

ForwardHealth **UPDATE**

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ENHANCED REIMBURSEMENT AVAILABLE FOR ELIGIBLE MOBILE CRISIS SERVICES BEGINNING JANUARY 1, 2024, AND POLICY CLARIFICATIONS

Under the [American Rescue Plan Act of 2021](#) (ARPA), the Wisconsin Department of Health Services (DHS) is expanding coverage for crisis intervention services. The first phase of changes for crisis intervention and mobile crisis services was implemented on January 1, 2023, and is described in ForwardHealth Update [2023-06](#), “Expanded Mobile Crisis Benefit and Changes to Crisis Intervention Services Claim Submission.”

This Update describes the second phase of changes. Enhanced Federal Medical Assistance Percentage (FMAP) reimbursement will be available for qualifying mobile crisis teaming services for counties that meet all ARPA requirements and register under a new provider specialty.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Crisis Intervention Providers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code ch. DHS 34, Wis. Stat. § 49.45(41), and the American Rescue Plan Act of 2021 § 9813.

Provider Enrollment Requirement for Counties Acting as Billing Providers to Receive Enhanced Reimbursement

Counties (billing providers for mobile crisis services) that want to receive enhanced FMAP reimbursement for eligible mobile crisis services must enroll with the new provider specialty Enhanced Crisis Intervention (80/657) or add it to their current enrollment. Counties may enroll with the new provider specialty beginning October 16, 2023, and begin submitting claims under the new specialty starting January 1, 2024. Once enrolled with the Enhanced Crisis Intervention specialty, eligible claims will receive enhanced FMAP reimbursement for dates of service (DOS) from January 1, 2024, through December 31, 2026. Counties may enroll at any time during this period of enhanced FMAP reimbursement.

Enrollment in the Enhanced Crisis Intervention specialty includes completing an attestation certifying that mobile crisis teaming services are available 24 hours a day, every day of the year, and that all staff have completed required training.

Note: While teaming must always be available as previously specified, it does not need to be provided for all crisis responses.

Required Training for Enrollment in the Enhanced Crisis Intervention Provider Specialty

Counties enrolling in the Enhanced Crisis Intervention provider specialty must attest that they meet the requirements in Social Security Act § 1947, which include training staff on their mobile crisis teams to meet core competencies.

DHS partnered with the University of Wisconsin—Green Bay Behavioral Health Training Partnership to create the [Mobile Crisis Response Team Training Series](#). Training modules have been reviewed by DHS, and the following courses have been determined to meet the requirements of Social Security Act § 1947:

- “Mobile Crisis Response Team Orientation” self-paced online course
- “Mobile Crisis Teaming” and “Harm Reduction in Crisis Intervention” live online courses

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Staff can complete the self-paced course **or** the live courses; they are not required to complete both.

Additional courses in the training series address topics beyond what is required in Social Security Act § 1947 and may be beneficial for any crisis staff providing a mobile crisis team response.

After enrolling in the Enhanced Crisis Intervention provider specialty, counties should retain any documentation of training completion and the mobile crisis teaming availability requirements.

Mobile Crisis Services Eligible for Enhanced Reimbursement

Mobile crisis services that are eligible for enhanced FMAP reimbursement under the Enhanced Crisis Intervention provider specialty must be:

- Provided to Medicaid members outside of a hospital, hospital emergency room, or other medical institution, such as:
 - Skilled nursing facilities.
 - Intermediate care facilities.
 - Institutions for mental disease.
- Provided to individuals experiencing a mental health or substance use disorder crisis.
- Rendered by a team of at least two Medicaid providers, including one behavioral health professional who is:
 - Able to conduct an assessment within their scope of practice.
 - Trained in trauma-informed care practices, de-escalation strategies, and harm-reduction techniques.
- Rendered by a team with at least one team member providing crisis response services in person.
- Available 24 hours a day, every day of the year.

Residential settings such as assisted living facilities, community-based residential facilities, and adult family homes are not considered medical institutions and are allowable places of service (POS).

Enhanced mobile crisis services may also include follow-up interventions for a period of up to 72 hours after the initial response. Additional team members may be added to address the member's assessed crisis needs. Documented coordination with the original responders is required. Team members may provide follow-up services in tandem or separately and still qualify for enhanced reimbursement during the 72-hour follow-up period.

CALL TO ACTION

Take the DHS-approved self-paced course or live courses in the online [Mobile Crisis Response Team Training Series](#) to meet the requirements in Social Security Act § 1947.

