound Services	15 Minute

2.1. Q&A

1. **Can an IBHS provider bill for a CRNP doing an evaluation for IBHS under CBH LOC 425-2 (CPT Code 90791)?**

   No. CBH LOC 425-2 is a direct diagnostic assessment completed only by a psychologist. A CRNP who is appropriately enrolled can bill as 425-1.

2. **Is it required that a licensed behavior consultant (BC) complete assessments in regionalized IBHS for members with an autism diagnosis?**

   The individual must have a relevant license. Per MA regulations:

   > *"§ 5240.71. Staff qualifications for individual services.*
   >
   > *(b) Individuals who provide behavior consultation services to children diagnosed with ASD for the treatment of ASD shall be licensed in this Commonwealth as a psychologist, professional counselor, marriage and family therapist, clinical social worker, social worker, behavior specialist, certified registered nurse practitioner or a professional with a scope of practice that includes overseeing the provision of ABA services."*

3. **Can data/information gathering by a behavioral health technician (BHT) be billed under assessment?**

   No. The BHT's role is to provide face to face services. Per MA regulations:

   > *"1155.32. Payment conditions for individual services.*
   >
   > *(2) A face-to-face assessment has been completed by an individual qualified to provide behavior consultation services or mobile therapy services within 15 days of the initiation of individual services and prior to completing the ITP in accordance with § 5240.21 (relating to assessment) or a face-to-face assessment has been reviewed and updated within 12 months of the previous face-to-face assessment."*

4. **What about data/information that may be gathered by other team members for the assessment?**

   Assessment activities are billable by individuals who meet the requirements, so it could be more than one master's level clinician for a single youth.

5. **Where does review and completion of required documentation such as releases of information, consents, emergency contacts fall (i.e., intake paperwork)? Is this billable time under assessment?**

No. These are considered non-billable administrative activities and are already built into the rates. Completion of paperwork, in and of itself, is not a billable activity.

6. **Who can conduct a functional behavior assessment (FBA)?**

   To be qualified to conduct an FBA, a BC needs to meet the qualifications to provide behavioral consultation services or behavior analytic services and have completed the commonwealth's FBA credentialing training or hold the BCBA credential and be qualified to provide behavioral consultation services or behavioral analytic services.

7. **Written orders must be billed in 30-minute increments, however, is 30 minutes the maximum amount of time that can be spent on a written order appointment? Are there exceptions with clinical justification for longer written order appointments? Also, can case compilation, record review, and development of written order can be billed for, or only the face to face?**

   A written order itself is not a billable service. Level of care assessments 425-1 under H0031 are conducted in 30-minute billing units and may be billed for completion of the written order.

   Only the face-to-face time is billable, in 30 min units, for 1-6 max units per day.

8. **A written order is completed in January, and treatment begins soon after. The member then stops treatment in April and is discharged, but then presents for treatment again in June. Can the assessment begin using the written order that was done in January?**

   It is up to the IBHS provider to determine whether circumstances require a new written order. An evaluation should be conducted whenever one is medically necessary. For example, if the member was discharged successfully, an assessment to determine clinical need based on new challenges may be appropriate. If the interruption in services is brief, and the previous written order appears to meet the member's needs, then a new order is not necessary.

9. **What services can be provided in the initial treatment period?**

   See the **CBH IBHS Performance Standards** for details on this LOC.

3. BEHAVIOR CONSULTATION

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-8	Behavior Consultation	H0032 with Pricing Modifier UB	Mental Health Serve Plan Development by a Non-Physician	15 Minute
425-9	Behavior Consultation – Licensed	H0032 with Pricing Modifier U9	Mental Health Serve Plan Development by a Non-Physician	15 Minute

3.1. Overview

This level of care is a Commonwealth-governed service in the IBHS individual program.

IBHS providers must follow **IBHS Regulations Title 55**. Per MA regulations:

> ***"§ 5240.75. Individual services provision.***
>
> *(a) Behavior consultation services consist of clinical direction of services to a child, youth or young adult; development and revision of the ITP; oversight of the implementation of the ITP and consultation with a child's, youth's or young adult's treatment team regarding the ITP."*

Per the **CBH IBHS Performance Standards**:

> *"Behavior Consultant (BC) provides clinical direction of services, develops treatment plan, oversees its implementation, and consults with adults across settings regarding treatment planning."*

3.2. Q&A

Activity	*Is it Billable to CBH?*
Observations in the school, home, and community	YES The observation visits must be related to structured assessment and/or treatment planning and the documentation must reflect the clinical relevance and duration of the observation visit. Administrative tasks such as report writing are not billable activities.
Completion of assessments and other measurement scales: fbas, vineland, and others	YES The completion of these measures, including scoring and feedback, is a billable activity. Administrative tasks such as report writing are not billable activities.
Graphing and charting of behaviors and interpretations	YES The analysis portion is billable. Administrative tasks such as report writing are not billable activities.
Writing of protocols or programs for ADHD, toilet training, social skills, and others	YES Development of such tools specific to an individual member is a billable activity. Any administrative portion, or generalized content (using the same protocol for multiple members) is not. Administrative tasks such as report writing are not billable activities.
Creation of token boards, schedules, therapeutic worksheets, therapeutic games/activities, social stories	YES Development of such tools specific to an individual member is a billable activity. Any administrative portion, or generalized content (using the same protocol for multiple members) is not. Administrative tasks such as report writing are not billable activities.
Clinical formulating, developing treatment goals and objectives, analyzing data when not "face-to-face", synthesizing and analyzing	YES Administrative tasks such as report writing are not billable activities.

