

Provider Payment Guidelines

Crisis Intervention & Crisis Management

Policy

Mass General Brigham Health Plan reimburses medical facilities for the provision of medically necessary, crisis intervention services to treat and stabilize to Mass General Brigham Health Plan members awaiting an inpatient acute psychiatric placement in a facility emergency department (ED) or observation setting.

Mass General Brigham Health Plan reimburses additional services related to crisis management and the initiation of substance use treatment in a medical facility as required for Mass Health members; see below for more details.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. How covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with MASS GENERAL BRIGHAM HEALTH PLAN. Member liability amounts may include but are not limited to copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association (AHA). CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to the [General Coding and Billing PPG](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

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Mass General Brigham Health Plan's reimbursement is based on the line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

Commercial members, effective 11/01/2022:

- Mass General Brigham Health Plan will reimburse acute care hospitals for behavioral health crisis evaluation, monitoring, and stabilization services when a member is awaiting appropriate inpatient psychiatric placement. Members must meet inpatient acute psychiatric level of care.
- Hospitals must follow the established Massachusetts EPIA (Expedited Psychiatric Inpatient Admissions) process.
- For members located in the ED or observation unit, facilities should bill S9485 (Crisis intervention mental health services, per diem) on the UB04 outpatient facility claim that includes other ED charges with revenue code 0900.
- S9485 is reimbursed once per day.

MassHealth ACO members, effective 01/03/2023:

- Mass General Brigham Health Plan will reimburse acute care hospitals for behavioral health crisis evaluation, monitoring, and stabilization services when a member is awaiting appropriate inpatient psychiatric placement. Members must meet inpatient acute psychiatric level of care.
- Hospitals must follow the established Massachusetts EPIA (Expedited Psychiatric Inpatient Admissions) process.
- For members located in the ED, observation unit, or other facility setting, facilities should bill:
 - S9485, 'Crisis Evaluation' (Crisis intervention mental health services, per diem)

MassHealth ACO members, effective 10/01/2023:

- In addition to Crisis Evaluation, members receiving 'Crisis Management', located in any setting, facilities should bill S9485 (with modifier V1 (Level 1) or V2 (Level 2))
- S9485 V1 or S9485 V2 is reimbursed once per diem
- The initiation of medication for opioid use disorder in the ED for members who consent to initiation.
- Recovery Support Navigator (RSN) services provided in the ED or medical/surgical settings.

Mass General Brigham Health Plan Reimburses

- Medically necessary behavioral health monitoring and stabilization services when billed on a UB

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04 outpatient facility claim.

Mass General Brigham Health Plan Does *Not* Reimburse

- BH Crisis teams will not be separately reimbursed by Mass General Brigham Health Plan, as the payment is included in the reimbursement to the facility

Procedure Codes

Note: Code descriptors modified from the AMA CPT for publishing purposes. This list of codes may not be all-inclusive and can and will change from time to time. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Code	Descriptor	Comments	Claim type
S9485	Crisis intervention mental health services, per diem	COMMERCIAL: May only be billed by medical facility for members awaiting inpatient psychiatric placement from the ED, an observation unit, a non-psychiatric inpatient floor, or other hospital setting MASS HEALTH: Crisis Evaluation May be billed once per encounter regardless of facility setting	Facility Outpatient
S9485-V1	Crisis intervention mental health services, per diem	MASS HEALTH: Crisis Management, Level 1 No more than one unit per day. Members requiring ongoing safety monitoring but without the need for active safety interventions on the billing calendar day.	Facility Outpatient
S9485-V2	Crisis intervention mental health services, per diem	MASS HEALTH: Crisis Management, Level 2 No more than one unit per day.	Facility Outpatient

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Code	Descriptor	Comments	Claim type
		Members requiring active staff safety monitoring and intervention to prevent, or respond to, attempts of self-injury or aggression in the hospital on the billing calendar day (i.e., arms-length 1:1 safety observation or interventions of equal or higher intensity).	
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure).	MASS HEALTH: MOUD ED No more than one unit per day. Add-on code must be billed in addition to evaluation and management in the ED setting.	Facility Outpatient or Professional
H2015-HF	Comprehensive community support services, 15 minutes	MASS HEALTH: Recovery Support Navigator (RSN) A paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the substance use disorder treatment system through activities that can include care coordination, case management, and motivational support.	Facility

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Revenue Code

Submit with the following revenue code:

Revenue Code	
900	Behavioral Health Treatments/Services

Medically cleared patients boarding on a medical floor and awaiting inpatient psych placement must be billed to Optum on a UB-04 with revenue code 900 and HCPCS code S9485.

Related Documents

[General Coding and Billing
Observation](#)

References

[Commonwealth of Mass DOI Bulletin 2022-08](#)
[MassHealth Provider Manual Series: Mental Health Center Manual](#)
[MassHealth MCE Bulletin 93](#)
[MassHealth MCE Bulletin 107](#)

Publication History

Topic: Crisis Intervention & Crisis Management	Owner: PPDIS Reimbursement Strategy
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Original Document

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Document rebrand

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Added revenue code 900

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Updated CPT grid

January 1, 2024

Annual review, no policy change

October 17, 2024

Added HCPCS S9485 to Revenue Code section

January 1, 2025

Annual review, no policy change

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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.