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Enhanced mobile crisis services claims must be submitted with these Healthcare Common Procedure Coding System (HCPCS) procedure codes:

- H2011 (Crisis intervention service, per 15 minutes) with the HT (Multi-disciplinary team) modifier
- T1016 (Case Management, each 15 minutes) with the HT modifier

Note: For procedure code T1016 with the HT modifier to receive enhanced FMAP reimbursement, providers must submit procedure code H2011 with the HT modifier as an enhanced mobile crisis service for a DOS within the preceding three DOS of the T1016 claim.

Mobile Crisis Team Staff Requirement for Enhanced Reimbursement

For more information about requirements for mobile crisis teams, refer to the Mobile Crisis Teams topic ([#22777](#)) of the ForwardHealth Online Handbook.

Reimbursement

To qualify for enhanced FMAP reimbursement, mobile crisis services must meet the requirements in the Mobile Crisis Services Eligible for Enhanced Reimbursement section of this Update and be submitted under the Enhanced Crisis Intervention provider specialty using procedure codes H2011 and T1016, each with the HT modifier.

Counties may submit claims for all crisis services under the Enhanced Crisis Intervention provider specialty. ForwardHealth will continue to reimburse at the standard rate for allowable crisis services that do not meet all requirements for enhanced reimbursement.

Refer to the [Attachment](#) to this Update for the POS codes that counties may use for enhanced reimbursement.

For more information about POS codes for crisis intervention services, refer to the Place of Service Codes topic ([#6798](#)) of the Online Handbook.

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Clarification: Covered Services

ForwardHealth has clarified information about crisis intervention services that occur along the crisis continuum:

- **Local Crisis Intervention Line—H0030** (Behavioral health hotline service [limited to one call per day, per member])—The service is initiated when a member or an individual acting on behalf of the member contacts the county crisis line to seek professional local support for a member experiencing a behavioral health crisis. Crisis line services include screening to determine whether a crisis response is required and may include provision of basic information or de-escalation strategies. Crisis line calls may be reimbursed for Medicaid members using procedure code H0030 in one of the following circumstances:
 - The call was initiated on the recommendation of a licensed medical or behavioral health practitioner, and the recommendation is documented in the member's record.
 - The call results in a response plan approved as medically necessary by a qualified mental health professional.

Crisis services provided following the creation of the approved response plan, or crisis services provided to a member with an active response plan or crisis plan on file, may be reimbursed with other codes, such as crisis response or linkage and follow-up, even if those services are provided during the same crisis line call.

- **Crisis Response—H2011** (Crisis intervention service, per 15 minutes)—This service provides a rapid response to a member experiencing a behavioral health crisis, regardless of the member's location. The service is typically provided in person by going to the member in crisis (that is, mobile crisis) but may also be provided on a walk-in basis or via telehealth according to telehealth guidelines. Crisis response includes individual assessment and crisis resolution services rendered by a practitioner or team of practitioners rendering services simultaneously for a member in crisis. Team responses of two practitioners are encouraged whenever possible. Up to three simultaneous practitioners are eligible for reimbursement on a single DOS when medically necessary. One practitioner must be in person when providing a team response. Additional practitioners may participate in person or via telehealth.
- **Linkage and Follow-Up—T1016** (Case Management, each 15 minutes)—This service involves implementation of follow-up activities from the

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response plan created during a local crisis line call or crisis response or following discharge from a stabilization service:

- Linkage and follow-up include periodic follow-up contacts, coordination of additional services and supports, and enhancing individual and family coping skills until an ongoing services practitioner can begin or resume care.
- Linkage and follow-up may also include development and implementation of a crisis plan if the member is at risk for a recurring crisis. The crisis plan must conform to the requirements in Wis. Admin. Code ch. DHS [34](#).
- **Crisis Stabilization**—S9484 (Crisis intervention mental health services, per hour) and S9485 (Crisis intervention mental health services, per diem)—Crisis stabilization services provide short-term, intensive, community-based services and supports in a residential setting to avoid the need for inpatient hospitalization. Services may be provided on an hourly (S9484) or a per diem basis (S9485).

Crisis intervention line (H0030), crisis response (H2011), and/or linkage and follow-up (T1016) may all be reimbursed on a single DOS for an individual member. Documentation must substantiate the service(s) and number of units billed.

For more information about covered services, refer to the Covered Services topic ([#6763](#)) of the Online Handbook.

