

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023173 DECEMBER 12, 2023

IHCP covers mobile crisis intervention services retroactive to July 1, 2023

Effective immediately, as part of the 988 initiatives implemented by *House Enrolled Act (HEA) 1222 (2022)*, the Indiana Health Coverage Programs (IHCP) added coverage for crisis intervention services rendered by mobile crisis units designated by the Division of Mental Health and Addiction (DMHA) (see *IHCP Bulletin [BT202364](#)*). These services are effective retroactive to dates of service (DOS) on or after **July 1, 2023**.

The crisis intervention services listed in Table 1 are reimbursable when billed on a professional claim by an IHCP-enrolled community mental health center (provider type 11, provider specialty 111) with a DMHA designation as a mobile crisis unit.

Only mobile crisis units that are designated by the DMHA and follow *Indiana Code IC 12-21-8-3* and *IC 12-21-8-10* will receive IHCP reimbursement. Medicaid reimbursement is not available for services rendered prior to the mobile crisis unit receiving its DMHA designation. For providers interested in pursuing DMHA-designation as a mobile crisis unit and receiving IHCP reimbursement for rendered services, a mobile crisis response designation application, agreement and checklist are available on the [988 Indiana](#) page at in.gov/fssa/dmha.

For mobile crisis units that are DMHA-designated but are not CMHCs, the Office of Medicaid Policy and Planning (OMPP) is currently working on establishing the system changes necessary for these services to be reimbursable under the IHCP. Please keep documentation of services rendered, and the OMPP will establish the billing rules necessary for IHCP-enrolled, DMHA-designated mobile crisis units to receive reimbursement for these services within the 180-day filing period. A bulletin announcing this new billing guidance will be published as soon as possible. *Note: Fee-for-service (FFS) providers have a 180-day filing period. Noncontracted managed care entity (MCE) providers have the 180-day filing period, while MCE contracted providers only have a 90-day filing period for timely claim submission.*

For any claims submitted by a DMHA-designated CMHC that need to be resubmitted following a denial for timely filing, please attach this bulletin as a waiver of timely filing and submit within 90 days from the date of this publication for managed care claims, or 180 days for fee-for-service (FFS) claims, to satisfy timely filing requirements.



Mobile crisis units are designated by the DMHA and must include the following individuals in accordance with *IC 12-21-8-10*:

- Individuals certified in Peer Recovery Services
- In addition, at least one of the following:
 - A behavioral health professional licensed under *IC 25-23.6*
 - Other behavioral health professional (OBHP) as defined in *Indiana Administrative Code 440 IAC 11-1-12* working under a community mental health center (CMHC)
 - May include a community health worker that meets OBHP criteria
 - Emergency medical services personnel licensed under *IC 16-31*
 - Law enforcement-based co-responder behavioral health teams

Mobile crisis services must be provided under the supervision of one of the following:

- Behavioral health professional licensed under *IC 25-23.6*
- Licensed physician
- Licensed advanced practice registered nurse or clinical nurse specialist

Supervision may be performed remotely.

All members of a mobile crisis unit must complete state trainings that include but not limited to the following:

- Person-centered care
- Trauma-informed care
- De-escalation strategies
- Harm reduction

Limitations for the mobile crisis intervention service include:

- No more than 23 hours is allowed per crisis episode.
- Mobile crisis follow-up stabilization services are limited to a daily maximum of 90 minutes for up to 90 days after the initial mobile crisis services.

No prior authorization is required for these services.



Table 1 – Reimbursable crisis intervention services for DMHA-designated mobile crisis units, effective for DOS on or after July 1, 2023

Procedure code	Description and service details	Rate
S9484	Mobile crisis response without transportation, up to 3 hours <ul style="list-style-type: none"> Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support and follow-up stabilization services. Refer to the note* to view more specific details of each service listed. 	\$184.92
S9484 UB	Mobile crisis response with transportation, up to 3 hours <ul style="list-style-type: none"> Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support and follow-up stabilization services. Refer to the note* to view more specific details of each service listed. 	\$194.92
S9485	Mobile crisis response without transportation, 3 hours or more <ul style="list-style-type: none"> Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support and follow-up stabilization services. Refer to the note* to view more specific details of each service listed. 	\$345.72
S9485 UB	Mobile crisis response with transportation, 3 hours or more <ul style="list-style-type: none"> Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support and follow-up stabilization services. Refer to the note* to view more specific details of each service listed. 	\$355.72
H0034 U9	Medication training and support, per 15 minutes) <ul style="list-style-type: none"> Covers monitoring medication compliance, providing education and training about medications, monitoring medication side effects, providing other nursing/medical assessments; allows for monitoring of medication-assisted treatment (MAT) and/or psychotropic medication services. 	\$18.62
H2011 UA	Crisis intervention service, per 15 minutes <ul style="list-style-type: none"> Covers a follow-up crisis assessment, crisis planning and counseling specific to the crisis. 	\$33.72

***Note:** Specific details of each service are listed for codes S9484, S9484 UB, S9485 and S9485 UB:

Triage/Screening: Determines the level of risk that is faced by the individual in crisis and assessing the most appropriate response.

Assessment: Collects information on the circumstances of the crisis event, safety and risk related to the individual and others involved, medication and substance use, strengths and resources of the individual, recent inpatient hospitalizations or mental health services, mental health conditions, medical history, and other pertinent information.

De-escalation through brief counseling: Brief counseling techniques specific to the crisis that aims to lower risks and resolve the crisis so that a higher level of care is not needed.

Safety planning: Engagement of the individual in a crisis planning process, resulting in the creation or update of planning tools, including an individualized safety plan. The safety plan aims to keep an individual in crisis and their environment safe and may include lethal means counseling and other evidence-based interventions.

Peer recovery support: Support provided by paraprofessional with lived experience with mental health and/or substance use disorder concerns.

Follow-up stabilization services: Follow up contacts in-person, via phone, or telehealth up to 14 days following initial crisis intervention and can be billable up to 90 days.

The new codes will be reflected in the next regular update to the Professional Fee Schedule accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

These codes will also be added to *Behavioral Health Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Coverage applies to all IHCP programs including but not limited to Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid. Reimbursement and billing information in this bulletin applies to services delivered under the FFS delivery system. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant. Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

The OMPP is currently working to establish a provider specialty exclusively for mobile crisis units. Please stay informed on new developments regarding this provider enrollment specialty by subscribing to [IHCP email notifications](#) at in.gov/medicaid/providers.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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