

## MCE Clarification of Outpatient Benefits: Collateral Contacts and Case/Family/Bridge Consultations

Note: This information has been taken directly from MCEs' Existing Alerts To Date

### COLLATERAL CONTACTS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
<b>BMC HealthNet Plan (BMCHP)</b>	<b>Collateral Contact, service code H0046</b>	A collateral contact is defined as a face-to-face or telephonic communication lasting at least 15 minutes for a member under age 21. Collateral contacts are between the member's outpatient behavioral health treater and an individual or agency representative for the purpose of supporting or reinforcing treatment objectives for that member's care. They are not intended for communication between providers within the same agency or group practice. They are also not intended for brief information requests or brief responses to inquiries, i.e., ones that take place in less than 15 minutes. The following is a list of individuals typically involved in 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 and community centers. This code may also be used for outpatient clinicians attending meetings on ICC-enrolled members.	<ul style="list-style-type: none"> <li>- Eligible Beacon-insured MassHealth members under age 21 on the dates of service</li> <li>- Meeting is either telephonically or in person and is at least 15 minutes in duration.</li> <li>- 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.</li> <li>- Documentation should include what actions will occur as a result of the consultation.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes; maximum per day is six.</li> <li>- Not to be used for communication with Beacon</li> <li>- Not to be used for email or voicemail communications</li> <li>- Not to be used for supervision or training</li> <li>- Not to be used for communication between providers within the same agency or group practice within the same program. For example, the outpatient treater could meet with the Partial Hospital Program provider, but the outpatient individual clinician could not use it to meet with the family therapist or psychiatrist.</li> </ul>	Collateral contacts are authorization free. They will be subject to periodic record audit.	BMCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Fallon Community Health Plan (FCHP)</b>	<b>Collateral Contact, service code H0046</b>	A collateral contact is defined as a face-to-face or telephonic communication lasting at least 15 minutes for a member under age 21. Collateral contacts are between the member's outpatient behavioral health treater and an individual or agency representative for the purpose of supporting or reinforcing treatment objectives for that member's care. They are not intended for communication between providers within the same agency or group practice. They are also not intended for brief information requests or brief responses to inquiries, i.e., ones that take place in less than 15 minutes. The following is a list of individuals typically involved in 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-	<ul style="list-style-type: none"> <li>- Eligible Beacon-insured MassHealth members under age 21 on the dates of service</li> <li>- Meeting is either telephonically or in person and is at least 15 minutes in duration.</li> <li>- 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.</li> <li>- Documentation should include what actions will occur as a result of the consultation.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes; maximum per day is six.</li> <li>- Not to be used for communication with Beacon</li> <li>- Not to be used for email or voicemail communications</li> <li>- Not to be used for supervision or training</li> <li>- Not to be used for communication between providers within the same agency or group practice within the same program. For example, the outpatient treater could meet with the Partial</li> </ul>	Collateral contacts are authorization free. They will be subject to periodic record audit.	FCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.