Activity	*Is it Billable to CBH?*
data that leads to the writing of the assessment and Individual Treatment Plan.	
Development of initial treatment plans (ITP) and treatment plan reviews and updates	YES Reviews and updates must reflect changes to the plan. Copying and pasting from previous plans is not acceptable. If goals are repeated from previous plans, content must be present to explain why goals are being continued. Administrative tasks such as report writing are not billable activities.
In-person consultation with school team members	IT DEPENDS BCs may bill for direct consultation meetings with school professionals if it is in the service of a specific member. The child does not need to be present in order to be billable. Consultation with the school treatment team regarding the ITP is billable. Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed. Administrative tasks such as report writing are not billable activities.
Attendance at school meetings, including Individualized Education Program (IEP) and disciplinary meetings	IT DEPENDS If the member and/or family is present. The BC is expected to share progress updates, make recommendations, and actively participate. Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Telephone consultations with parents, teachers, school counselors, therapists, medical professionals, and other collaterals	IT DEPENDS If the content of the consultation is clinical, then the activity is billable. If the content is related to scheduling/confirming of appointments, etc., then the activity is not billable. Content of progress notes must support the relevance and duration of the service being billed. For those telephonic activities that are billable, the duration of the service must reach the minimum 15-minute billable unit. Multiple short-duration services cannot be combined to substantiate a fifteen-minute unit.
Crisis intervention/stabilization	IT DEPENDS BCs are qualified to deliver services to support a member through crisis in the scope of the consultant role. HOWEVER Being passively present during a crisis visit to a CRC awaiting triage, for example, is not billable. Specific crisis interventions must be utilized and be documented. Content of progress notes must support the relevance and duration of the service being billed. Administrative tasks such as report writing are not billable activities.

Activity	*Is it Billable to CBH?*
Providing services to a member during an inpatient psychiatric admission	IT DEPENDS A clinical rationale would need to be clearly documented. Consideration should be given to updating the ITP to reflect new goals related to the admission, such as parent training. A service should never be provided in order to meet a number of hours requirement. Acute Inpatient Psychiatric Hospital (AIP): IBHS authorizations will continue to run concurrently with any authorizations for AIP should it be clinically indicated. IBHS should not be delivered during the period of time the youth is hospitalized, however collaboration is expected, and billing will only be allowed during this period for the BC for the purposes of collaboration and discharge planning. Content of progress notes must support the relevance and duration of the service being billed.
Attending individual service plan meeting (ISPT) or interagency team meeting (ITM)	IT DEPENDS In order for BC attendance at these meetings to be billable, the family and/or member must be present. Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Attending a meeting with CBH without member present at the "top tier" meeting	NO Meetings with CBH are not billable.
Completion of reauthorization packet	NO This is an administrative task not billable to Medicaid.
Attendance at Psychological/Psychiatric Evaluations	IT DEPENDS There should not be a clinical need for a BC to participate in the face-to-face portion of an evaluation. In order for the BC presence to be billable in this scenario, the clinical rationale for the collaboration must be clearly documented. Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Providing supervision to other team members	NO Supervision is not a billable activity.
Completion of summer camp applications, and/or other documents on behalf of the family	NO This is an administrative task not billable to Medicaid and is not an appropriate activity for a BC.
Completion of a program/progress summary	NO This is an administrative task not billable to Medicaid.
Completion of mandated reporting documents	NO This is not a Medicaid-reimbursable activity.
Performing telehealth	IT DEPENDS Although **the most recent guidance from OMHSAS** allows for the continuation of telehealth services when clinically appropriate, its usage in BC services does not represent

Activity	Is it Billable to CBH?
	best practice and should be used only in limited instances, when clinically indicated, and per the preference of the child and family. The clinical documentation must reflect the rationale for the provision of the service via telehealth.

3.2.1. Additional Questions

Can the same individual function in the role of both BC and MT for the same member?

No. While an individual clinician may meet the requirements to provide both services, the Commonwealth has previously noted that the same individual may NOT perform both services for the same member. Although the commonwealth has transitioned from BHRS to IBHS, CBH assumes that the intent of the **Medical Assistance Bulletin dated April 26, 2001** is still valid for IBHS. This Bulletin precludes the same individual from functioning in both roles for the same member.

4. MOBILE THERAPY

CBH LOC	CBH Description	CPT Code	CPT Code Description	Unit of Measure
425-11	Mobile Therapist	H2019	Therapeutic Behavioral Services	15 Minute
425-12	Mobile Therapist – Licensed	H2019 with Pricing Modifier U9	Therapeutic Behavioral Services	15 Minute

4.1. Overview

This level of care is a Commonwealth-governed service in the individual and group IBHS programs.

IBHS providers must follow **IBHS Regulations Title 55**.

