Mobile Crisis Intervention Services and Stabilization Services Billing Guide

Oregon Health Authority

HEALTH SYSTEMS DIVISION

Fee-for-service billing instructions and guidance

April 2024

Oregon HEALTH PLAN

Contents

Introduction

This document explains how providers can bill the Oregon Health Authority (OHA) for fee-for-service Mobile Crisis Intervention Services (MCIS) and Stabilization Services.

These services are described in Oregon Administrative Rule (OAR) Chapter 309, Division 072. Providers must also follow applicable Medicaid OARs in Chapter 410, Division 120 and Chapter 410, Division 172, including, but not limited to, documentation and record maintenance standards.

Telehealth requirements

MCIS responses that include a telehealth component must be rendered according to OHA's telehealth rules (OARs 410-120-1990 and 410-172-0850). MCIS responses that are rendered exclusively by telehealth, with no in-person component, must also be billed according to those rules. Refer to guideline note A5 (Telehealth, Teleconsultations, and Online/Telephonic Services) for additional information.

Documentation requirements

Providers shall maintain documentation for all services rendered that fully supports the charges billed. Providers are responsible for the completeness, accuracy and secure storage of financial and clinical records and all other documentation of the specific care, services, equipment or supplies for which the provider has requested payment as required by OAR 410-120-1360 and any program specific rules in OAR Chapters 410 and 309.

24/7 availability of mobile crisis services

Oregon's Community Mental Health Programs (CMHPs) must ensure mobile crisis services are available 24/7 in their counties. OARs currently describe two types of mobile crisis services:

- Mobile Crisis (old standard): OAR 309-019-0150(5-9)
- Mobile Crisis Intervention Services (MCIS): OAR Chapter 309, Division 072

CMHPs implementing MCIS do not need to ensure MCIS is available 24/7 before providing or billing for MCIS. Through December 31, 2024, they can meet the requirement to ensure 24/7 availability of mobile crisis services with a combination of MCIS and mobile crisis (old standard). Starting January 1, 2025, when the mobile crisis (old standard) OARs will no longer be in effect, CMHPs must ensure MCIS is available 24/7 to remain in compliance and continue to bill for MCIS.

MCIS certification and provider enrollment

Before billing for MCIS, agencies must attain certification from OHA according to OAR Chapter 309, Division 072. Once MCIS has been added to their Certificate of Approval (COA), they must submit this form to initiate enrollment with Oregon Medicaid with the appropriate MCIS provider specialty.

MCIS provider specialty

Agencies that do not ensure their Mobile Crisis Intervention Team (MCIT) responding in-person for Initial Crisis Responses always includes a Qualified Mental Health Professional (QMHP) or that do not ensure 24/7/365 availability of MCIS must enroll with specialty code 202. The specialty code in the Medicaid Management Information System (MMIS) will ensure appropriate payment.

Enhanced MCIS provider specialty

Agencies that ensure their MCIT responding in-person for Initial Crisis Responses always includes a QMHP and that ensure 24/7/365 availability of MCIS must enroll with specialty code 203. The specialty code in MMIS will ensure appropriate payment.

Billing OHA

General billing

Certified Community Behavioral Health Clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs)

When providing MCIS and Stabilization Services, CCBHCs, FQHCs, and RHCs shall bill at their established PPS rate. Upon certification, CCBHCs, FQHCs, and RHCs shall complete the provider enrollment form referenced above. While FQHCs and RHCs must be enrolled with an MCIS provider specialty, CCBHCs will bill MCIS under their existing 33/324 provider type and specialty.

Approved Integrated and Co-Occurring Disorder (ICD) treatment providers

When billing for MCIS and Stabilization Services according to this guide, approved ICD treatment providers shall also bill according to the Integrated Co-Occurring Disorders Billing Guide.

Culturally and Linguistically Specific Services (CLSS)

When billing for MCIS and Stabilization Services, approved CLSS providers should also bill according to the CLSS billing guide to receive the CLSS enhanced payment for services rendered in a culturally and linguistically specific way. Approved CLSS providers are culturally and linguistically specific providers who meet the eligibility criteria prescribed in the CLSS billing guide and are approved by OHA.

Mobile crisis billing

These reimbursement rates are based on the service rendered rather than the number of providers rendering the service. If a team provides the service, whether MCIS or mobile crisis (old standard), only one claim may be submitted, rather than one per team member.

Code	Modifier	Description	Rate
H2011	CG	Mobile Crisis (Old Standard)	$40.33 per 15 minutes
H2011	HE	MCIS (New Standard)	$109.16 per 15 minutes

The above rates are accurate as of the date of publication, but please review the Behavioral Health Fee Schedule for the most up-to-date reimbursement rates for MCIS and Stabilization Services.

Place of Service codes

Use Place of Service (POS) code 15 (Mobile Unit) for any mobile crisis response with an in-person element. If

telehealth is used exclusively during the response, as may be the case with some follow-up responses, it must be billed with the appropriate POS code and modifier from OAR 410-120-1990.

Diagnosis codes

MCIS can be provided prior to an intake evaluation for behavioral health services and therefore do not necessarily require a qualifying DSM 5 diagnosis to be eligible for reimbursement.

- As a Diagnostic Procedure code (Group 1119), H2011 will be reimbursed when billed with a diagnosis code from the Diagnostic Workup File (Code Group 6032) or with any diagnosis code from any line of the Prioritized List.
- In the absence of a more specific payable diagnosis, providers should use R45.7 (state of emotional shock and stress, unspecified) and are encouraged to add Social Determinants of Health Z Codes, or other non-payable informational codes, as appropriate.

