



# Crisis Services: Mobile Crisis Services

Optum Maryland Provider Training

Provider Guide 10/9/24



# Program Overview

- 1 Program Overview
- 2 Eligibility Requirements
- 3 Participant Registration Process
- 4 Authorization Process
- 5 Claims Submission with Incedo Tutorial Video

## Program Overview

**Mobile Crisis Services** is the provision of professional, same-day intervention for children or adults who are experiencing crises and whose behaviors are consistent with mental illness or substance abuse, or both. Mobile crisis teams are made up of two-person mobile teams that are available 24 hours a day, 7 days a week.

The mobile crisis team can offer crisis intervention, which may include crisis assessment, de-escalation, psychoeducation, brief behavioral support, and referral to appropriate long-term services and supports.

## Provider Types

**PT-MS**

Eligible to provide **mobile crisis services**

Providers must have an active BHA license for mobile crisis team service and an active enrollment in Maryland Medicaid as a PT-MS.

## Service Codes

### Mobile Crisis Team service codes:

**H2011**

= per 15 min  
increment

Mobile crisis team service

**H2015**

= per 15 min  
increment

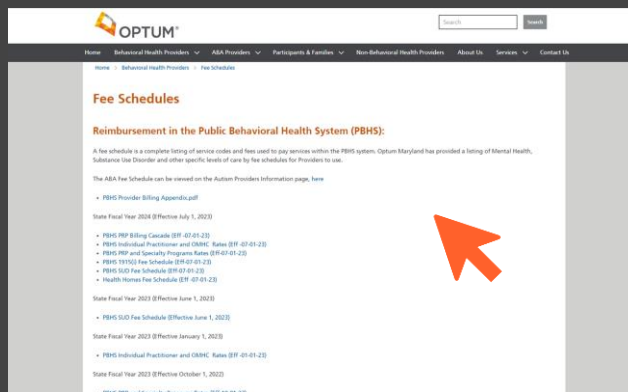
Mobile crisis **follow-up**  
outreach service

*Modifier GT or UB for telehealth*

*Click [here](#) to access the Provider Guidance*

# Fee Schedule

The Fee Schedule is located on the Optum Maryland Website. Click the picture below to locate the most up to date Crisis Fee Schedule.



## Fee Schedule

Behavioral Health Crisis Services Effective 09/01/2024				
Procedure Code	Service Description	Rate	Unit	Limitations
<b>Provider Type MS: Mobile Crisis Services</b>				
H2011	Mobile crisis team services	\$115.15	Per 15 minute increment	Max 32 units per day
H2015	Mobile crisis follow-up outreach	\$115.15	Per 15 minute increment	Max 32 units per day
<b>Provider Type CF: Behavioral Health Crisis Stabilization Center Services</b>				
S9485	BH crisis stabilization center services (service is for up to 24 hours)	\$742.85	Per diem	Max 1 per diem per admission
99202 - UC	Evaluation and Management, including Rx - Straight forward, new patient	\$75.41	Per evaluation	One E&M code may be billed per admission.
99203 - UC	Evaluation and Management, including Rx -Low complexity, new patient	\$116.38	Per evaluation	Reimbursable only when rendered by psychiatrist or nurse practitioner with PMH certification
99204 - UC	Evaluation and Management, including Rx - Moderately complex, new patient	\$174.01	Per evaluation	
99205 - UC	Evaluation and Management, including Rx - Highly complex, new patient	\$229.44	Per evaluation	
99211 - UC	Evaluation and Management, including Rx - Minimal	\$24.43	Per evaluation	
99212 - UC	Evaluation and Management, including Rx - Straight forward	\$59.11	Per evaluation	
99213 - UC	Evaluation and Management, including Rx -Low complexity	\$94.62	Per evaluation	
99214 - UC	Evaluation and Management, including Rx - Moderately complex	\$133.26	Per evaluation	
99215 - UC	Evaluation and Management, including Rx - Highly complex	\$187.59	Per evaluation	