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		school programs and community centers. This code may also be used for outpatient clinicians attending meetings on ICC-enrolled members.		Hospital Program provider, but the outpatient individual clinician could not use it to meet with the family therapist or psychiatrist.		
<b>Neighborhood Health Plan (NHP)</b>	<b>Collateral Contact, service code H0046</b>	A collateral contact is defined as a face-to-face or telephonic communication lasting at least 15 minutes for a member under age 21. Collateral contacts are between the member's outpatient behavioral health treater and an individual or agency representative for the purpose of supporting or reinforcing treatment objectives for that member's care. They are not intended for communication between providers within the same agency or group practice. They are also not intended for brief information requests or brief responses to inquiries, i.e., ones that take place in less than 15 minutes. The following is a list of individuals typically involved in 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 and community centers. This code may also be used for outpatient clinicians attending meetings on ICC-enrolled members.	<ul style="list-style-type: none"> <li>- Eligible Beacon-insured MassHealth members under age 21 on the dates of service</li> <li>- Meeting is either telephonically or in person and is at least 15 minutes in duration.</li> <li>- 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.</li> <li>- Documentation should include what actions will occur as a result of the consultation.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes; maximum per day is six.</li> <li>- Not to be used for communication with Beacon</li> <li>- Not to be used for email or voicemail communications</li> <li>- Not to be used for supervision or training</li> <li>- Not to be used for communication between providers within the same agency or group practice within the same program. For example, the outpatient treater could meet with the Partial Hospital Program provider, but the outpatient individual clinician could not use it to meet with the family therapist or psychiatrist.</li> </ul>	Collateral contacts are authorization free. They will be subject to periodic record audit.	NHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Network Health</b>	<b>Collateral Contact, service code H0046</b>	A collateral contact is defined as a face-to-face or telephonic communication lasting at least 15 minutes for a member under age 21. Collateral contacts are between the member's outpatient behavioral health treater and an individual or agency representative for the purpose of supporting or reinforcing treatment objectives for that member's care. They are not intended for communication between providers within the same agency or group practice. They are also not intended for brief information requests or brief responses to inquiries, i.e., ones that take place in less than 15 minutes. The following is a list of individuals typically involved in collateral contacts: teachers, principals, primary care clinicians, guidance counselors, day care	<ul style="list-style-type: none"> <li>- Eligible Network Health-insured MassHealth members under age 21 on the dates of service</li> <li>- Meeting is either telephonically or in person and is at least 15 minutes in duration.</li> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes; there is no maximum per day.</li> <li>- Not to be used for communication with Network Health</li> <li>- Not to be used for email or voicemail communications</li> <li>- Not to be used for supervision or training</li> <li>- Not to be used for communication between providers within the same agency or group practice within the same program.</li> </ul>	Collateral contacts are authorization free. They will be subject to periodic record audit.	For any questions, please visit <a href="http://www.network-health.org">www.network-health.org</a> or call 888-257-1985.

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		provider staff, previous therapists, attorneys or other staff from the courts, state agencies, social service agencies, outreach programs, after-school programs and community centers. This code may also be used for outpatient clinicians attending meetings on ICC-enrolled members.	- Documentation should include what actions will occur as a result of the consultation.	For example, the outpatient treater could meet with the Partial Hospital Program provider, but the outpatient individual clinician could not use it to meet with the family therapist or psychiatrist.		
<b>Health New England (HNE) Be Healthy</b>	<b>Collateral Contact, service code H0046</b>	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 HNE 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 -- In-person or telephonic 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 or DSS Multi-Disciplinary Assessment Team (MDAT). - Not available for unscheduled or undocumented contacts.	Collateral contacts are authorization free. They will be subject to periodic record audit.	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 <a href="http://www.masspartnership.com">www.masspartnership.com</a> or call 800-495-0086.
<b>Massachusetts Behavioral Health Partnership</b>	<b>Collateral Contact, service code H0046</b>	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	Eligible MBHP members must be under 21 years of age on the date of service. - Meeting of at least 15	- Not available for communication between providers with the same provider number, i.e.	Collateral contacts are authorization free. They will be subject to periodic record audit.	For additional information, please visit <a href="http://www.masspartnership.com">www.masspartnership.com</a> or call 800-495-0086.