Per MA regulations:

> ***"§ 5240.75. Individual services provision.***
>
> *(b) Mobile therapy services consist of individual therapy, family therapy, development and revision of the ITP, assistance with crisis stabilization and assistance with addressing problems the child, youth or young adult has encountered.*
>
> ***§ 5240.97. Group services provision.***
>
> *(a) A graduate-level professional may provide individual, group and family psychotherapy; design of psychoeducational group activities; clinical direction of services to a child, youth or young adult; create and revise the ITP; oversee implementation of the ITP and consult with the child's, youth's or young adult's treatment team regarding the ITP."*

Per the **CBH IBHS Performance Standards**:

> *"Mobile Therapist (MT) Provides individual, family, or group therapy, develops or revises the treatment plan, assists with stabilization as needed, and assists in addressing problems the child has encountered."*

4.2. Q&A

Activity	*Is it Billable to CBH?*
Individual and family therapy	YES
Assessment	YES The child and/or family must be present.
Addressing problems the youth has encountered	YES
Crisis stabilization	YES
Services to a sibling	YES, BUT only as it relates to the identified client's treatment goals.
Teaching parent/caregiver interventions as described in the individual treatment plan (ITP)	YES, BUT only as it relates to identified ITP goals.
Development of initial treatment plans/treatment plan reviews and updates (includes observations, behavior tracking, defining antecedents, and consequence)	IT DEPENDS MT is a face-to-face therapeutic service. Administrative or indirect tasks related to the ITP and/or writing of the plan, are only billable when collaboratively updating the ITP in presence of family and/or member. Reviews and updates must reflect changes to the plan. Copying and pasting from previous plans is not acceptable. Content is expected related to why goals are being continued if they are repeated from previous plans. Administrative tasks such as report writing are not billable activities.
Attending individual service plan meeting (ISPT) or interagency team meeting (IATM) meetings	NO MT is a face-to-face therapeutic service and therefore, these activities are not billable. While it may be clinically indicated for an MT to attend some meetings, CBH pays a higher rate for MT than BC to account for these non-billable activities.
Attendance at team meetings when family, youth or external team member is present	NO MT is a face-to-face therapeutic service and therefore, these activities are not billable. While it may be clinically indicated for an MT to attend some meetings, CBH pays a higher rate for MT than BC to account for these non-billable activities.

Activity	*Is it Billable to CBH?*
Attendance at school meetings, including individualized education program (IEP) and disciplinary meetings	NO MT is a face-to-face therapeutic service and therefore, these activities are not billable. While it may be clinically indicated for an MT to attend some meetings, CBH reimburses at a higher rate for MT than BC to account for these non-billable activities.
Attendance at psychiatric/psychological appointments	NO There should not be a clinical need for an MT to participate in the face-to-face portion of an evaluation.
Providing supervision to other team members	NO Supervision is not a billable activity.
Providing services to a member during an inpatient psychiatric admission	NO Services to the member during the psychiatric admission are not allowed, as these services are covered by the inpatient provider. Acute Inpatient Psychiatric Hospital (AIP): IBHS authorizations will continue to run concurrently with any authorizations for AIP should it be clinically indicated. IBHS should not be delivered during the period of time the youth is hospitalized, however collaboration is expected, and billing will only be allowed during this period for the BC for the purposes of collaboration and discharge planning.
Performing telehealth	IT DEPENDS Although **the most recent guidance from OMHSAS** allows for the continuation of telehealth services when clinically appropriate, its usage in MT services does not represent best practice and should be used only in limited instances, when clinically indicated, and per the preference of the child and family. The clinical documentation must reflect the rationale for the provision of the service via telehealth.

4.2.1. Additional Questions

1. **If there is only a Mobile Therapist (MT), can they "bill" for consults with the school and other team members?**

   No. MT is a face-to-face therapeutic service, not a consultative service. CBH accounted for this by bundling in the indirect tasks required of MTs in the reimbursement rate, which exceeds the rate for BC.

2. **Does a State of PA Behavior Specialist License (BSL) qualify an MT to be paid at the licensed rate?**

   No. The individual must also meet the requirements outlined in the IBHS regulations:

   Per **PA regulations**:

   "§ 5240.71. Staff qualifications for individual services.

(c) Individuals who provide individual services through mobile therapy services shall meet one of the following:

(2) Be licensed in this Commonwealth as a social worker or a behavior specialist and have a graduate degree that required a clinical or mental health direct service practicum from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or have an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency."

3. **Can the same individual function in the role of both BC and MT for the same member?**

No. While an individual clinician may meet the requirements to provide both services, the Commonwealth has previously noted that the same individual may NOT perform both services for the same member. Although the commonwealth has transitioned from BHRS to IBHS, CBH assumes that the intent of the **Medical Assistance Bulletin dated April 26, 2001** is still valid for IBHS. This Bulletin precludes the same individual from functioning in both roles for the same member.

5. BEHAVIORAL HEALTH TECHNICIAN (BHT)

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-17	Behavioral Health Technician	H2021	Community-Based Wraparound Services	15 Minute

5.1. Overview

This level of care is a Commonwealth-governed service in the individual and group IBHS programs.

IBHS providers must follow **IBHS Regulations Title 55**.

Per MA regulations:

"§ 5240.75. Individual services provision.

(c) BHT services consist of implementing the ITP."

"§ 5240.97. Group services provision.

(b) An individual who meets the qualifications to provide BHT services or BHT-ABA services may assist with conducting group psychotherapy, facilitate psychoeducational group activities and implement the child's, youth's or young adult's ITP."

Per the **CBH IBHS Performance Standards**:

"Behavioral Health Technician (BHT) Implements the treatment plan to fidelity."