Clarification: Crisis Response Plans

Definitions

ForwardHealth uses the terms “response plan” and “crisis plan” as defined in Wis. Admin. Code ch. DHS 34. ForwardHealth anticipates that every member who receives billable crisis services will have a crisis response plan as defined in Wis. Admin. Code § DHS [34.23\(5\)\(a\)](#). ForwardHealth anticipates that a small subset of members receiving crisis intervention services will require a crisis plan as defined in Wis. Admin. Code § DHS [34.23\(7\)](#).

Response Plan Approval

When a response plan is required, it must be approved by a licensed treatment professional either before services are delivered or within five business days after delivery of services.

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For more information about response plan requirements, refer to the Initial Assessment and Planning topic ([#6803](#)) of the Online Handbook.

Division of Quality Assurance (DQA) memo [16-007](#), “Variance Needed for Use of a Licensed Mental Health Professional to Approve Emergency Mental Health Crisis Plans and Response Plans,” replaced Division of Mental Health and Substance Abuse Services-DQA memo 2009-08, “Variance response plan DHS-34.” Providers must submit a variance request to DQA for an extension to the five-business day requirement.

Clarification: Claim Submission for Crisis Intervention Services

ForwardHealth has clarified the claim submission policy for crisis intervention services.

Only enrolled county crisis programs can submit and be reimbursed for claims submitted to ForwardHealth for crisis intervention services. Individual renderers must be Medicaid providers trained and rostered with the county’s DHS 34-certified crisis program. A single provider may not bill more than one service for the same unit of time.

Claim details for an individual renderer that include the same procedure code, modifiers, and DOS should be combined into one detail on the claim. For these claim details, time should be added up and rounded to the nearest 15-minute unit. For each mobile team service rendered on a DOS, the claim must include a detail line for each renderer. Each detail line must include a professional level modifier. The HT modifier must be used if the service was provided as part of a mobile team.

On a single DOS with more than one renderer, if two detail lines are identical (that is, they use the same procedure code, modifiers, and rendering provider ID), the U1 (Second renderer with the same professional level modifier on the same DOS for the same procedure code [H2011 or T1016]) modifier must be included on one of the two lines to prevent the detail line from denying as a duplicate. For more than two identical detail lines on a single DOS, the claim details may be combined into one detail on the claim.

Claim details for S9484 that include the same modifiers and DOS may be combined into one detail on the claim.

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Services rendered in a hospital, emergency room, skilled nursing facility, nursing home, or inpatient psychiatric facility must always be listed on individual detail lines with the corresponding POS code. For more information about POS codes, refer to the Place of Service Codes topic (#6798) of the Online Handbook.

Time-Based Procedure Codes

The following table clarifies billing and reimbursement for HCPCS procedure codes for crisis intervention services based on their associated time units.

CRISIS INTERVENTION PROCEDURE CODES		
Procedure Code	Time Unit	Clarification
H0030	Not time-based	This procedure code is reimbursed as one whole unit per member, per DOS.
H2011 T1016	15 minutes of service	A unit of time has been reached when a provider has completed at least 51 percent of the designated time unit.
S9484	Hourly	Providers are required to use rounding guidelines described in the Rounding Guidelines topic (#22537) of the Online Handbook.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that

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fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to crisis intervention services that members receive on a fee-for-service basis from Wis. Admin. Code ch. DHS 34-certified county crisis programs or their contracted providers.

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This Update was issued on 10/18/2023 and information contained in this Update was incorporated into the Online Handbook on 11/21/23 and 01/02/2024.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT

Allowable Place of Service Codes for Enhanced Reimbursement for Eligible Mobile Crisis Services

Effective for dates of service on and after January 1, 2024, counties may submit claims for all crisis services under the Enhanced Crisis Intervention provider specialty for enhanced Federal Medical Assistance Percentage reimbursement. ForwardHealth will continue to reimburse at the standard rate for allowable crisis services that do not meet all requirements for enhanced reimbursement.

The following table contains allowable place of service (POS) codes that counties may use for enhanced reimbursement. (Refer to the [CMS definitions](#) for each POS.)

PLACE OF SERVICE CODE	DESCRIPTION
01	Pharmacy
02	Telehealth Provided Other than in Patient's Home
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
07	Tribal 638 Free-Standing Facility
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-In Retail Health Clinic
18	Place of Employment—Worksite
20	Urgent Care Facility
24	Ambulatory Surgical Center
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
55	Residential Substance Abuse Treatment Facility

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PLACE OF SERVICE CODE	DESCRIPTION
57	Non-Residential Substance Abuse Treatment Facility
58	Non-Residential Opioid Treatment Facility
60	Mass Immunization Center
71	Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service

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