MCIS billing

MCIS must be rendered according to OAR Chapter 309, Division 072, and only agencies meeting all criteria may bill. MCIS can only be rendered for up to 72 hours from the beginning of the initial crisis response.

- The **initial crisis response** is when an MCIT responds to an individual experiencing a behavioral health crisis, from the time the MCIT arrives on scene or first makes contact with the individual (whichever is earlier) until the MCIT leaves the scene.
- Any MCIS rendered between the end of the initial crisis response and the end of the 72-hour window is a **follow-up response** and can be rendered by one or more trained program staff.
- If at any point it is determined another MCIT response is needed to de-escalate and stabilize the individual's behavioral health crisis, such as through another call to 988 or the county crisis line, the 72-hour window begins again with this additional initial crisis response.

Procedure code and modifiers

Use H2011 with the HE modifier for all responses (initial crisis and follow-up) provided by an MCIT. Billing for follow-up responses provided by one person differs based on provider specialty:

- MCIS Provider specialty: Use H2011 with the CG modifier
- Enhanced MCIS Provider specialty (and CCBHCs): Use H2011 with the HE modifier

Enhanced MCIS Billing

Enhanced MCIS providers (type 203) must also add the HT modifier for responses that did not take place in a hospital or facility setting, which include nursing facilities, intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities.

Mobile crisis (old standard) billing

When providers are not certified and enrolled for MCIS, or are not meeting all requirements described in OAR Chapter 309, Division 072, they shall bill for mobile crisis (old standard) services provided according to OAR 309-019-0150 (5-9) using H2011 with the CG modifier. The HE and HT modifiers may not be used.

To be eligible for payment under code H2011 CG, the mobile crisis (old standard) services must:

- Address co-occurring substance use disorders, including opioid use disorder, if identified.
- Be rendered by an eligible provider under appropriate supervision.
- Follow an integrated, trauma-informed approach.
- Be culturally, linguistically and developmentally appropriate.

Stabilization Services billing

Stabilization Services must be available for eligible youth (ages 0–20) and their families as outlined in OAR 309-072-0160 and may be provided by the same team or subcontracted to another provider. All youth must be considered for Stabilization Services as part of the initial crisis and follow up responses. Agencies must bill as follows for Stabilization Services rendered as described in OAR 309-072-0160.

Use the appropriate outpatient procedure codes from the Behavioral Health Fee Schedule for services rendered. If there is a delay in completing the Mental Health Assessment (MHA) and service plan required to bill most outpatient codes, medically necessary and appropriate Stabilization Services must still be provided. In this case, agencies shall bill using H2011 but must also complete the required MHA and service plan as soon as possible.

Whether billing H2011 or other outpatient codes, the TS modifier must be added when billing for Stabilization Services. The HE, HT, and CG modifiers may not be used with H2011 when it is billed for Stabilization Services.

Billing questions and concerns

Please review this guide, the companion FAQ document, notices received from OHA, and the OHP Billing page. For remaining questions or concerns, see the Provider Services Unit web page for additional resources, and contact them if necessary at 1-800-336-6016 or dmap.providerservices@oha.oregon.gov.

Appendices

These appendices summarize the procedure code and modifier combinations that must be used for mobile crisis billing based on provider category, but do not contain all other relevant requirements. Please only use this as a supplement to the full billing guide above.

Appendix A: Mobile Crisis Billing Summary – Enhanced MCIS Provider

Enhanced MCIS providers are those agencies that have had OAR Chapter 309, Division 072 added to their COA, have MCIS available 24/7/365, and always include a QMHP as one of the two members of the in-person responding MCIT.

MCIS billing

- Use H2011 (Crisis Intervention Services per 15 minutes) with the HE modifier for all responses, including one-person follow-up.
- Add the HT modifier for responses that did not take place in a hospital or facility setting, which include nursing facilities, intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities.

Mobile crisis (old standard) billing

Use H2011 with the CG modifier. The HE and HT modifiers may not be used.

Appendix B: Mobile Crisis Billing Summary – MCIS Provider

MCIS providers are those agencies that have had OAR Chapter 309, Division 072 added to their COA, but either do not have MCIS available 24/7/365, or do not always include a QMHP as one of the two members of the in-person, responding MCIT.

MCIS billing

- Use H2011 (Crisis Intervention Services per 15 minutes) with the HE modifier for all MCIT responses.
- Use H2011 CG for one-person follow-up.

Mobile crisis (old standard) billing

Use H2011 with the CG modifier. The HE and HT modifiers may not be used.

Appendix C: Mobile Crisis Billing Summary – CCBHC Provider

CCBHCs must have OAR Chapter 309, Division 072 added to their COA and must complete the MCIS Provider Specialty Enrollment form. CCBHCs may provide mobile crisis services at either the MCIS or Enhanced MCIS level. However, because CCBHCs must bill at their established PPS rate using the Medicaid ID that includes the CCBHC specialty (33/324), they will not have an MCIS provider specialty added to their agency's provider record in MMIS.

MCIS billing

Use H2011 (Crisis Intervention Services per 15 minutes) with the HE modifier for all responses, including one-person follow-up.

Mobile crisis (old standard) billing

Use H2011 with the CG modifier. The HE and HT modifiers may not be used.

Appendix D: Mobile Crisis Billing Summary – Mobile Crisis (old standard) Provider

Mobile Crisis (old standard) Providers are those that have not had OAR Chapter 309, Division 072 added to their COA. They may only bill for these services using H2011 CG. They may not use the HE and HT modifiers with H2011.