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<b>(MBHP)</b>		<p>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.</p>	<p>minutes is scheduled, either telephonically or in person.</p> <ul style="list-style-type: none"> <li>- The provider must maintain appropriate documentation as follows:               <ul style="list-style-type: none"> <li>-- Date and time of collateral contact</li> <li>-- Parties involved</li> <li>-- Purpose of collateral contact</li> <li>-- In-person or telephonic contact</li> <li>-- Action that will occur as a result of the collateral contact</li> <li>-- Signature and name of clinician</li> <li>-- 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.</li> </ul> </li> </ul>	<p>within the same clinic or group practice.</p> <ul style="list-style-type: none"> <li>- Not concurrently available for members receiving Dialectical Behavioral Treatment (DBT) or Intensive Outpatient Treatment (IOP).</li> <li>- Does not replace case consultation.</li> <li>- Not available for communication or consultation with MBHP.</li> <li>- Not available for e-mail or voice mail communications.</li> <li>- Not available for supervision or training.</li> <li>- Not concurrently available for members receiving Assessment for Safe and Appropriate Placement (ASAP) evaluation or DSS Multi-Disciplinary Assessment Team (MDAT).</li> <li>- Not available for unscheduled or undocumented contacts.</li> </ul>		

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### CASE CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
<b>BMC HealthNet Plan (BMCHP)</b>	<b>Case Consultation, service code 90882</b>	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 in-person 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. - Maximum of four units per day - Beacon will audit providers using this service excessively through retroactive reporting.	Case consultations are authorization free. They will be subject to periodic record audit.
<b>Fallon Community Health Plan (FCHP)</b>	<b>Case Consultation, service code 90882</b>	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 in-person 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. - Maximum of four units per day - Beacon will audit providers using this service excessively through retroactive reporting.	Case consultations are authorization free. They will be subject to periodic record audit.
<b>Neighborhood Health Plan (NHP)</b>	<b>Case Consultation, service code 90882</b>	Case consultation is a telephonic or in-person meeting on behalf of the member for any of the following: - Treatment coordination - Aftercare planning	- Meeting is either telephonic or in-person and is consistent with the above definition of case consultation. - The provider who submits the claim	- One unit equals 15 minutes. - Maximum of four units per day - Beacon will audit providers using this service excessively	Case consultations are authorization free. They will be subject to periodic record audit.

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Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure
		<ul style="list-style-type: none"> <li>- Treatment planning</li> <li>- Assessment of the appropriateness of additional or alternative treatment</li> <li>- Clinical consultation (which does not include supervision)</li> <li>- Second clinical opinion</li> <li>- Termination planning</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	through retroactive reporting.	
<b>Network Health</b>	<b>Case Consultation, service code 90882</b>	<p>Case consultation is a telephonic or in-person meeting on behalf of the member for any of the following:</p> <ul style="list-style-type: none"> <li>- Treatment coordination</li> <li>- Aftercare planning</li> <li>- Treatment planning</li> <li>- Assessment of the appropriateness of additional or alternative treatment</li> <li>- Clinical consultation (which does not include supervision)</li> <li>- Second clinical opinion</li> <li>- Termination planning</li> </ul>	<ul style="list-style-type: none"> <li>- Meeting is either telephonic or in-person and is consistent with the above definition of case consultation.</li> <li>- 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.</li> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes.</li> <li>- There is no maximum number of units per day</li> </ul>	Case consultations are authorization free. They will be subject to periodic record audit.
<b>Health New England (HNE) Be Healthy</b>	<b>Case Consultation, service code 90882</b>	<p>Case consultation is a scheduled telephonic or in-person meeting on behalf of the Member for any of the following medically necessary purposes:</p> <ul style="list-style-type: none"> <li>- Treatment coordination</li> <li>- Aftercare planning</li> <li>- Treatment planning</li> <li>- Assessment of appropriateness of additional or alternative treatment</li> <li>- Clinical consultation (which does not include supervision or team meeting discussions)</li> <li>- Second clinical opinion</li> </ul>	<ul style="list-style-type: none"> <li>- A case consultation is scheduled, and is consistent with the definition of case consultation.</li> <li>- A case consultation is scheduled with another outpatient provider who does not share the same provider number <b>or</b></li> <li>- A case consultation is scheduled with a representative of school staff, a state agency, medical staff, residential staff, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes</li> <li>- The number of units allowed per day is individualized for each Member based on what is medically necessary to fulfill one of the functions listed in the definition.</li> </ul>	Case consultations are authorization free. MBHP may audit providers who appear to be outliers with reference to their utilization of this service code, as reflected in retroactive claims-based reporting.

