

Adult & Children's Crisis Response Services

Policy Number: SC14P0027A5

Effective Date: May 1, 2018

Last Update: February 19, 2025

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
February 19, 2025	Policy updated to reflect change to legislated payment adjustment outlined on Approved SPA 24-44.
September 25, 2024	Policy updated to include HT modifier, per MHCP guidance.
June 13, 2024	Annual policy review complete. Updates made to definitions. Additional grammar, formatting, and stylization updates applied.
March 16, 2023	Adult & Children's Crisis Response policies were previously separate policies. After completing an annual content review of each individual policy, content from Children's Crisis Response policy has been combined onto the previously independent Adult Crisis Response policy SC14P0027A5, effective 3/16/2023. Children's Crisis Response policy SC14P0033A5 has resultantly termed.

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 This policy is a general guideline and may be superseded by specific provider contract language.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

Crisis response services are community-based services provided to adults and children by a county, tribe, or contracted crisis team.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Certified Peer Specialist	<p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience.</p> <p>UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p>Qualifications Certified Peer Specialist Level I</p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none">• Be at least 18 years old• Have or have had a primary diagnosis of mental illness• Is a current or former recipient of mental health services• Be willing to share their experience of recovery

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> Successfully completes the DHS approved Certified Peer Specialist training and certification exam <p>Certified Peer Specialist Level II</p> <p>Level II peer specialists must meet all requirement of a Level I CPS and be qualified as a mental health practitioner.</p>
Community Intervention	<p>Means a service of strategies provided on behalf of the patient to do the following:</p> <ul style="list-style-type: none"> Alleviate or reduce barriers to community integration or independent living Minimize the risk of hospitalization or placement in more restrictive living environment
Crisis Assessment	<p>Means an immediate, face-to-face evaluation by a physician, mental health professional or crisis-trained mental health practitioner, to:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Life situation Sources of stress Symptoms 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
Crisis Intervention	<p>Means face-to-face, short-term intensive mental health services initiated during a mental health crisis to help the recipient cope with immediate stressors, identify and utilize available resources and strengths, engage in voluntary treatment, and begin to return to the recipient's baseline level of functioning.</p>

TERM	NARRATIVE DESCRIPTION
Crisis Stabilization	Means mental health services provided after crisis intervention that helps the individual return to the level of functioning prior to the crisis
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 Practitioner	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in <i>at least one</i> of the following five ways:</p> <ol style="list-style-type: none"> 1. Practitioner is qualified through relevant coursework by completing at least 30 semester hours or 45 quarter hours in Behavioral Sciences or related fields and: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: <ol style="list-style-type: none"> i. Mental illness, substance use disorder, ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or iii. Is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or iv. Has completed a practicum or internship that required direct interaction with adults or children served, and was focused on behavioral sciences or related fields; or v. Is working in a MHCP-enrolled adult or children's day treatment program. 2. Practitioner is qualified through work experience if the practitioner has either: <ol style="list-style-type: none"> a. At least 4,000 hours of experience in the delivery of services to adults or children with: <ol style="list-style-type: none"> i. Mental illness, substance use disorder, or

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; b. At least 2,000 hours of work experience and receives treatment supervision at least once per week until meeting the requirement of 4,000 hours in the delivery of services to adults or children with: <ul style="list-style-type: none"> i. Mental illness, or substance use disorder; or ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; 3. Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields. 4. Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care in Minnesota Statutes, 256B.02, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe. <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child member must have training working with children. • A mental health practitioner for an adult member must have training working with adults.
Mental Health Practitioner Qualified as a Clinical Trainee	<p>Means a mental health practitioner working as a clinical trainee who meets the following criteria:</p> <ul style="list-style-type: none"> • Be complying with requirements for licensure or board certification as a mental health professional including supervised practice in the delivery of mental health services for the treatment of mental illness • Be a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional

TERM	NARRATIVE DESCRIPTION
	<p>The clinical trainee’s clinical supervision experience helps the practitioner gain knowledge and skills necessary to practice effectively and independently. The experience gained by the clinical trainee during supervision may include:</p> <ul style="list-style-type: none"> • Direct practice • Treatment team collaboration • Continued professional learning • Job management
Mental Health Professional	<p>Means one of the following providers:</p> <ul style="list-style-type: none"> • 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 • Tribal-certified professional
Mental Health Rehabilitation Worker	<p>Mental Health Rehabilitation workers must have a high school diploma or equivalent and meet one of the following:</p> <ul style="list-style-type: none"> • Be 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, or • Have an associate of arts degree, or • Have two years of full-time postsecondary education or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields, or • Be a registered nurse, or • Have, within the previous 10 years, three years of personal life experience with mental illness, or • Have, within the previous 10 years, three years of life experience as a primary caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder, or developmental disability, or • Have, within the previous 10 years, 2,000 hours of work experience providing health and human services to individuals <p>Mental health rehabilitation workers under the treatment supervision of a mental health professional or certified rehabilitation specialist may</p>

TERM	NARRATIVE DESCRIPTION
	provide rehabilitative mental health services to an adult client according to the client's treatment plan.
Mental Illness	Means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that meets both of the following: <ul style="list-style-type: none"> Is included in the diagnostic code list published by the Minnesota Commissioner of Health; and Seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.
Mobile Crisis Intervention	Face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. <p>Mobile crisis intervention services must be:</p> <ul style="list-style-type: none"> Available 24 hours per day, seven days per week, 365 days per year Provided by a mobile team in a community setting Provided promptly

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 be eligible for crisis response services, a member must:

- Screen positive for potential mental health crisis during a crisis screening to be eligible for crisis assessment services
- Be assessed as experiencing a mental health crisis to be eligible for crisis intervention and stabilization services
- Members with co-occurring substance abuse and mental health disorders who do not need the level of a detoxification facility are also eligible to receive crisis response services.