5.2. Q&A

Activity	*Is it Billable to CBH?*
Face-to-face contact with client to implement individual treatment plan (ITP)	YES BHT services consist of implementing the ITP.
BHT being in close proximity to client who is playing	YES, IF this activity is included in the ITP. Passively watching the child play is not a reason for an activity to be billable. There must be a clinical necessity for the service and the content must support the duration being billed.
BHT assisting client completing school homework, and/or tutoring client	NO This is not a Medicaid-reimbursable activity.
BHT observing a client eating with their family	IT DEPENDS If mealtime was identified as a problem area to be addressed on the ITP with identifiable goals for the BHT to be working on during the session. Passively watching the child eat because it is during the BHT workday is not a reason for an activity to be billable. There must be a clinical necessity for the service and the content must support the duration being billed.
BHT observing client eating lunch at home during the virtual school day	IT DEPENDS If mealtime was identified as a problem area to be addressed on the ITP with identifiable goals for the BHT to be working on during the session. There must be a clinical necessity for the service and the content must support the duration being billed. Passively watching the child eat because it is during the BHT workday is not a reason for an activity to be billable. There must be a clinical necessity for the service and the content must support the duration being billed.
BHT eating a meal with a client and their family	NO This is not a Medicaid-reimbursable activity.
BHT writing of progress notes	NO This is not a Medicaid-reimbursable activity.
Attending individual service plan meeting (ISPT) or interagency team meeting (IATM) meetings	NO This is not a Medicaid-reimbursable activity. BUT A BHT can provide interventions to the child during a meeting if it is an identified area on the ITP.

Activity	*Is it Billable to CBH?*
Attendance at school meetings, including IEP and disciplinary meetings	NO This is not a Medicaid-reimbursable activity.
Attendance at psychiatric/psychological appointments	NO This is not a Medicaid-reimbursable activity. BUT A BHT can provide interventions to the child during a meeting if it is an identified area on the ITP.
"Check in" phone calls with youth and family	NO BHT services consist of the implementation of the ITP. "Check in" calls do not reflect the clinical rationale for the contact.
Performing telehealth	IT DEPENDS Although **the most recent guidance from OMHSAS** allows for the continuation of telehealth services when clinically appropriate, its usage in BHT services does not represent best practice and should be used only in limited instances, when clinically indicated, and per the preference of the child and family. The clinical documentation must reflect the rationale for the provision of the service via telehealth.

5.2.1. Additional Questions

Are there still school and non-school BHT being separately authorized?

BHT services are not separated out by school and non-school locations for authorization. BHT services are to be provided in any settings prescribed on the Written Order (i.e., home, school, or community), and as identified in the Assessment and on the ITP.

Claims should be submitted with the accurate Place of Service (POS) codes.

6. IBHS CARE COORDINATOR

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-34	IBHS Care Coordinator	T1016 with Pricing Modifier U8	Case Management	15 Minute

6.1. Overview

This level of care is a CBH-created service in the regionalized IBHS program. Per the **CBH IBHS Performance Standards**:

"The Care Coordinator is expected to engage youth, families, and other significant persons involved in the youth's treatment in a collaborative relationship to promote positive outcomes, assess youth and family social determinants of health, and provide supports to address identified physical and behavioral health needs. There are two recommended Social Determinant of Health Scales for care coordinators to utilize: the Arizona Self-Sufficiency Matrix or the OneCare Vermont: Self-Sufficiency Outcomes Matrix. The outcomes from these scales should be incorporated into a robust treatment and support package for each family. The Care Coordinator should also be well-versed not only in supports and resources available throughout the City of Philadelphia but also within the local community surrounding the child's school and home. They should interface as needed with other relevant systems (i.e., Juvenile Justice, Department of Human Services) to connect families to resources in the community when appropriate. They should work as part of the service team in the implementation of service plans with goals of retaining or re-engaging the child when needed."

In Philadelphia schools:

"Care Coordinator Addresses family or child service engagement concerns, conducts evidence-based assessments to identify social determinants of child and family wellness needs to inform treatment planning, and identifies and links child and family to appropriate community-based resources."

6.2. Q&A

Activity	*Is it Billable to CBH?*
Completion of a self-sufficiency matrix	YES The completion of the matrix is billable, but not any administrative tasks such as completion of paperwork related to the assessment. Administrative tasks such as report writing are not billable activities.
Attending individual service plan meeting (ISPT) or interagency team meeting (IATM) meetings	YES HOWEVER Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Continuous resource mapping activities specific to the MOU in collaboration with school counselors and other community stakeholders	YES
Responding to complaints from families about IBHS staff	NO
Attendance at school meetings	YES HOWEVER Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Attendance at psychiatric/psychological appointments	NO

Activity	*Is it Billable to CBH?*
Scheduling appointments, touring facilities with the family, collaboration with other providers and stakeholders	YES HOWEVER Touring of facilities must be done with families, not completed independently on their behalf

6.2.1. Additional Questions

1. **Do providers have to write progress notes for Care Coordinator services since they are not Medicaid reimbursable?**

   Yes. There must be supporting documentation for the claims submitted to CBH. Providers should submit encounter data for this level of care so that service utilization can be tracked.

2. **Since the Care Coordinator services are billable in 15-minute units, does the service have to meet a minimum of fifteen minutes to be submitted on a claim?**

   Yes. Multiple services of less than 15-minute duration can't be combined to reach the unit minimum.