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		<ul style="list-style-type: none"> <li>- Termination planning</li> </ul>	<ul style="list-style-type: none"> <li>- The provider who submits the claim must maintain appropriate documentation including:                             <ul style="list-style-type: none"> <li>-- Date and time of consultation</li> <li>-- Parties involved</li> <li>-- Purpose of consultation</li> <li>-- Whether consultation was in-person or telephonic</li> <li>-- Actions that will occur as a result of the consultation</li> </ul> </li> <li>- 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.</li> </ul>		
<b>Massachusetts Behavioral Health Partnership (MBHP)</b>	<b>Case Consultation service code 90882</b>	<p>Case consultation is a scheduled telephonic or in-person meeting on behalf of the Member for any of the following medically necessary purposes:</p> <ul style="list-style-type: none"> <li>- Treatment coordination</li> <li>- Aftercare planning</li> <li>- Treatment planning</li> <li>- Assessment of appropriateness of additional or alternative treatment</li> <li>- Clinical consultation (which does not include supervision or team meeting discussions)</li> <li>- Second clinical opinion</li> <li>- Termination planning</li> </ul>	<ul style="list-style-type: none"> <li>- A case consultation is scheduled, and is consistent with the definition of case consultation.</li> <li>- A case consultation is scheduled with another outpatient provider who does not share the same provider number <b>or</b></li> <li>- A case consultation is scheduled with a representative of school staff, a state agency, medical staff, residential staff, etc.</li> <li>- The provider who submits the claim must maintain appropriate documentation including:                             <ul style="list-style-type: none"> <li>-- Date and time of consultation</li> <li>-- Parties involved</li> <li>-- Purpose of consultation</li> <li>-- Whether consultation was in-person or telephonic</li> <li>-- Actions that will occur as a result of the consultation</li> </ul> </li> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- One unit equals 15 minutes</li> <li>- The number of units allowed per day is individualized for each Member based on what is medically necessary to fulfill one of the functions listed in the definition.</li> </ul>	<p>Case consultations are authorization free. MBHP may audit providers who appear to be outliers with reference to their utilization of this service code, as reflected in retroactive claims-based reporting.</p>

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### FAMILY CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
<b>BMC HealthNet Plan (BMCHP)</b>	<b>Family Consultation, service code 90887</b>	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 four units per day	Family consultations are authorization free. They will be subject to periodic record audit.	BMCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Fallon Community Health Plan (FCHP)</b>	<b>Family Consultation, service code 90887</b>	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 four units per day	Family consultations are authorization free. They will be subject to periodic record audit.	FCHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Neighborhood Health Plan (NHP)</b>	<b>Family Consultation, service code 90887</b>	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 and 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 four units per day	Family consultations are authorization free. They will be subject to periodic record audit.	NHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then PROVIDER TOOLS, or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Network Health</b>	<b>Family Consultation, service code 90887</b>	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	- Meetings are either telephonic or in-person. - The provider must maintain appropriate documentation, including the date of the	- One unit equals 15 minutes. - There is no maximum number of units per day.	Family consultations are authorization free. They will be subject to periodic record audit.	For any questions, please visit <a href="http://www.network-health.org">www.network-health.org</a> or call 888-257-1985.

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		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.	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.			
<b>Health New England (HNE) Be Healthy</b>	<b>Family Consultation, service code 90887</b>	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 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 <a href="http://www.masspartnership.com">www.masspartnership.com</a> or call 800-495-0086.
<b>Massachusetts Behavioral Health Partnership (MBHP)</b>	<b>Family Consultation, service code 90887</b>	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 provider numbers may bill for the same family consultation if more than one provider is present or in on a	- 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 MBHP 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.	For additional information, please visit <a href="http://www.masspartnership.com">www.masspartnership.com</a> or call 800-495-0086.

