Adult Crisis Response Services

Policy Number: SC14P0027A5 | Effective Date: May 1, 2018

Last Update: September 19, 2022

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
August 3, 2021	Annual policy review completed. Grammatical corrections were made to the policy. The changes did not impact the technical requirements of the document.
September 11, 2020	Annual policy review. No technical changes were made to the policy. Information was moved to the new UCare format, and as a result some information was reformatted.
October 23, 2019	The grid in the payment section of this policy has been updated to clarify that at this time no Master's level reduction is being applied adult crisis stabilization services.
October 4, 2019	DHS has updated the code-set for Adult Crisis Response Services. Effective for claims with 2019 dates of service, received on or after November 1, 2019, UCare will require crisis response services previously submitted with S9484 to be submitted using HCPCS code H2011. One unit of service should be billed for each 15 minutes of care. Claims submitted with HCPCS code S9484 will be denied. Information regarding residential crisis services was removed from the document. Refer to UCare's Adult Crisis Residential services policy.
August 28, 2019	Language under the Payment Decreases and Increases Impacting Mental Health Services has been amended, and information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
June 24, 2019	Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements.
May 1, 2019	Annual policy review. The UCare logo was updated. All links and source documents were updated.

DATE	SUMMARY OF CHANGE
May 1, 2018	The Adult Crisis Response Services policy is implemented by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	√
UCare Minnesota Senior Care Plus (MSC+)	√
UCare Prepaid Medical Assistance (PMAP)	√
UCare Connect	√
UCare Connect +Medicare (When MHCP is the primary payer)	√
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	√

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare's products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Adult crisis response services are community-based services provided during a mental health crisis or emergency. This policy provides information regarding the billing and payment guidelines for adult crisis response services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Community Intervention	Means a service of strategies provided on behalf of the patient to do the following: • Alleviate or reduce barriers to community integration or independent living Minimize the risk of hospitalization or placement in more restrictive living environment
Crisis Assessment	Means an immediate, face-to-face evaluation by a physician, mental health professional or crisis-trained mental health practitioner, to: • Identify any immediate need for emergency services • Determine that the individual's behavior is serious deviation from their baseline level of functioning and caused by either a mental health crisis or emergency • Provide immediate intervention to relieve the person's distress • Evaluate, in a culturally appropriate way and as time permits, the: o Life situation o Sources of stress o Symptoms

<table>
<tr><th>TERM</th><th>NARRATIVE DESCRIPTION</th></tr>
<tr><td></td><td>

Risk behaviors
Mental health problems
Strengths and vulnerabilities
Cultural considerations
Support network
Level of functioning
Whether the person will accept voluntary treatment
Whether the person has an advance directive
History and information obtained from family members

</td></tr>
<tr><td>Crisis Intervention</td><td>Means face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help to:

Cope with immediate stressors and lessen his/her suffering
Identify patient strengths and use of available resources
Avoid unnecessary hospitalization and loss of independent living
Develop an action plan(s)
Begin to return to the patient to their baseline level of functioning

</td></tr>
<tr><td>Crisis Stabilization</td><td>Means mental health services provided after crisis intervention that helps the individual return to the level of functioning prior to the crisis</td></tr>
<tr><td>Mental Health Practitioner</td><td>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in at least one of the following five ways:

Holds a bachelor’s degree in a behavioral science or a related field, from an accredited college or university and meets either a or b:
<ol type="a">
Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness
Is fluent in a non-English language of a cultural group to which at least 50% of the practitioner’s patients belong, completes 40 hours of training in the delivery of services to patients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met

Has at least 6,000 hours of supervised experience in the delivery of mental health services to patients with mental illness. Hours worked as a mental health behavioral aide I or II under Children’s Therapeutic Services and Supports (CTSS) may be included in the 6,000 hours of experience for child patients.

</td></tr>
</table>

TERM	NARRATIVE DESCRIPTION
	3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe In addition to the above criteria: • A mental health practitioner for a child must have training working with children. • A mental health practitioner for an adult must have training working with adults.
Mental Health Crisis	Means a behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living or in the placement of the patient in a more restrictive setting (e.g., inpatient hospitalization)
Mental Health Emergency	Means a behavioral, emotional, or psychiatric situation causing an immediate need for mental health services.
Mental Health Professional	Means one of the following providers: • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician
Mental Health Rehabilitation Worker	Means a staff person working under the direction of a mental health practitioner or mental health professional and under the clinical supervision of a mental health professional in the implementation of rehabilitative mental health services as identified in the patient's individual treatment plan who: • Is at least 21 years of age; • Has a high school diploma or equivalent;