7. FAMILY PEER SUPPORT

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-35	IBHS Family Peer Support	H0046 with Info Modifier SC	Mental Health Services, Not Otherwise Specified	15 Minute

7.1. Overview

This level of care is a CBH-created service in the regionalized IBHS program. Per the **CBH IBHS Performance Standards**:

> *"The Family Peer Specialist is an adult with lived experience as a family member of a child with behavioral health challenges who supports initial and continuing engagement with IBHS, incorporates youth and family voice into treatment, empowers the family to understand their role as a member of the treatment team, provides support and coaching during meetings, works with families to develop natural resources, and provides other resources as needed."*

In Philadelphia schools:

> *"Family Peer Specialist Provides support through family engagement, shared lived experience, and ensures that families have a voice in their services."*

Activity	*Is it Billable to CBH?*
Discussing with families their identified needs and goals and activities that identify and link families to those resources	YES
Assessing benefit of resource linkages and additional emerging needs	YES
Attending individual service plan meeting (ISPT) or interagency team meeting (IATM) meetings	YES
Attendance at school meetings, including IEP and disciplinary meetings	YES HOWEVER Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Attendance at psychiatric/psychological evaluations	YES HOWEVER Passively attending a meeting is not a billable activity. Content of progress notes must support the relevance and duration of the service being billed.
Touring facilities with families	YES HOWEVER Touring of facilities must be done with families, not completed independently on their behalf

8. APPLIED BEHAVIOR ANALYSIS (ABA)

8.1. Overview

This level of care is a Commonwealth-governed service in the IBHS program.

IBHS providers must follow **IBHS Regulations Title 55**.

CBH has developed **performance standards** specific to ABA programs.

There are also industry websites available for providers to assist in understanding ABA CPT codes.

8.2. Billing Charts

This IBHS Billing Guide contains both the table from the CBH Schedule A template for ABA providers, and the table from the commonwealth's Behavioral Health Services Reporting Classification Chart (BHSRCC) document.

8.2.1. CBH Schedule A Chart

CBH LOC	*CBH Description*	*CPT Code*	*CPT Code Description*	*Unit of Measure*
425-6	IBHS – Assessment – ABA	97151 with or without Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-6	IBHS – Assessment – ABA	97152 with Pricing Modifier U8	See BHSRCC Chart below	15 Minute
425-6	IBHS – Assessment – ABA	97155 with Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-7	IBHS – Initial Treatment – ABA	97153 with or without Pricing Modifier U8	See BHSRCC Chart below	15 Minute
425-7	IBHS – Initial Treatment – ABA	97155 with Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-7	IBHS – Initial Treatment – ABA	97156 with or without Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-28	IBHS – BCBA – ABA Services	97151 with Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-28	IBHS – BCBA – ABA Services	97155 with Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-28	IBHS – BCBA – ABA Services	97156 with Pricing Modifier U7	See BHSRCC Chart below	15 Minute
425-29	IBHS – Behavior Consultation – ABA Services	97151	See BHSRCC Chart below	15 Minute
425-29	IBHS – Behavior Consultation – ABA Services	97155	See BHSRCC Chart below	15 Minute
425-29	IBHS – Behavior Consultation – ABA Services	97156	See BHSRCC Chart below	15 Minute
425-30	IBHS – Assistant Behavior Consultation – ABA Services	97152	See BHSRCC Chart below	15 Minute

CBH LOC	CBH Description	CPT Code	CPT Code Description	Unit of Measure
425-30	IBHS – Assistant Behavior Consultation – ABA Services	97153	See BHSRCC Chart below	15 Minute
425-31	IBHS –Behavioral Health Technician – ABA Services	97152	See BHSRCC Chart below	15 Minute
425-31	IBHS –Behavioral Health Technician – ABA Services	97153	See BHSRCC Chart below	15 Minute
425-49	IBHS – IBHS LOC Assessment by Licensed Prof	90791	See BHSRCC Chart below	30 Minute
425-49	IBHS – IBHS LOC Assessment by Licensed Prof	H0031 with Pricing Modifier U9	See BHSRCC Chart below	30 Minute
425-50	IBHS – IBHS ABA Services Psychological Evaluation	90791	See BHSRCC Chart below	30 Minute
425-51	IBHS – IBHS ABA Mobile Therapy	H2019	See BHSRCC Chart below	15 Minute
425-52	IBHS – IBHS ABA Mobile Therapy	H2019 with Pricing Modifier U9	See BHSRCC Chart below	15 Minute

8.2.2. BHSRCC Chart

Codes	Pricing Modifier	Description
97154	U6	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 Minutes (up to 3 group members)
97154	U5	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 Minutes (4 to 6 group members)
97154		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 Minutes (7 to 12 group members)

Codes	Pricing Modifier	Description
97158		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 Minutes (7 to 12 group members)
97158	U6	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 Minutes (up to 3 group members)
97158	U5	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 Minutes (4 to 6 group members)
97151		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 Minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)
97151	U7	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 Minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analytic)
97152		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 Minutes (Behavior Health Technician - ABA)
97152	U8	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 Minutes (Assistant Behavior Consultation - ABA)
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to- face with one patient, each 15 Minutes (Behavior Health Technician - ABA)
97153	U8	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to- face with one patient, each 15 Minutes (Assistant Behavior Consultation - ABA)
97155		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 Minutes (Behavior Consultation - ABA)
97155	U7	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 Minutes (Behavior Analytic)

Codes	Pricing Modifier	Description
97156		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 Minutes (Behavior Consultation - ABA)
97156	U7	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 Minutes (Behavior Analytic)

8.3. Q&A

1. **Per the billing code 97156, the definition is "97156: Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 Minutes." How does CBH define "guardian/caregiver"? Does this include guardians such as teachers, nanny (childcare), grandparent, in which we would provide treatment guidance to these individuals?**

   From the **IBHS regulations definitions**: "Caregiver—An individual with responsibility for the care and supervision of a child, youth or young adult."