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.

Provider

A mobile crisis provider must have always at least one mental health professional on staff and at least one additional staff member who can lead a face-to-face crisis response.

Mobile Crisis Assessment and Intervention Services can be provided by qualified:

- Mental health professional
- Mental health practitioner
- Clinical trainee
- Certified family peer specialist
- Certified peer specialist

Crisis assessment and intervention services must be led by a mental health professional, clinical trainee, or mental health practitioner. Interventions require at least two members of the intervention team to confer in person or by phone about the assessment, treatment plan, and action needed.

Mobile Crisis Stabilization services can be provided by a qualified:

- Mental health professional
- Mental health practitioner
- Certified rehabilitation specialist
- Clinical trainee
- Certified family peer specialist
- Certified peer specialist
- Mental health rehabilitation worker

Mobile Crisis Team

A mobile crisis intervention team must consist of:

- At least one mental health professional on staff always and at least one additional staff member who can lead a face-to-face 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 treatment 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
- Consult with the treatment 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 in the member's record

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.

EXCLUDED 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®), Healthcare Common Procedure Coding System (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	Community intervention services as part of crisis response.
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 Qualified Clinical Trainee when licensing and supervision requirements are met.
HQ	Group Modality
HT	Multidisciplinary team
UA	CTSS service package / Children’s crisis service package

CPT and/or HCPCS Code(s)

Adult Crisis Service Billing

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 rehabilitation worker
H2011	HT	Adult crisis assessment, intervention, and stabilization by a mental health professional as part of a multi-disciplinary team
H2011	HQ	Adult crisis stabilization – group
90882	HK	Community Intervention
90882	HK, HM	Community Intervention by a mental health rehabilitation worker
90882	HK, HT	Community Intervention by a multidisciplinary team

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Children's Crisis Service Billing

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2011	UA	Child crisis assessment, intervention, and stabilization – individual by a mental health professional
H2011	UA, HN	Child crisis assessment, intervention, and stabilization – individual practitioner
H2011	UA, HT	Child crisis assessment, intervention, and stabilization – a mental health rehabilitation worker as part of a multi-disciplinary team

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Revenue Codes

Not applicable.

PAYMENT INFORMATION

Crisis Assessments

A crisis assessment is an immediate, face-to-face evaluation by a physician, mental health professional or qualified member of a crisis team to determine the need for crisis intervention services, or referrals to other resources, based on the assessment and facilitate a coordinated response with referral entities.

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

- The person's home
- The home of a family member
- 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 member, develop a crisis treatment plan within 24 hours of beginning services. The crisis treatment plan, at a minimum, 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 member's strengths and resources
- Crisis Assistance Strategies that have been effective in the past
- 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
- For Child member: Use child centered, family-driven, and culturally appropriate planning that provides opportunity for parent or guardian involvement
- For Adult member: Use person-centered, culturally appropriate planning that provides opportunity for family and other natural support system involvement

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:

- Provide stabilization services:

- In the community
 - Based on the crisis assessment and intervention treatment plan
- Consider the need for further assessment and referrals
- Update the crisis treatment plan
- Provide supportive counseling
- Conduct skills training
- Collaborate with other service providers in the community
- Provide education to the member's family and significant others regarding mental illness and how to support the member

Crisis stabilization can be provided when the member is not present, but the provider must document the reason for providing services when the member is absent.

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 (Adult services only)

Community intervention may be provided for adults as a crisis service when needed. When provided in the context of crisis response services, community intervention may be used to educate the member's family and significant others on mental illness and ways to support the member.

Non-Covered Services

The following service are not covered as crisis response services:

- Transporting patients
- Crisis response services furnished by volunteers
- Provider performance of household tasks, chores, or related activities, such as:

- Laundering clothes
 - Moving the member's household
 - Housekeeping
 - Grocery shopping
- Time spent "on call" but not delivering services to patients
- Activities primarily social or recreational in nature, rather than rehabilitative
- Job-specific skills services, such as on-the-job training
- Case management
- Outreach services to potential members
- Crisis response services provided by a:
 - Hospital
 - Board and lodging facility
 - Residential facility (except for qualified Residential Crisis Stabilization Settings)
- Room and board
- Crisis screening calls

Payment Adjustments

Payment Reductions

Based on MHCP guidelines when certain mental services are furnished by a master's prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Master's prepared providers may include:

- 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

Master's 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

Payment Enhancements

In addition to the master's level provider reduction, UCare also applies a legislated adjustment to specific mental health services when furnished by the providers listed below.

July 2007 through December 2024, the legislated adjustment was 23.7%.

Effective January 2025, the legislated adjustment is 11.85%.

- 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.

Information on UCare fee schedule updates can be found in the [UCare Provider Manual](#).

BILLING REQUIREMENTS AND DIRECTIONS

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

- When billing for Adult Crisis Response Services use [MN-ITS 837P](#)
- Bill for direct, face to face services provided to an eligible member by a qualified staff person
- Enter the actual place of service code (POS)
- Enter the individual treating provider NPI number. When an off-site team member (professional) collaborates with an on-site team member, the professional may bill for time spent collaborating directly with the on-site member
- Two team members who are providing services on-site may bill for time spent providing service
- Authorization is not required for crisis assessment, stabilization, and intervention

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 AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

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

SOURCE DOCUMENTS AND REGULATORY REFERENCES

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

[Mental Health Services - Adult and Children's Crisis Response Services \(state.mn.us\)](#)

[Minnesota Statutes 256B.0624](#) (Crisis Response Services Covered)

[Minnesota Statute 245I.011](#), subdivision 5

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.”