

Provider Notice



From: Magellan Healthcare

Subject: Reimbursement available for providers participating in CFTs

Overview

A Child and Family Team (CFT) is a group chosen by a youth and their family to support them throughout treatment. At a minimum, the team includes the youth, their family, and their primary mental health provider. It may also include extended family, friends, coaches, teachers, peer supports, religious leaders, or other trusted individuals from the community and other members of the treatment team, such as Community-Based Rehabilitation Services (CBRS) providers. These participants are selected because the youth and family believe they play a meaningful role in the youth's life and should be involved in developing and implementing a coordinated care plan, such as a person-centered service plan (PCSP) or Wraparound Plan of Care. The CFT meets to create or update the plan, helping ensure the plan reflects the youth's strengths, needs, and goals. More information about CFTs can be found:

- [IBHP Provider Handbook Supplement: Appendix C](#)
- [Youth Empowerment Services \(YES\) website](#)

Billing instructions

Service description

HCPCS Code G9007* is used to bill for a CFT Interdisciplinary team meeting. This meeting must be scheduled and facilitated by a Wraparound Coordinator, Intensive Care Coordinator, or Case Manager. IBHP Network providers who take part in the development, implementation, or revision of treatment plans can be reimbursed for time spent in planning sessions, CFT meetings, and receive mileage reimbursement.

*CFT Facilitator (Case Manager) will not bill this code, they will continue to bill their service code, T1017. If a case manager attends a CFT facilitated by a Wraparound Coordinator or Intensive Care Coordinator, they will bill G9007.

Billing unit

- One unit equals 15 minutes.
- Time must be documented in 15-minute increments.

Provider requirements

- G9007 is billed per provider participating in the meeting.
- Each provider must document their own time and role in the coordination process.

Modifiers

- Include appropriate degree-level modifiers as required by the payer (e.g., HN for bachelor's level, UD for master's level).
- Modifiers must reflect the provider's credential level and meet payer-specific requirements.

Required documentation

- Date and time of the meeting
- Duration of participation for each provider
- Names and roles of all participants
- Summary of discussion and care planning outcomes

Provider requirements

- Master's-level behavioral health clinicians or higher.
- Bachelor's-level paraprofessionals and other qualified paraprofessionals (peers or respite providers) directly involved in the member's care.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.