   From the **CBH ABA Performance Standards**: "…ABA providers should be prepared to share treatment data on all treatment goals any time reauthorization of ABA treatment is being requested. Data should demonstrate that the treatment plan, planning process, and therapy adhere to the requirements above and include information about direct training of family members and other involved caregivers and school personnel…"

2. **If multiple services are provided by a BC-ABA during a session, are multiple notes with corresponding billing codes required? For example, if a BC-ABA provides caregiver training for the first 30 Minutes of a session then works directly with the client for the remainder of the session, are we required to split the session into two and bill separately for caregiver training and direct? Or can we bill as one since the reimbursement is the same regardless of the primary action?**

   If the services provided correspond with different CPT codes, then each should be billed separately, with documentation to support each distinct service. Providers should bill and document per each allowable service type. This may be one session note entry but would need to reflect all start/stop times, all service types, and note intervention/response/data, etc... for each service type.

3. **Can 97152 (CBH LOC 425-30, Assistant BC-ABA) be billed by a BCaBA concurrently with 97153 (CBH LOC 425-31, BHT-ABA) being billed by a BHT-ABA? Also, can a BCaBA bill within the exact same time, on the same date of service, for the same client as a BHT-ABA? The clinical scenario would be a BHT-ABA implementing programming and collecting data on goals, BCaBA (Assistant BC-ABA) would collect Tx fidelity data, IOA, data analysis and graphing, or teaching the tech a new intervention.**

   Both can be billed concurrently, under the following conditions: Each must be providing a distinct service and may not bill for the same CPT code. Both must document the other's presence during the session in their progress notes. The documentation would need to be very clear about what each person did in the session and

reflect how they worked together. The treatment overall should reflect how they are collaborating as a team, and the participation and role of each should also be clearly defined in the treatment plan.

The BCaBA can't be providing supervision to the BHT during the session, and bill it as a service, as supervision is not billable.

In a CBH Compliance Department audit, the two clinicians' progress notes would be evaluated to see if they reflect each other's presence and participation, and not have any discrepancies in terms of who else was present, time and location of session, etc. Both must be clinically appropriate services (no non-billable activities such as homework assistance, for example), with the documentation supporting the duration.

4. **Can 97153 (CBH LOC 425-31, BHT-ABA) be billed simultaneously with 97152 (CBH LOC 425-30, Assistant BC-ABA)? For example, can an Assistant BC-ABA help with assessments while a BHT-ABA is working with a client?**

   Both can be billed concurrently, under the following conditions: Each must be providing a distinct service and may not bill for the same CPT code. Both must document the other's presence during the session in their progress notes. The documentation would need to be very clear about what each person did in the session and reflect how they worked together. The treatment overall should reflect how they are collaborating as a team, and the participation and role of each should also be clearly defined in the treatment plan.

5. **Can 97152 be billed simultaneously with 97155 or 97151?**

   Billing guidance for concurrent claims by two different staff delivering two different services has some room for rare exceptions. There may be occasions where a BCBA is conducting consultation (97155) or parent training (97156) and a BHT is simultaneously providing direct implementation of the treatment/intervention strategies with the child (97153). This would be allowable, so long as each is providing a unique, billable service, all four people are present together (parent, child, BCBA and BHT) and each of the BCBA and BHT documents separately and accordingly their unique service and child's response, including mentioning the other co-occurring service.

6. **Can an Assistant BC-ABA bill at the same time as the BHT-ABA if they are both present with a client?**

   Same as answer above, however, the Assistant BC cannot bill CPT code 91752 at the same time as the BHT-ABA CPT code 91752 (behavior identification-supporting assessment).

7. **What kind of BC assistance can the Assistant BC do and bill for?**

   Assistant BC can bill for face-to-face activities using the CPT codes 97152 or 97153.

8. **Can an Assistant BC do any indirect billing, such as inputting data into graphs, completing progress summaries, creating programs/data sheets, and materials, etc.?**

   Assistant BC can only bill for face-to-face activities, which can include data collection as needed.

9. **Can an Assistant BC-ABA assist a BC in conducting assessments and parent training without the member present?**

   No.

10. **Is a Written Order for IBHS-ABA, based on a televideo (audio/visual) telehealth appointment, considered valid?**

    Any Written Orders obtained during a period of regulatory suspension should remain valid in that form for the life of that Written Order. If subsequent Written Orders are completed once telehealth allowances have ended, then that Written Order would need to be completed under the current requirements/regulations in effect at the time.

11. **From the CBH ABA Performance Standards Supervision Requirements:**

    "All staff who provide ABA-BHT services shall be employees of the ABA-designated agency and receive supervision from a person who meets the qualifications of a Clinical Director, or is eligible to provide Behavior Analytic services, or Behavior Consultation-ABA at the following ratios:

    - ***One hour of individual, face-to-face supervision each week, if working 37.5 hours a week, or***
    - ***one hour of individual, face-to-face supervision, twice per month, if working less than 37.5 hours a week."***

    Is the 37.5 hours the total number of hours that they are directly working with individuals and billing (e.g., we may have a BHT that gets paid for 40 hours per week but is only working directly with individuals doing ABA 35 hours per week since we pay them for notes/travel in addition to their billable time)?

    No, it is total hours worked, regardless of billing.

12. **Can a CBH Level of Care 425-28 service provided by a BCBA, and a 425-29 service provided by an LBS (Licensed Behavior Specialist) be billed at the same time for the same member?**

    Both of these CBH Levels of Care contain multiple CPT codes within them. A provider cannot bill for two individuals providing the same CPT code to the same member at the same time. It is also unlikely that two individuals would be providing two separate services to the same member at the same time (see previous questions for rare, allowable exceptions). So, in general, these Levels of Care are NOT billable to the same member at the same time. A BCBA may be present to supervise an LBS, but this is not a billable activity.

13. **From the CBH ABA Performance Standards Supervision Requirements:**

    "c. Six hours of on-site supervision during the provision of services before ever providing services independently."

    Is this what was previously Assessment and Assistance (A&A) in BHRS? Do all BHT – ABAs get six hours no matter what their past experience providing TSS/BHT or ABA has been?

    Yes, this was previously called A&A in BHRS. This is required of staff per the IBHS regs, not CBH per se, of any staff who has not previously provided BHT services. Supervision is not a billable activity.

14. **Can a BC/BCBA bill for this on-site supervision if they are also doing billable BC/BCBA work while doing the on-site?**

    No. Supervision is not a billable activity.

15. **From the CBH ABA Performance Standards Supervision Requirements:**

    "One hour of direct observation during the implementation of the ITP with a CBH member, every four months."

    Can a BC/BCBA bill for this observation if they are also doing BC/BCBA work while doing the observation?

    No. Direct observation or supervision are not billable activities in and of themselves.

16. **From the CBH ABA Performance Standards Supervision Requirements:**

    "One hour of direct observation during the implementation of the ITP every two months with a CBH member, if qualified to provide ABA – BHT with a high school diploma and RBT training only."

    Can a BC/BCBA bill for this observation if they are also doing BC/BCBA work while doing the observation?

    No. Supervision is not a billable activity.

17. **Is coordination of care services a billable activity in IBHS – ABA for the positions of BA – ABA and BC – ABA? Examples of coordination of care include: attending/participating in IEP meeting, attending/participating in medication management meeting, meeting with blended case manager, reviewing PBSP with school staff, training school staff, coordinating on strategies/replacement behaviors with SLP, and OT.**

    Only those activities that meet the definition of a billable activity are billable, per the CPT codes, state or CBH guidance. So, it depends on each activity whether it is billable.

18. **What CPT code should BCBAs use when training teachers on interventions and transferring skills? Is the Place of Service 03 – School?**

    Providers may use CPT code 97156 with POS 99, since the BHSRCC does not allow POS 03 for this CPT code.

19. **Can only a Mobile Therapist bill and be assigned to a youth awaiting ABA services?**

    A Mobile Therapist can provide Mobile Therapy to any youth, regardless of them waiting for another service. A Mobile Therapist cannot bill for ABA, unless they meet the requirements to do so and a Written Order for ABA services has ordered the service.

9. ADDITIONAL Q&A

9.1. Telehealth

1. **If a clinician is using telehealth, how can we facilitate the remote collection of parent/guardian/client signatures?**

   CBH follows the commonwealth's requirements regarding telehealth via the most updated guidance from OMHSAS.

2. **Are telephonic services by the BC and/or the MT billable?**

   Yes; however, from OMHSAS 22-02:

   "Providers and practitioners should carefully consider the clinical appropriateness of telehealth delivery for services, including, but not limited to [IBHS]."

3. **Does texting qualify as telehealth?**

   No. From the OMHSAS 10/29/2021 FAQ:

   "14. Question: Can providers use text messaging to communicate with individuals served as a part of telehealth? OMHSAS Response: Text messaging is not included in either telehealth service delivery or audio-only service delivery. The Pennsylvania MA program does not pay for services delivered through text messaging or other messaging technologies."

9.2. Documentation

1. **What are some best practices regarding note submission and clinical documentation?**

   Notes must be in the clinical record within seven days of the date of service or prior to claim submission, whichever comes first. CBH does not offer a templated progress note format. In general, for any billed service, clinical documentation must fully substantiate both the service and duration/amount billed. All progress notes must have a clear behavioral health intervention documented. All notes must provide a clear and concise description of both the member's contribution to the billed service and the provider staff's contribution/intervention. An individual unfamiliar with the member's course of treatment should be able to discern, through record review alone, what has been effective versus ineffective and what is in-process in the member's care. Additionally, the full number of units billed for each service must be fully substantiated. When documenting interventions, the writer must provide an accurate and complete description of the service. Clinical documentation should avoid the use of vague, general language, and/or buzzwords for theoretical models.

2. **What clinical content, or lack thereof, might lead to a note being considered "insufficient clinical" or non-billable?**

   Progress notes should contain the basic elements of date, start and end times, type of service, who was present for the session, and sufficient content to reflect that a clinical intervention consistent with the ITP was provided, with the participant(s)' response, and a plan for the next encounter. The plan should be more than

"Will return on future date". Progress notes should be signed and dated by the qualified clinician who provided the service.

