

 Aetna Better Health® of Kentucky Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date:	April 22, 2025
	To	All Network Providers
	From	Provider Experience
	Subject	Collateral Therapy (90887) Education
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Collateral Therapy – CPT 90887

Aetna Better Health of Kentucky would like to ensure providers have education regarding the coverage of **Collateral Therapy (90887)** in accordance with administrative regulations.

Collateral Therapy may be provided to individuals under the age of (21) either face-to-face or via telehealth, and consists of a behavioral health consultation with one of the below individuals on behalf of the client of the rendering provider:

- A parent
- A caregiver
- A household member of the client
- A legal representative of the client
- School personnel
- Treating professional
- Other person with custodial control or supervision of the client

What is a behavioral health consultation?

A **behavioral health consultation** provided in the context of **Collateral Therapy** involves working with one of the above individuals on behalf of the client to address the client's emotional, behavioral, or mental health concerns that are being treated by the rendering provider in accordance with the client's plan of care. A **behavioral health consultation** might include:

- Problem solving with the caregiver/supportive individual about how to help the client overcome obstacles or how to support the client to improve an area of functioning.
- Teaching skills to the caregiver/supportive individual to better assist the client at home or in the community.
- Helping a caregiver implement supportive strategies that will help the client meet their care plan goals and objectives.
- Training of the caregiver/support person to assist the client utilize the skills they are learning in therapy.

The **primary focus of Collateral Therapy** is on the identified client's treatment, and the collateral's involvement is to assist in that process.

Collateral Therapy is not:

- Coordinating or linking activities/services.
- Communication with caregivers/supportive individuals to monitor progress.
- Communication with caregivers/supportive individuals that does not focus on how to assist the client address issues being treated by the rendering provider.
- Communication or work with anyone that does not have custodial control or supervision of the client.

Collateral Therapy must be provided in accordance with the recipient's plan of care, meaning that Collateral Therapy services are being provided based on a written, documented care plan that outlines the specific goals and objectives that the Collateral Therapy intervention will address. The intended intensity, duration, and frequency of the Collateral Therapy intervention should be noted on the care plan.

Consent to discuss a recipient's treatment with any person other than a parent or legal guardian must be obtained and filed in the recipient's health record.

Documentation of Collateral Therapy should include:

- Identification of the recipient's role in the client's case/treatment.
- A description of the behavioral health consultation service that was provided.
- How the client's care plan goals were addressed through Collateral Therapy.
- The response of the supportive individual to the Collateral Therapy intervention.

Please refer to the following applicable KAR.

Community Mental Health Center Behavioral Health Services Manual

[907 KAR 1:044 \(ky.gov\)](#)

907 KAR 15:010. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/010/>

907 KAR 15:020. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/020/>

907 KAR 15:022. Coverage provisions and requirements regarding services provided by behavioral health services organizations for substance use disorder treatment and co-occurring disorders.

<https://apps.legislature.ky.gov/law/kar/titles/907/015/022/>

Please note that all provider notices require Kentucky Department of Medicaid Services approval prior to dissemination.

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

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