TERM	NARRATIVE DESCRIPTION
	• Has successfully completed 30 hours of training during the two years immediately prior to the date of hire, or before provision of direct services, in all the following areas: patient rights, patient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, patient confidentiality; and • Meets the qualifications in sub-item (A) or (B): (A) has an associate of arts degree or two years full-time postsecondary education in one of the behavioral sciences or human services; is a registered nurse without a bachelor's degree; or who within the previous ten years has: 1. three years of personal life experience with serious and persistent mental illness; 2. Three years of life experience as a primary caregiver to an adult with a serious mental illness or traumatic brain injury; or 3. 4,000 hours of supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or traumatic brain injury; or (B) 4. is fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong; 5. receives during the first 2,000 hours of work, monthly documented individual clinical supervision by a mental health professional; 6. has 18 hours of documented field supervision by a mental health professional or practitioner during the first 160 hours of contact work with patients, and at least six hours of field supervision quarterly during the following year; and Has review and co-signature of charting of recipient contacts during field supervision by a mental health professional or practitioner; and has 15 hours of additional continuing education.
Mobile Crisis Intervention	Means a face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help an individual to: • Cope with the immediate stressors and lessen suffering • Identify and use available resources and the individual's strengths

TERM	NARRATIVE DESCRIPTION
	• Avoid unnecessary hospitalization and loss of independent living • Develop action plans • Begin to return to their baseline level of functioning
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member's benefit set. Services submitted prior to notification will be denied by UCare. UCare does update its' authorization, notification, and threshold requirements from time-to-time.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

To receive Adult Crisis Response services an UCare member must be:

- Actively enrolled in an UCare product;
- Eighteen (18) years of age or older;
- Experiencing a mental health crisis or emergency, or, where applicable;
- Experiencing co-occurring substance abuse and mental health disorders who do not need the level of detoxification facility.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider

A crisis response provider must be a county or hold a contract with a county.

Mobile Crisis Team

A mobile crisis intervention team must consist of:

- Two or more mental health professionals or
- At least one mental health professional and one mental health practitioner
- Certified peer specialists may provide certified peer specialist services during all phases of crisis response.

Crisis response providers must be experienced in, and a working knowledge of:

- Mental health assessment
- Treatment engagement strategies
- How to work with families and others in the patient's support system
- Crisis intervention techniques
- Emergency clinical decision-making
- Local services and resources

Mental Health Practitioners, Certified Peer Specialist, Rehabilitation Workers

Mental health practitioners, certified peer specialists and rehab workers must:

- Have completed at least 30 hours of crisis intervention and stabilization training during the past two years;
- Be under clinical supervision by an MHCP-enrolled mental health professional who:
    - Is employed by or under contract with the crisis response provider
    - Accept full responsibility for the services provided, and
- Consult with the clinical supervisor, in person or by phone, during the first three hours the practitioner provides on-site services.

Clinical Supervisor

The clinical supervisor must:

- Be immediately available to staff by phone or in person
- Document all consultations
- Review, approve, and sign the crisis assessment and treatment plan performed by mental health practitioners within one day of the crisis visit
- Document on-site observations

Facility

Not applicable. This policy outlines the professional billing and payment guidelines associated with adult crisis response services.

Other and/or Additional Information

Not applicable.

EXLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HK	Intensive or Children's Day Treatment
HM	Adult Mental Health Rehabilitation Worker or Mental Health Behavioral Aide Level II
HN	For purposes of this policy, the –HN modifier indicates services were furnished by a Mental Health Practitioner or Qualified Clinical Trainee when licensing and supervision requirements are met.
HQ	Group Modality

CPT and/or HCPCS Code(s)

CPT© AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2011		Adult crisis assessment, intervention, and stabilization – individual by a mental health professional
H2011	HN	Adult crisis assessment, intervention, and stabilization – individual practitioner
H2011	HM	Adult crisis stabilization – individual by mental health practitioner
H2011	HQ	Adult crisis stabilization – group
90882	HK	Community Intervention
90882	HK, HM	Community Intervention by a mental health rehabilitation worker

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Crisis Assessments

Crisis Assessments must be performed in one of the following locations:

- The person's home
- The home of a family member, or
- Another community location

Mobile Crisis Intervention Services

Mobile Crisis Intervention Services must be:

- Available 24 hours a day, seven days a week, 365 days per year
- Provided by a mobile team in a community setting
- Provided promptly.

Mobile crisis response providers can request a waiver of the 24-hour requirement from UCare. To receive a waiver, providers must demonstrate that the services cannot be provided 24 hours per day due to one of the following:

- Inability to hire qualified staff
- Sparse population and wide geographic area to be served.

Crisis Intervention Treatment Plan

With the patient, develop, document, and implement an initial crisis intervention treatment plan within 24 hours after the initial face-to-face intervention to reduce or eliminate the crisis. The treatment plan must be culturally and linguistically appropriate for the patient, and includes the following elements:

- List the patient's needs and problems identified in the assessment
- Identify the frequency and type of services to be provided and measurable short-term goals
- Specify objectives directed toward the achievement of each goal
- Note cultural considerations
- Recommend needed services, including crisis stabilization
- Referral to appropriate local resources (e.g., County social service agencies, mental health services, local law enforcement)
- Frequency and type of services to be provided
- Coordinate the planning of other services with the patient's case manager if they have one
- Documentation of patient progress and outcomes of goals

Update the crisis intervention treatment plan as needed to reflect changes in goals and services. If the patient demonstrates positive changes in a baseline of functioning or decrease in personal distress:

- Develop and document a referral to less intensive mental health services
- Document short-term goals that have been met and when no further crisis intervention services are needed
- If the patient is unable to follow-up with a referral, the crisis response provider must link the patient to the service and follow-up to ensure the patient is receiving the service.