3. **Is a HIPAA release with a typed signature (typed by the guardian) sufficient? Can a release of information be sent as a Microsoft Word document (.docx) or a PDF and the guardian typed their name into the signature line. If the signature otherwise meets FWA standards (signature is dated, signed document is sent directly by the guardian, not a stamp, etc.) can it be typed rather than handwritten?**

   Typing one's name into a word document is not considered a valid consent, unless the member is using a program like DocuSign which captures multiple data fields like IP addresses to ensure that the person typing their name is in fact the person who is supposed to be signing the document.

4. **Is the writing of a discharge summary a billable activity?**

   No. This is an administrative activity not billable to Medicaid.

9.3. Encounter Forms

1. **Who can sign the encounter form in the school setting? Our experience over the years is that teachers won't or don't have time to sign, sometimes front desk staff or counselors at the school will sign, but sometimes not. When we are in and out of classrooms providing support to kids throughout the day does the form need to be signed for every encounter or just for the day?**

   According to Medical Assistance Bulletin 99-89-05, encounter forms for each child must include "Recipient's signature or the signature of the recipient's agent." Providers must ensure that they meet this requirement.

2. **Given the changes to digital data collection and documentation, are encounter forms still required?**

   Yes. Encounter forms are still required by the commonwealth.

3. **What needs to be on the encounter form for IBHS other than date and signature of person attesting to service being provided?**

   According to Medical Assistance Bulletin 99-89-05, providers are required to obtain signed encounter forms to certify that the recipient received a service. Encounter forms may be developed by the provider and must contain the following information:

   - A certification statement: "I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."
   - Provider name and MA ID number
   - Recipient name and ID number
   - Recipient's signature, or the signature of the recipient's agent
   - Date of service

4. **Please advise as to whether providers must maintain a log signed by the caregiver (Encounter form) that is separate from the session/progress note. This was simple when charts were in paper form, but some digital platforms do not allow this option. Most platforms allow signatures on the session note, but do not generate a second document for signatures. Is it possible to instead just have the session note signed by the caregiver, provider, and supervisor?**

   You can combine the encounter form with the progress note in the electronic health record. However, it must include the attestation and information outlined in MA Bulletin 99-89-05.

5. **Can the encounter forms be electronic?**

   From **OMHSAS Bulletin 22-02, Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth**:

   "Signatures for consent to treatment, service verification, and acknowledgement of receipt of treatment or service plan(s) that are required by DHS regulations may be physical or electronic signatures, unless prohibited by other laws. Consistent with Act 69 of 1999 Electronic Transactions Act, an electronic signature is an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer's identity."

6. **Do we need to get "verbal verification" for telehealth?**

   See **the current guidance from OMHSAS regarding consent**.

7. **Do we need to get signatures on encounter forms for sessions that occurred via telehealth, and for which verbal consent was given and documented?**

   Signatures are not required afterwards, but obtaining signatures are strongly encouraged. Encounter forms do not have to be signed but continued to be documented in the treatment records. Verbal consent is still required according to OMHSAS.

9.4. Claims

1. **Are multiple Places of Service (POS) billable in the same day for the same service?**

   Yes, clinically appropriate services are billable if both are on the provider's contract as allowable POS for the level of care.

2. **If a provider is making a call to a Children and Youth agency, is the POS 02 or 99?**

   Assuming that the service in question is billable, use POS 02. Generally speaking, making a ChildLine report would not be a billable service to Medicaid.

3. **What POS is used for virtual school?**

   The location code reflects the location where services are delivered. If the IBHS staff is at the home with the member, then use Home (12). If the service is being provided via telehealth, use POS (02) Telehealth.

4. **What are the daily maximum billable units for IBHS LOCs?**

   For LOCs 425-17 BHT, 425-18 BHT Specialized, and 425-31 BHT ABA, **CBH received approval from OMHSAS to increase daily max units to account for school and non-school services**. The daily maximum billable units for these BHT services have been increased from 32 to 64 15-Minute units. All other daily max units are noted in **OMHSAS Bulletin 21-03** (Bulletin **Attachment A**).

5. **Assuming the provider has the proper enrollment, is Medicaid permitted to pay co-insurance/deductibles for members with both commercial and HealthChoices coverage?**

   CBH may reimburse for co-pays, co-insurance, or deductibles up to our fee schedule, when the provider shows evidence of coordination of benefits and CBH (Medicaid) is the secondary/tertiary payor.

6. **What is the maximum amount of time that can pass between the date of service and the date of billing submission?**

   For non-Third-Party Liability (TPL) claims, the claims must be submitted within 90 days of the date of service. For TPL claims, see the **CBH Provider Manual** for instructions on claim submission.

7. **In the case of telehealth, some primary insurances are ending telehealth. Will secondary cover telehealth when the primary denies that location of service?**

   This must be determined in a case-by-case basis. Providers should submit claims following the usual TPL process.

8. **In In many cases, primary insurance only allowing 3 hours for report writing but we are requesting more as we believe it to be medically necessary and being denied it from primary. Secondary insurance usually would approve the number of hours requested (e.g., 12 hours). Will secondary then cover the hours that primary denied for assessment? Is an appeal required for secondary to cover this?**

   Report writing is not a Medicaid billable activity. For those activities that do meet the criteria in order to be billable, the provider can submit the additional hours with PR 50 adjustment code.

9. **A member's primary commercial funder suggest that we use POS 03 (school) for a client's preschool location on their primary claim, but we know that CBH considers preschool and daycare settings as non-school, and views school beginning at kindergarten.**

   What is the correct POS for preschool and daycare settings?

   Use the POS 99 (Other) for services that occur in a community setting.