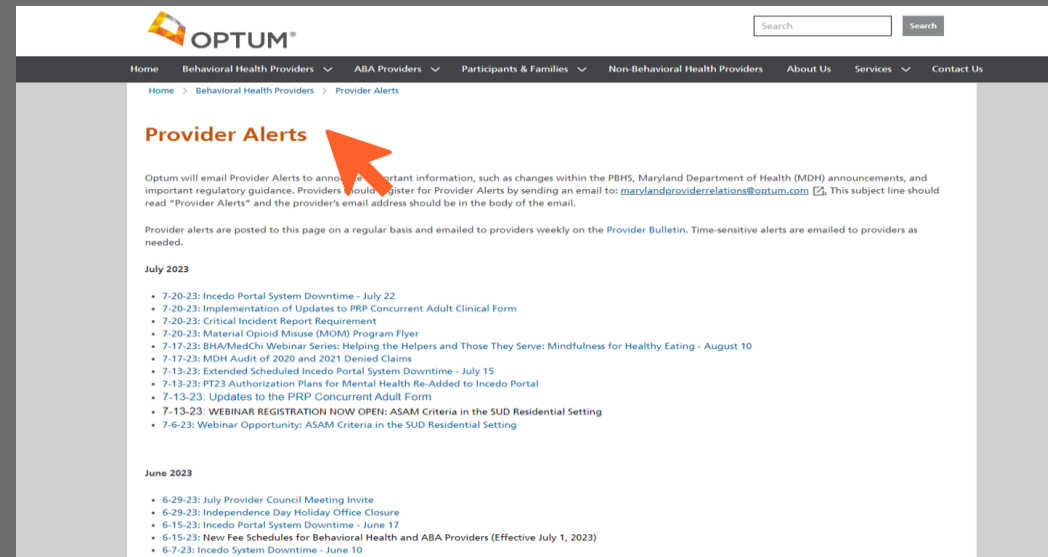
# Provider Alerts

The Provider Alerts are located on the Optum Maryland website. Click on the picture below to locate the most up to date Provider Alerts.

*To easily locate what you need, try using the keyboard shortcut **ctrl + f** to quickly find what you're looking for.*



## Provider Alerts



# Provider Enrollment

To enroll as a provider, check out the Provider Guide Checklist. Click on the image to get to the checklist.



The image is a screenshot of a web page titled "Optum Maryland Guide for Providers enrolling in Medicaid". It features a "Checklist" with 7 numbered steps and a "Resources" sidebar on the right. The checklist items include: 1. Certain providers use a different registration process. 2. Providers must have an NPI for each site/service. 3. PRP Providers participating in RRP (Residential Rehabilitation) and Supported Employment. 4. Enrolling with Medicaid to participate as a provider. 5. Completing the Optum Survey for token registration. 6. Receiving a token via email and registering for the Incedo Provider Portal. 7. Creating authorizations in the Incedo Provider Portal. The resources sidebar includes: Provider Education, Provider Manual, Provider Resources, Fee Schedules, Provider Alerts, Provider Forms, and Auth Submission Window. There is also an FAQ section at the bottom.

Locate the link named "Provider Guide #1 - Medicaid"



# Eligibility Requirements

1

Program Overview

2

Eligibility Requirements

3

Participant Registration Process

4

Authorization Process

5

Claims Submission with Incedo Tutorial Video

# Checking Eligibility

To check the participant's eligibility, find the participant and go to "Membership" in the top menu to select "Eligibility". See an example below.



Those that **do not** have any eligibility and **cannot be found** on the Incedo system



will follow the steps on page 15 to add a new member.

