MOBILE CRISIS TEAM (MCT) SERVICE:

DESCRIPTION OF SERVICES

The provision of professional, same-day intervention for individuals experiencing urgent symptoms or behaviors that interrupt their behavioral health functioning. The service includes de-escalation, stabilization, assessment, intervention, referral, and follow-up. MCT services are available 24 hours per day, seven days per week for individuals of all ages and must be culturally, linguistically, and developmentally appropriate.

This service is provided to a beneficiary in the community, outside of a hospital or other facility setting, and is intended to reduce law enforcement involvement and avoidable emergency department visits for individuals in crisis.

MCT services also include mobile crisis follow-up outreach service which is a short-term care coordination and follow-up service.

PARTICIPANT ELIGIBILITY

Medicaid beneficiaries, Medicare beneficiaries, and uninsured/underinsured individuals experiencing urgent symptoms or behaviors are eligible. The Maryland Public Behavioral Health System (PBHS) will reimburse MCT services rendered to uninsured eligible participants and underinsured participants as needed (please see the Uninsured/Underinsured Eligibility section for more information).

PROVIDER ELIGIBILITY

Providers must have an active BHA-issued license to render MCT services and must be currently enrolled with Maryland Medicaid as a provider type (PT) - MS.

REIMBURSEMENT METHODOLOGY

Procedure Code	Description	Unit of Service	FY24 Rate - Effective 6/1/2024	FY25 Rate - Effective 7/1/2024
H2011	Mobile crisis team services	15 minutes	$111.80	$115.15
H2015	Mobile crisis follow-up outreach	15 minutes	$111.80	$115.15

PBHS Crisis Services Fee Schedule is available here:
https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html

REIMBURSEMENT DESCRIPTION

Mobile Crisis Team Service:

Providers should submit claims for mobile crisis team services (H2011) when rendered in compliance with COMAR 10.09.16.05. To be eligible for reimbursement, H2011 claims must adhere to the following:

- The service must be rendered outside of a hospital or other facility setting;
- The mobile crisis team must provide an in-person crisis response by a minimum of two eligible team members pursuant to COMAR 10.63.03.20; and
- As part of the response, a licensed mental health professional must complete an assessment either face-to-face as part of the two-person team or via telehealth as a third team member.

The start time for H2011 claims is the time at which the in-person contact is made by the eligible team. The end time for the H2011 claim is when the MCT has completed all in-person services.

Mobile Follow-up Outreach:

Providers shall submit claims for mobile crisis follow-up outreach (H2015) only after they have rendered the H2011 service described above. A claim for H2015 in the absence of a preceding H2011 code will be denied.

The follow-up outreach service may be performed by telephone, telehealth, or in-person. Only one team member is required to render this follow-up outreach service.

Telehealth:

If delivering H2015 via telehealth, providers must utilize either the **UB** (audio-only) or **GT** (audio-visual) modifier.

Place of Service (POS) Code:

Providers should select 15 (mobile) as POS for any H2011 claim.
Providers should select 15 (mobile), 11 (office), or 12 (home) as POS for any H2015 claim.

WHEN MEDICARE IS PRIMARY

Providers should refer to #4 - Coordination of Benefits section for detailed information regarding the Medicare claims process.

AUTHORIZATION PROCESS

Mobile Crisis Team Service

Providers are not required to obtain authorization prior to submitting a H2011 claim.

Mobile Follow-up Outreach:

Providers will need to request authorization for H2015 services. The BHASO will auto-authorize up to 14 days of H2015 services based on the request. Providers will need to enter the date of the corresponding H2011 service.

Providers are not required to complete the authorization process prior to rendering the services, but must obtain the authorization prior to submitting a H2015 billing claim.

If a new crisis response (H2011) is required, providers may request an additional 14 days of follow-up outreach services (H2015) from the date of the new H2011 service.

UNINSURED/UNDERINSURED ELIGIBILITY PROCESS

Uninsured coverage (UI) will be the payer of last resort. Individuals who are not already enrolled in UI spans, and who have no other coverage will be auto-enrolled for a single 90 day UI span if they are a Maryland resident in need of treatment (which, in this case is defined by presenting in crisis). UI enrollment in these instances will be achieved through billing the H2011 claim, which will initially deny but will then generate a UI span which will pay based on an automatic rebill of the claim.