Both the patient and the mental health professional must approve and sign the treatment plan. If the patient refuses to sign, note the refusal and the reason(s) for the refusal in the treatment plan. The patient must be given a copy of the treatment plan.

If services continue 24 hours after the beginning of the face-to-face intervention:

- A mental health professional must contact the patient face-to-face, on the second day, to provide services and update the crisis treatment plan
- The mental health professional is not required to be the same professional who was supervising the service when the face-to-face crisis intervention began.

Crisis Stabilization

Crisis stabilization services are mental health services, provided after crisis intervention, to aid the patient to return their level of functioning to the level it was before the crisis.

Crisis stabilization services:

- Are provided in the community
- Are based on the crisis assessment and intervention treatment plan
- Consider the patient’s need for further assessment and referrals
- Update the crisis stabilization treatment plan
- Furnish the patient with supportive counseling
- Collaborate with other service providers in the community
- Provide education to the patient’s family and significant others regarding mental illness and how to support the patient

Crisis Stabilization Treatment Plan

A crisis stabilization treatment plan must be developed with patient within twenty-four (24) hours of beginning services.

At a minimum the treatment plan must include:

- Problems identified in the assessment
- Measurable short-term goals and tasks to be achieved, including time frames for achievement
- Specific objectives directed toward achieving each goal
- Clear progress notes about outcomes of goals
- List of patient’s strengths and resources
- Documentation of participants involved
- A crisis response action plan if another crisis should occur
- Frequency and type of services initiated, including a list of providers, as applicable

Community Intervention

When needed, community intervention may be provided as a crisis service. When provided in the context of crisis response services, community intervention may be used to educate the patient's family and significant others on mental illness and ways to support the patient. To be eligible for payment, the services must be:

- Directed exclusively to the treatment of the patient;
- Provided on an individual basis only. Services cannot be provided in a group; and
- Conducted in person or by telephone if the intervention strategy warrants it, furnished without the patient present when the intervention strategy warrants it (document why the strategy is more effective without the patient present).

Payment Information

Based on MHCP guidelines when certain mental services are furnished by a Masters level prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master's Level
- Psychiatric Nurse Practitioner
- Master's Level enrolled provider

Payment Reductions

Masters level reductions are *not* applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee

In addition to the Master's level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
    - Clinical Nurse Specialist
    - Nurse Practitioner
- Community Mental Health Centers;

- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCs codes and rates chart.

Additional information regarding UCare fee schedule updates can be found in the UCare Provider Manual (Section 10-20 Fee Schedule Updates).

Non-Covered Services

The following service are not covered as crisis response services:

- Transporting patients
- Crisis response services furnished by volunteers
- Household tasks, chores, or related activities performed by provider, including, but not limited to:
  - Doing laundry
  - Housekeeping
  - Grocery shopping
  - Moving the patient's household
- Time spent "on call" but not delivering services to patients
- Activities that are primarily recreational or social in nature, rather than rehabilitative
- Job-specific skills services (e.g., on-the-job training)
- Case management
- Outreach to potential patients
- Crisis response services furnished by a:
  - Hospital
  - Board and lodging facility
  - Residential facility (except for qualified Residential Crisis Stabilization settings)
- Room and board

BILLING REQUIREMENTS AND DIRECTIONS

The guidelines for billing Adult Crisis Response Services are outlined below:

- Unless otherwise noted services are billable only when furnished face-to-face.
- Submit claims using the 837P format or its electronic equivalent.
- The claim should be submitted with the place of service that most appropriately describes where the services were furnished.
- Enter the individual treating provider's NPI number.
- When an off-site team member works directly with an on-site team member, the off-site provider may bill for the time spent working with the on-site provider.
- Two members who are providing services may bill separately for services furnished to the patient.

Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

MINUTES	BILLABLE UNITS
Fifteen (15) Minute Increments	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
Sixty (60) Minute Increments	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

Adult Crisis Response Services does not require prior authorization. UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found here.

Threshold Information

Not applicable.

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
SC19P0070A1	Residential Crisis Support Services
SC14P0034A3	Partial Hospitalization
SC14P0026A3	Certified Peer Specialist

UCare payment policies are updated from time to time. The most current UCare payment policies can be found here.

SOURCE DOCUMENTS AND REGULATORY REFENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

MHCP Provider Manual, Mental Health Services, Adult Crisis Response Services

DHS MH Procedure CPT or HCPC Codes and Rates Chart

MS 256B.0624 Adult Crisis Response Services
MS 256B.0623, subd. 7 Rehab Option Background Study requirement
MS 148 Psychotherapist Background Study requirement

DISCLAIMER

"Payment Policies assist in administering payment for UCare benefits under UCare's health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare's administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first

identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare, and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations."