

Mobile crisis and crisis stabilization for behavioral health

Applies to:



Blue Cross
Blue Shield
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM

Medicare Plus BlueSM Group

Both

Mobile crisis and crisis stabilization for behavioral health

Mobile crisis and crisis stabilization (MC/CS) for behavioral health will improve care for people who are in crisis. Services include:

- Mobile crisis intervention services face to face or through telehealth
- On-site services at crisis stabilization centers

This benefit will also assist members experiencing escalating emotional symptoms, behaviors or traumatic circumstances compromising their ability to function at their baseline within their family, living situation, work or community environments. MC/CS involves all support, services and treatments necessary to provide crisis stabilization.

Original Medicare

Original Medicare doesn't cover mobile crisis and crisis stabilization for behavioral health.

Medicare Plus BlueSM PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for mobile crisis and crisis stabilization for behavioral health under Medicare regulations is provided to members under Medicare Plus Blue Individual and Medicare Plus Blue Group PPO plans that include this benefit. Because Original Medicare doesn't cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing are determined by Blue Cross for individual coverage, and by the group for those with group-based coverage.

Policy guidelines

Mobile crisis intervention consists of a master's level provider and peer counselor who can travel to a member's home, place of business or other location to provide face-to-face services. Crisis stabilization services can also be provided through telemedicine.

Visits may include a psychological evaluation, mitigation of crisis and connection to a psychiatrist for medicine, if needed. Services include a treatment plan encouraging family intervention and support, and referrals as needed, including appropriate placement for mental health or substance use services.

Benefit is available to members in approved regions or counties.

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Conditions for payment

The table below specifies payment conditions for mobile crisis and crisis stabilization for behavioral health.

Conditions for payment	
Eligible provider	M.D., D.O., psychotherapist
Payable location	Outpatient psychiatric center, patient's home or location. Excludes urgent care, emergency, and inpatient hospital services
Frequency	Code S9485: one unit per 24 hours, up to two units per rolling week Code H2011: one unit per 15 minutes, no unit limit per 24 hours, up to 30 rolling days
HCPCS codes	H2011: Mobile crisis S9485: Crisis stabilization
Diagnosis restrictions	ICD-10-CM Codes - Mental, Behavioral and Neurodevelopmental disorders F01-F99
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue Group PPO plan's maximum allowed payment amount to providers for mobile crisis and crisis stabilization for behavioral health is available on our provider website on the Medicare Plus Blue enhanced benefits [fee schedule](#). The provider will be paid the lesser of this amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

Outpatient office copay may apply.

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

Cost share amounts incurred by the individual plan members under this benefit do not count toward the plan deductible or the combined maximum out-of-pocket limit as listed in their Evidence of Coverage document.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on either the CMS 1500 (02-12), UB-04 or 837 equivalent claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
 - a. Michigan providers – Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

Policy number: MAPPO 1021

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Reviewed:

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