BEHAVIORAL HEALTH CRISIS STABILIZATION CENTER (BHCSC) SERVICES

DESCRIPTION OF SERVICES

The provision of short-term crisis stabilization, assessment, and intervention for individuals experiencing urgent symptoms or behaviors. The service is provided in a facility open 24 hours, seven days a week and staffed to manage the full array of behavioral health emergencies including alcohol and substance abuse, symptoms of mental illness, and emotional distress.

This is an outpatient service only, limited to less than 24 hours, and intended to provide the least restrictive environment for individuals at risk for emergency department visits, hospitalization, and incarceration.

PARTICIPANT ELIGIBILITY

Participants experiencing a crisis. Medicaid recipients and uninsured/underinsured individuals are eligible. The Maryland Public Behavioral Health System (PBHS) will reimburse BHCSC services rendered to uninsured eligible participants and

underinsured participants as needed (please see the Uninsured/Underinsured Eligibility section for more information).

PROVIDER ELIGIBILITY

Providers must have an active BHA-issued license to render BHCSC services and must be currently enrolled with Maryland Medicaid as a provider type (PT) - CF.

REIMBURSEMENT METHODOLOGY

Procedure Code	Description	Unit of Service	FY24 Rate - Effective 6/1/2024	FY25 Rate - Effective 7/1/2024
S9485	Behavioral health crisis stabilization center services	Per admission/episode	$721.21	$742.85
*Providers may additionally bill one (1) office-based Evaluation and Management (E&M) code per admission episode for evaluations completed by a psychiatrist or psychiatric nurse practitioner.				

PBHS Crisis Services Fee Schedule is available here:
https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html

REIMBURSEMENT DESCRIPTION

Providers shall submit the S9485 procedure code for each episode of service that is rendered in accordance with COMAR 10.63.03.21 and COMAR 10.09.16.05. Each episode is considered the duration of treatment services from admission to discharge for a period of no more than 23 hours and 59 minutes.

Services rendered for 24 hours and beyond will not be reimbursed. Only one (1) S9485 can be submitted per participant per day.

The date of service on a S9485 claim for an episode that starts on one day and continues overnight to the next day must be the discharge date.

- For example, if a participant first enters the BHCSC at 10pm on a Friday night and then leaves at 8am on Saturday, the date of service for the claim should be Saturday's date.

Evaluation & Management:

Providers may bill one (1) E&M code per episode if performed by an eligible psychiatrist or psychiatric nurse practitioner. The date of service for the E&M claim should match the date of service for the corresponding S9485 claim.

Providers must utilize the **HE** (crisis) modifier with the E&M code.

Telehealth:
If delivering E&M via telehealth, the originating site must be the BHCSC setting. Providers must utilize either the **UB** (audio-only) or **GT** (audio-visual) modifier.

Place of Service (POS) Code:
Providers should select 53 (community mental health center) or 11 (office) as POS for S9485 claims and for E&M code claims.

WHEN MEDICARE IS PRIMARY
Providers should refer to #4 - Coordination of Benefits section for detailed information regarding the Medicare claims process.

AUTHORIZATION PROCESS
For Medicaid eligible participants, providers are not required to obtain authorization prior to submitting a S9485 claim and corresponding E&M claim.

For uninsured or underinsured participants not previously registered in the BHASO's system, providers shall utilize the registration and uninsured eligibility process detailed below.

UNINSURED/UNDERINSURED ELIGIBILITY PROCESS
Uninsured coverage (UI) will be the payer of last resort. Individuals who are not already enrolled in UI spans, and who have no other coverage will be auto-enrolled for a single 90 day UI span if they are a Maryland resident in need of treatment (which, in this case is defined by presenting in crisis). UI enrollment in these instances will be achieved through billing the S9485 claim, which will initially deny but will then generate a UI span which will pay based on an automatic rebill of the claim.

Note: For individuals who do not yet have coverage, because the UI span is generated by the S9485 code, providers should delay submission of any E&M code payable under crisis until the S9485 has been submitted. This will generate a UI span that can pay.