**MCE Clarification of Outpatient Benefits: Collateral Contacts and Case/Family/Bridge Consultations**

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Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			phone conference.			

## MCE Clarification of Outpatient Benefits: Collateral Contacts and Case/Family/Bridge Consultations

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### BRIDGE CONSULTATIONS

Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
<b>BMC HealthNet Plan (BMCHP)</b>	<b>Bridge Consultation, service codes 90806 or 90804</b>	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 <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then <a href="mailto:provider.relations@beaconhs.com">PROVIDER TOOLS</a> , or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Fallon Community Health Plan (FCHP)</b>	<b>Bridge Consultation, service codes 90806 or 90804</b>	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 <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then <a href="mailto:provider.relations@beaconhs.com">PROVIDER TOOLS</a> , or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.
<b>Neighborhood Health Plan (NHP)</b>	<b>Bridge Consultation, service codes 90806 or 90804</b>	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	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 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.	NHP partners with Beacon Health Strategies to manage behavioral health benefits for our members. For additional information, please visit <a href="http://www.beaconhealthstrategies.com">www.beaconhealthstrategies.com</a> and choose PROVIDER, then <a href="mailto:provider.relations@beaconhs.com">PROVIDER TOOLS</a> , or email <a href="mailto:provider.relations@beaconhs.com">provider.relations@beaconhs.com</a> for questions about claims, authorizations or other matters.

## MCE Clarification of Outpatient Benefits: Collateral Contacts and Case/Family/Bridge Consultations

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Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			date and time of the visit, with appropriate clinical documentation regarding next steps.	Provider should always work with facility providers to schedule.	to request additional authorization.	
<b>Network Health</b>	<b>Bridge Consultation, service code H0032</b>	The Bridge Consultation is a single-session consultation conducted by an outpatient provider while a Network Health Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.	The meeting is in person while the member is on an inpatient psychiatric unit.	A provider gets one bridge consultation per member per inpatient psychiatric stay.	Bridge consultations are authorization free.	For additional information please visit <a href="http://www.network-health.org">www.network-health.org</a> or call 888-257-1985.
<b>Health New England (HNE) Be Healthy</b>	<b>Bridge Consultation, service code H0032</b>	<p>The Bridge Consultation is a single-session consultation conducted by a Network Outpatient Provider at a:</p> <ul style="list-style-type: none"> <li>- Psychiatric inpatient unit</li> <li>- Community-Based Acute Treatment (CBAT) program (children and adolescents)</li> <li>- Intensive Community-Based Acute Treatment (ICBAT) program (children and adolescents)</li> <li>- Enhanced Acute Treatment Services (EATS) program</li> </ul> <p>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 consultation it is expected that the outpatient clinician will meet face-to-face with the Member and attend the inpatient, CBAT, ICBAT or EATS treatment team meeting or meet with the clinician who is a member of the treatment team.</p>	<p>The Bridge Consultation is linked to the development of a comprehensive aftercare treatment plan and therefore includes the following:</p> <ul style="list-style-type: none"> <li>- 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.)</li> <li>- Plans for follow-up medication management, monitoring and support (including a specific appointment within 14 business days of the projected inpatient discharge date.)</li> <li>- Plans for admission to or discharge from inpatient, CBAT, ICBAT or EATS program.</li> <li>- Confirmation of Member's telephone number and address (in order to contact member approximately 24 hours prior to the appointment time.)</li> <li>- Development of a problem-focused treatment plan (including crisis prevention planning, consistent with Member's presenting</li> </ul>	<ul style="list-style-type: none"> <li>- 45-50 minutes per unit</li> <li>- One unit per provider, per Member, per psychiatric hospitalization (claims submission for additional units per Member, per psychiatric hospitalization, is prohibited.)</li> <li>- 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</li> <li>- Only clinicians with the following license level/degree may conduct a Bridge Consultation: MD/DO (U6); psychologist (AH); psychologist intern (U3); Master level clinician (HO); APRN (SA); social work intern (U4); CAC (U7); and RN (TD).</li> </ul>	<p>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)</p>	<p>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.</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> <li>- Member's contact information</li> <li>- Provider's contact information</li> <li>- Member's treatment needs</li> <li>- Appointment information</li> <li>- Initial crisis prevention planning</li> </ul> <p>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 the Member's outpatient record the dates and times when attempted contacts occurred. Claims payments will be recouped if the outpatient record documentation does not include:</p> <ul style="list-style-type: none"> <li>- Dates, times and location of follow-up appointments for medication and/or therapy, which</li> </ul>

## MCE Clarification of Outpatient Benefits: Collateral Contacts and Case/Family/Bridge Consultations

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Plan Name	Code	Definition	Requirements	Limitations	Authorization Procedure	Other Information
			problems and/or family needs.)			are presented to the Member at the time of the Bridge Consultation - Attempts to contact the Member approximately 24 hours prior to the appointment - Other information outlined in the Requirements section
<b>Massachusetts Behavioral Health Partnership (MBHP)</b>	<b>Bridge Consultation, service code H0032</b>	<p>The Bridge Consultation is a single-session consultation conducted by a Network Outpatient Provider at a:</p> <ul style="list-style-type: none"> <li>- Psychiatric inpatient unit</li> <li>- Community-Based Acute Treatment (CBAT) program (children and adolescents)</li> <li>- Intensive Community-Based Acute Treatment (ICBAT) program (children and adolescents)</li> <li>- Enhanced Acute Treatment Services (EATS) program</li> </ul> <p>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 consultation it is expected that the outpatient clinician will meet face-to-face with the Member and attend the inpatient, CBAT, ICBAT or EATS treatment team meeting or meet with the clinician who is a member of the treatment team.</p>	<p>The Bridge Consultation is linked to the development of a comprehensive aftercare treatment plan and therefore includes the following:</p> <ul style="list-style-type: none"> <li>- 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.)</li> <li>- Plans for follow-up medication management, monitoring and support (including a specific appointment within 14 business days of the projected inpatient discharge date.)</li> <li>- Plans for admission to or discharge from inpatient, CBAT, ICBAT or EATS program.</li> <li>- Confirmation of Member's telephone number and address (in order to contact member approximately 24 hours prior to the appointment time.)</li> <li>- Development of a problem-focused treatment plan (including crisis prevention planning, consistent with Member's presenting problems and/or family needs.)</li> </ul>	<ul style="list-style-type: none"> <li>- 45-50 minutes per unit</li> <li>- One unit per provider, per Member, per psychiatric hospitalization (claims submission for additional units per Member, per psychiatric hospitalization, is prohibited.)</li> <li>- 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</li> <li>- Only clinicians with the following license level/degree may conduct a Bridge Consultation: MD/DO (U6); psychologist (AH); psychologist intern (U3); Master level clinician (HO); APRN (SA); social work intern (U4); CAC (U7); and RN (TD).</li> </ul>	<p>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)</p>	<p>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:</p> <ul style="list-style-type: none"> <li>- Member's contact information</li> <li>- Provider's contact information</li> <li>- Member's treatment needs</li> <li>- Appointment information</li> <li>- Initial crisis prevention planning</li> </ul> <p>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 the Member's outpatient record the dates and times when attempted contacts occurred. Claims payments will be recouped if the outpatient record documentation does not include:</p> <ul style="list-style-type: none"> <li>- Dates, times and location of follow-up appointments for medication and/or therapy, which are presented to the Member at the time of the Bridge Consultation</li> <li>- Attempts to contact the Member approximately 24 hours prior to the appointment</li> <li>- Other information outlined in the Requirements section</li> </ul>

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