

IHCP bulletin

Note: This bulletin has been updated. Billing code A0100, which was incorrectly listed as A0010, has been removed from this bulletin. Also, coverage applies to the Children's Health Insurance Program (CHIP), which was previously not listed.

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP adding coverage for mobile crisis intervention services

As part of the 988 Suicide and Crisis Lifeline initiative implemented by *House Enrolled Act (HEA) 1222 (2022)*, effective July 1, 2023, the Indiana Health Coverage Programs (IHCP) will be adding Medicaid coverage for crisis intervention services rendered by mobile crisis teams designated by the Division of Mental Health and Addiction (DMHA).

The crisis intervention services in Table 1 will be reimbursable when rendered by an IHCP-enrolled *community mental health center* (provider type 11, specialty 111) with a DMHA designation as a mobile crisis unit. 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.*



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, please go to the [988 Indiana](#) page at in.gov/fssa/dmha (which will be updated by July 1, 2023).

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

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

Billing code	Code description	Service details	Rate
S9484	Mobile crisis response without transportation, up to 3 hours	Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support, and follow-up stabilization services. Refer to the note for specific details of each service listed.*	\$184.92
S9484 UB	Mobile crisis response with transportation, up to 3 hours	Covers triage/screening, assessment, brief counseling, safety planning, peer recovery support, and follow-up stabilization services. Refer to the note for specific details of each service listed.*	\$194.92

Table 1 – Reimbursable crisis intervention services for DMHA-designated mobile crisis units, effective for dates of service on or after July 1, 2023 (Continued)

Billing code	Code description	Service details	Rate
S9485	Mobile crisis response without transportation, 3 hours or more	Covers triage/screening, assessment, de-escalation through brief counseling, safety planning, peer recovery support, and follow-up stabilization services. Refer to the note for specific details of each service listed.*	\$345.72
S9485 UB	Mobile crisis response with transportation, 3 hours or more	Covers triage/screening, assessment, de-escalation through brief counseling, safety planning, peer recovery support, and follow-up stabilization services. Refer to the note for specific details of each service listed.*	\$355.72
H0034 U9	Medication training and support, per 15 minutes	Covers monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing/medical assessments, and allows for monitoring of medication-assisted treatment (MAT) and/or psychotropic medication services.	\$18.62
H2011 UA	Crisis intervention service, per 15 minutes	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.

Coverage applies to all managed care programs, including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and the Children's Health Insurance Program (CHIP), as well as to FFS Traditional Medicaid and Emergency Services Only programs (Package E and Package B). These services may not be covered under certain limited-benefit programs, such as the Family Planning Eligibility Program.

Reimbursement and billing information applies to services delivered under the FFS delivery system. 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.

QUESTIONS?

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