



SEPTEMBER 2021

KMAP GENERAL BULLETIN 21156

Mobile Crisis Intervention Services Provided by a CMHC

Effective with dates of service on and after October 1, 2021, Mobile Crisis Intervention (MCI) services will be reimbursed using the HCPCS code H2011 and modifier U1 code. If there are appropriate modifiers additionally needed on a claim (e.g. a 76 or 77 modifier), the pricing modifier of the U1 must be entered as the first modifier for the claim to be adjudicated correctly.

Currently, H2011 U1 is only appropriately billed when the Crisis Intervention Service was provided by professional staff employed by a Community Mental Health Center (CMHC) and is preferred that two individuals respond on an MCI Intervention. For a two-person response team, the H2011 U1 code should only be billed once for the Mobile Crisis Team that is deployed. This code can only be reimbursed for individuals aged 0-20.

Claims for eligible members will be submitted by the CMHC to the Managed Care Organizations (MCOs). The professional providing the service must bill as the performing provider with their employing CMHC identified as the billing provider. These providers must be enrolled in the Kansas Medical Assistance Program (KMAP).

Claims will not be submitted to the MCOs for members in an unmet spenddown status. These costs are not member responsibility and should not apply to spenddown. Claims will also not be submitted to the MCOs for members not assigned to an MCO or for members over the age of 20. When Beacon has dispatched the CMHC in these cases, the CMHC will submit these claims directly to Beacon for payment, and these costs will be paid through The Department of Children and Family (DCF) funds.

Beacon provides access to trained professionals who help deescalate behavioral health crisis via a crisis helpline accessible to all children in Kansas. If a self-determined crisis by a caller cannot be deescalated during the call or the request is made for a face-to-face response, MCI services will be deployed by Beacon. Preference is for MCI to be provided in person, at the preferred location of the individual or family (home, school, or other community-based setting) by a Qualified Mental Health Professional (QMHP). In situations where a face-to-face service by the QMHP is not viable, utilization of the telemedicine delivery mode is allowed with supportive documentation in the medical record noting why the QMHP response was not made. If a face-to-face service by a clinician is not viable, the MCI in-person contact could be made by a peer, case

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manager, or other professional that would provide telemedicine access to a QMHP. During the mobile response, the QMHP would be required to provide de-escalation, crisis intervention, safety planning and a referral to community-based services. They would also be required to complete a State approved assessment tool and a crisis plan with the individual and family and a copy kept in the Center’s medical record. If acute hospitalization is needed, this would also be arranged at this time.

MCI is available 24 hours a day, 365 days a year.

MCI services are not allowed when an individual has inpatient status (as in a Hospital, Psychiatric Residential Treatment Facility (PRTF), or other institutional setting). Excluded place of service codes would be 21 (Inpatient Hospital), 31 (Skilled Nursing Facility), 32 (Nursing Facility), 33 (Custodial Care Facility), 51 (Inpatient Psychiatric Facility), 54 (ICF/IID), 55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Facility), and 61 (Comprehensive Inpatient Rehabilitation Facility).

If the caller describes life threatening risk, emergency services will be contacted by Beacon if deemed unsafe or immediate active rescue is required.

MOBILE CRISIS DISPATCH LEVELS:

Emergent Psychiatric Response- acute screen needed, 60-minute response time, youth is actively suicidal or homicidal

- Individual/caller indicates that failure to obtain immediate care would place the individual’s life, another’s life or property in jeopardy, or cause serious impairment of bodily functions.

Emergent Crisis- Non-life-threatening emergency, 60-minute response time if family deems necessary. Only one of the following needs to be present:

- Potential danger to self or others exists as indicated by behavior, plan, or ideation.
- Individual is labile or unstable and demonstrates significant impairment in judgement, impulse control and/or functioning.
- Existence of several medical complications concurrent with, or as, a consequence of psychiatric or substance use illness and treatment.
- Caller indicates a need to be seen on an emergency basis.

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Urgent- Crisis response within 24-hours or less if family deems necessary. Only one of the following needs to be present:

- Individual is upset and distressed but not in immediate danger of harm to self or others, there is evidence of adequate pre-morbid functioning, but social/family supports have significantly changed or diminished.
- Individual is displaying moderate impairment in judgement, impulse control, and/or functioning which is expected to further diminish.
- Individual indicates intoxication and risk of withdrawal.
- Individual indicates an urgent clinical need to be seen.

Routine- Mild/moderate risk, problem solving, referral to CMHC for intake or crisis session within 72-hours. Only one of the following needs to be present:

- Individual demonstrates some distress, but the associated stressors can be easily identified.
- Individual manifests and adequate to good premorbid level of functioning with continuing adequate social/family supports and resources.
- Individual demonstrated mild impairment in judgement, functioning or impulse control.

Note: The effective date of the policy is October 1, 2021.

The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

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