The screenshot shows the Incedo system interface. At the top, there is a navigation bar with the Incedo logo, a user profile for 'Test, Happy (3028017) (09/09/1970)', and several menu items: Provider, Membership, Authorization, Claims, Reports, File Transfer, and PT15 Tester. The 'Membership' menu is open, showing options: Search, Summary, Forms, Eligibility, Add Member, and Documents. The 'Eligibility' option is highlighted with a red box. Below the navigation bar, there is a section for 'Insurers' with a 'Show 10 entries' dropdown. A table displays the following data:

ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Modified On	Modified By
28953459		Unfunded		Tertiary		01/01/2020	12/31/9999	Claims Not Payable	Unfunded		3/27/2023 4:38 AM	Admin

Red arrows point to the 'Unfunded' text in the 'Insurer' column and the 'Unfunded' text in the 'Plan' column of the table row.

# BHASO Coverage

## Medicaid, Uninsured, and Underinsured

For new uninsured or underinsured:

- Special condition for crisis services.
- A 90-day uninsured span will be granted automatically to anyone who does not have Medicaid or Medicare (Medicare covers this service).

# Eligibility Requirements for Maryland residents (participants present in Incedo)

## Eligibility Requirements:

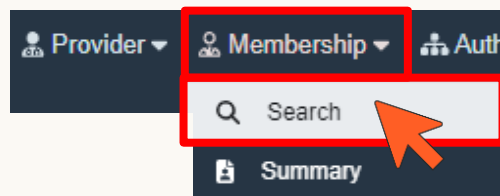
Participants are eligible for mobile crisis team services if they are currently experiencing a behavioral health crisis or are at imminent risk of experiencing a behavioral health crisis.



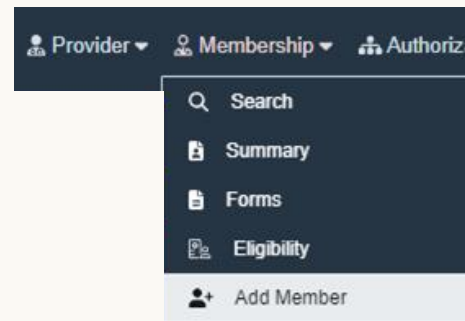
# Eligibility Requirements for Maryland residents (participants not present in Incedo)

## Eligibility Requirements:

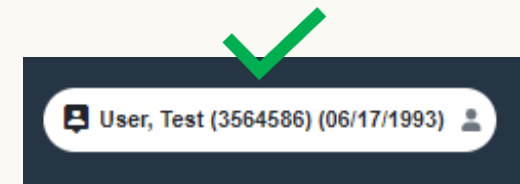
Participants not present in Incedo will need to be added. After adding the Participant in Incedo, they will be auto-enrolled for a single 90-day uninsured span if they are a Maryland resident in need of treatment. The auto-enrollment occurs after receipt of the H2011 claim for Mobile Crisis.



**If the participant is not found in the Incedo Provider Portal when doing a Membership Search**



**click “Add Member” in the top menu and fill out the required fields.**



**When participant is added you will see their name with a gray icon on the left corner of your screen.**

*More details on how to add a member on page 15.*

# Participant Registration Process

1

Program Overview

2

Eligibility Requirements

3

Participant Registration Process

4

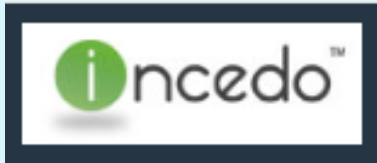
Authorization Process

5

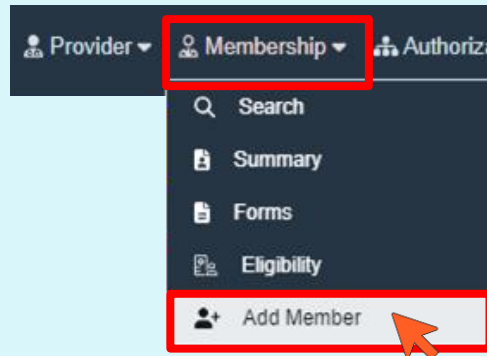
Claims Submission with Incedo Tutorial Video

# How to add a new member in the Incedo Provider Portal (for participants not in the IPP).

1. Log into the Incedo Provider Portal (IPP).



2. On the top menu press “Add Member.”



3. Fill out the required fields on the “Add Member” form.

A screenshot of the 'Add Member' form. It contains various input fields for member information, including name, date of birth, gender, ethnicity, religion, language, and address. The 'Date From' field is pre-filled with '06/17/2024'. A green checkmark is visible next to the 'Country' field.

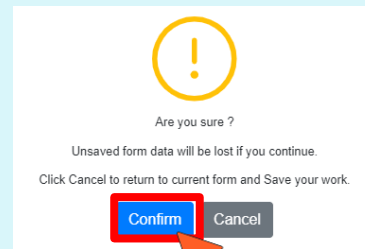
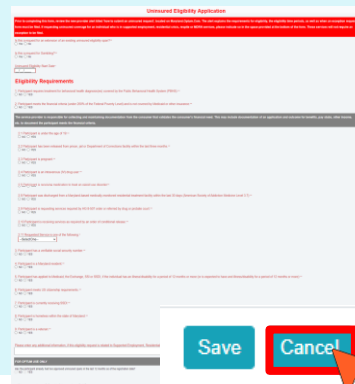
## Insurance Information:

- **Insurer:** Select Insurer
  - Type in *Unfunded*
  - Press *Search*
  - Click *Unfunded*
- **Policy number:** N/A

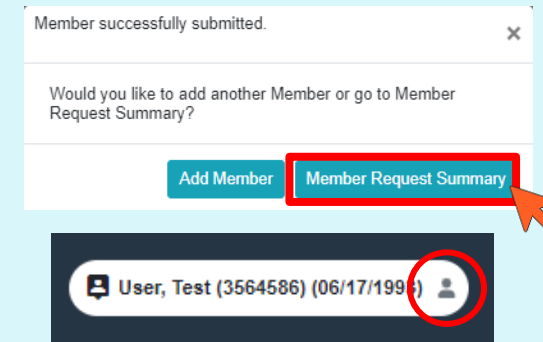
4. Press Save on the top of the page.



5. If the Uninsured Eligibility form pops up do not fill it out. Just press, “Cancel.”



6. Go to Member Request Summary and the new participant will be added.



The participant's name, ID, DOB, and a gray icon will be on the top left corner of the screen.

# Adding a New Member Demonstration in Incedo



The screenshot shows the 'Add Member' form in the Incedo system. The form is displayed on a laptop screen and includes the following fields and sections:

- Member Identification:**
  - ID:
  - Salutation:
  - First Name:
  - Middle Initial:
  - Last Name:
  - Gender:
  - Date of Birth:
  - SSN:
  - Race:
  - Ethnicity:
  - Religion:
  - Language 1:
  - Language 2:
  - Medicare Beneficiary ID:
  - External ID:
  - Additional Number:
- Member Profile Note:**
- Status:** Active (Standard) [Change Status](#)
- Address Details:**
  - Date From:
  - Date To:
  - Verified Address:
  - Mail Undeliverable:
  - Mail Declined:
  - Address Type:
  - Address:
  - City:
  - State:
  - ZIP:
  - County:



# Authorization Process

1

Program Overview

2

Eligibility Requirements

3

Participant Registration Process

4

Authorization Process

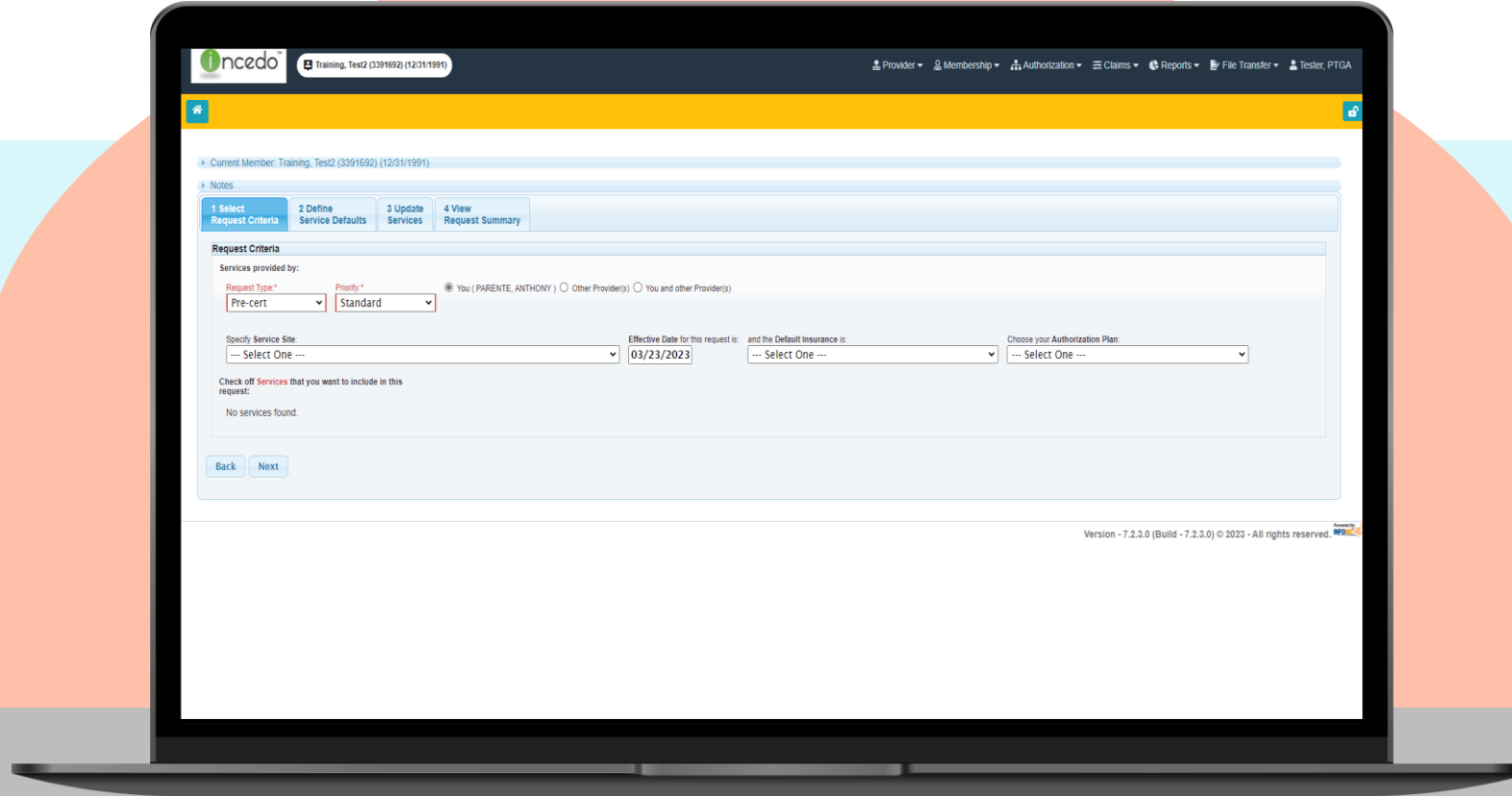
5

Claims Submission with Incedo Tutorial Video

# Authorization Process

Service	Units	Authorization	Limitation
<b>H2011:</b> Mobile crisis team service	1 unit=15 minutes	<b>No authorization required.</b>	Max per day of 8 hours (32 units)
<b>H2015: **Mobile crisis follow-up</b> outreach service	1 unit =15 minutes	Plan: Mobile Crisis Follow-up Outreach Service  All services requested shall be auto-authorized for up to 16 hours (64 units) for 14 days	Max per day of 8 hours (32 units)

# Authorization Demonstration in Incedo



# Claims Submission

1

Program Overview

2

Eligibility Requirements

3

Participant Registration Process

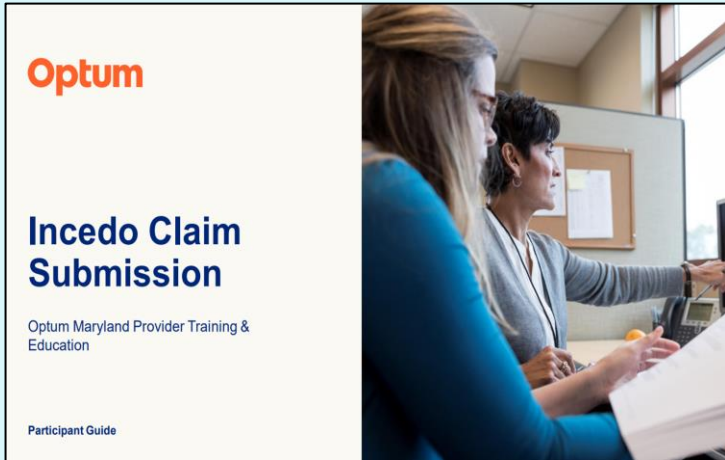
4

Authorization Process

5

Claims Submission with Incedo Tutorial Video

# Claims Participant Guide



Click on the image for the Participant Guide

## Tips for Claim Submission Success

Verify coverage is active

Verify services are authorized

Verify service is covered

HCPCS and CPT codes and fee schedules found on [Optum Maryland Web Site](#)

Use the SR authorization number on the claim

Rendering provider ID is ONLY required for these provider types:

- Mental Health Groups (PT 27)
- Physician Groups (PT 20)
- FQHC (PT 34)
- ABA (PT AB)



## Claim Re-Submission

- The **ONLY** time a claim needs to be resubmitted as a corrected claim is if the claim was previously paid.
- To correct a denied claim, submit a new claim with changes reflected.
- Resubmitting without corrections or changes does not trigger reprocessing. These claims are denied as duplicates if previously paid.
- If a claim has been denied incorrectly, [contact the call center](#) and request a claim review. The Claims Team will review the original and, if appropriate, will reprocess.
- Pended claims do not require resubmission and are pended for further analysis by the claims team.

### Do Resubmit

- Corrected claims (original claim previously paid)
- Voided claims

### Do Not Resubmit

- Claims without corrections or changes
- Provider challenges a denied claim
- Pended Claims

# Claims Process

Claims are requested through Optum's Incedo platform.



Claims are completed by the provider by adding a claim in the Incedo Provider Portal for participants.

The screenshot shows the Incedo Provider Portal interface. At the top, a dark navigation bar contains several menu items: 'Provider', 'Membership', 'Authorization', 'Claims', 'Reports', 'File Transfer', and 'PT15 Tester'. The 'Claims' menu is highlighted with a red box, and a dropdown menu is open, showing 'Add Claim' and 'Claim Status' options, with 'Add Claim' also highlighted by a red box. Below the navigation bar is a yellow banner. The main content area displays a 'HEALTH INSURANCE CLAIM FORM' with a grid of input fields for various claim details, including member information, provider details, and policy information.

# Billing



The CMS 1500 for billing to Medicaid may be found [here](#).

eMedicaid Portal and Instructions can be found [here](#).

## Coordination of Benefits and Billing with Medicare

- If the Participant has Medicare, they need to submit claims Medicare for these services and follow the cross over process.
  - **G0017** - Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting; first 60 minutes), and
  - **G0018** - Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)
- For Participants with Medicare Coverage, Providers should submit claims to these codes directly to Medicare.
- For dual Medicaid/Medicare enrollees and for Medicare-only enrollees, follow current Medicare COB.



## Coordination of Benefits and Billing with commercial coverage

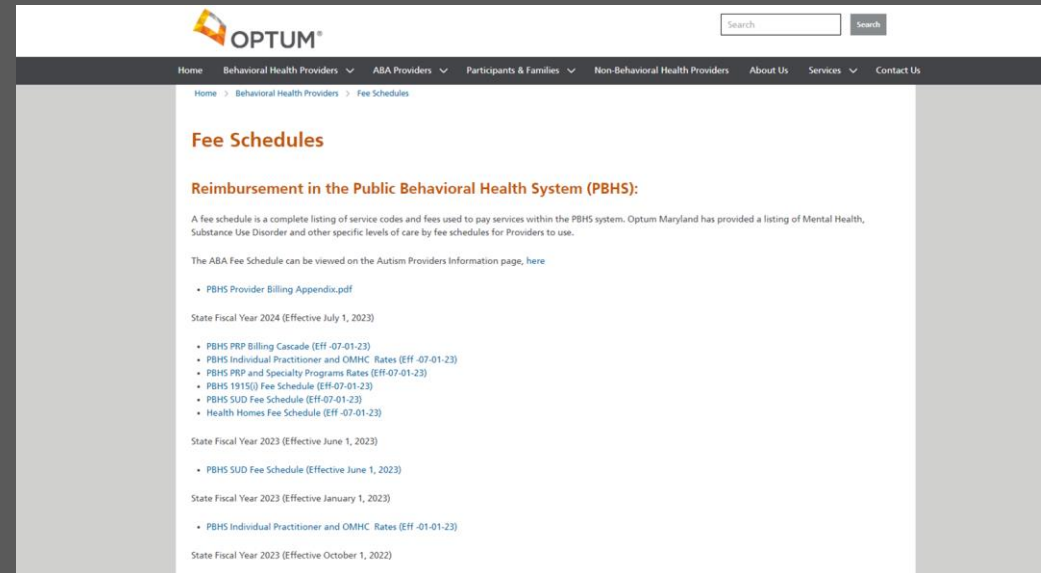
Optum is the primary payer for these services.

- H2011
- H2015
- For Medicaid recipients with commercial insurance, Optum shall pay as Primary. Commercial insurance does not cover mobile crisis services.

# Claims Process Tips

**Fee Schedules** can be found on the Optum Maryland website.

*Under the Behavioral Health Providers menu find the page named 'Fee Schedules.'*



# Claims Process Tips



Claims should be submitted on a CMS 1500 form



H2015 services need to be authorized by Optum before creating a claim; H2011 does not need an authorization



Each date of service must be submitted on a separate transaction line. Date spans will not be accepted.



The participant must have a valid ICD-10 diagnosis, or the claim will be denied.

# Claims Demonstration in Incedo



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0212

1. <input type="checkbox"/> MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ICR/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in item 1) <input type="text"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <input type="text" value="Training_Test2"/>		3. PATIENT'S BIRTH DATE <input type="text" value="12/31/1991"/> SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
5. PATIENT'S ADDRESS (No. Street) <input type="text" value="two main st."/>		6. PATIENT'S RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
CITY <input type="text" value="Edgewater"/> STATE <input type="text"/>		7. INSURED'S ADDRESS (No. Street) <input type="text"/>	
ZIP CODE <input type="text" value="21037"/> TELEPHONE (Include Area Code) <input type="text" value="301-555-1212"/>		8. RESERVED FOR NUCC USE <input type="text"/>	
9. OTHER INSURED'S NAME (Last, First, Middle Initial) <input type="text"/>		10. IS PATIENT'S CONDITION RELATED TO: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. OTHER INSURED'S POLICY OR GROUP NUMBER <input type="text"/>		a. INSURED'S DATE OF BIRTH <input type="text"/> SEX <input type="checkbox"/> M <input type="checkbox"/> F	
b. RESERVED FOR NUCC USE <input type="text"/>		b. AUTO ACCIDENT? PLACE(State) <input type="text"/>	
11. INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/>		b. OTHER CLAIM ID (Designed by NUCC) <input type="text"/>	

***Click on the link to get to the resource***

- [Billing Manual](#)
- [Crisis Services Fee Schedule](#)
- [MCT Transmittal](#)
- [Medicaid COB Handbook](#)



# Optum

Changes to business policies and procedures may cause the information provided here to become out-of-date. Always refer to the policy and procedure documentation provided to you within your business unit and/or consult with your manager or team lead if you have any questions and to validate sources of truth.

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2024 Optum, Inc. All rights reserved.