Medicare Advantage Preferred Provider Organization Enhanced Benefit Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Mobile Crisis and Crisis Stabilization for Behavioral Health

Medicare Plus Blue℠
☒ Group
☒ Individual

Approval Date: 08/28/2025
Effective Date: 01/01/2026

Description

Mobile crisis and crisis stabilization (MC/CS) for behavioral health will improve care for people who are in crisis. Services include:

- Mobile crisis intervention services face to face or via telehealth
- Onsite services at crisis stabilization centers

This benefit will also assist any member who is experiencing escalating emotional symptoms, behaviors, or traumatic circumstances which have compromised the member's ability to function at their baseline within their family, living situation, work or community environments. MC/CS involves all support, services and treatments necessary to provide crisis stabilization

Medicare Coverage

Original Medicare does not cover mobile crisis and crisis stabilization for behavioral health

Policy Guidelines

Medicare Plus Blue is a Medicare Advantage Preferred Provider Organization (PPO) Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for mobile crisis and crisis stabilization for behavioral health under Medicare regulations is provided to members under Medicare Plus Blue Individual and Medicare Plus Blue Group PPO plans that include this benefit. Because Original Medicare doesn't cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing are determined by Blue Cross for individual coverage, and by the group for those with group-based coverage.

After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that either Original Medicare does not provide coverage or has restrictions that have been modified or removed for the items/services found in this enhanced benefit policy.

Since Original Medicare doesn't cover mobile crisis and crisis stabilization for behavioral health, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by Blue Cross Individual or the groups that select this benefit.

Mobile crisis intervention consists of a master's level provider and peer counselor who can travel to a member's home, place of business, etc., to provide face-to-face services. Mobile crisis services can also be provided via telemedicine. Visits may include a psychological evaluation, mitigation of crisis, and connection to a psychiatrist for medicine if needed. Services include a treatment plan encouraging family intervention and support, and referrals as needed including placement into an appropriate level of care for mental health or substance use services. Benefit is available to members in approved regions/counties

The following is applicable for this enhanced benefit policy:

CPT/HCPCS Codes

CPT/HCPCS Code(s):	Code Description:
S9485	One unit per 24 hours, up to two units per rolling week
H2011	One unit per 15 minutes, no unit limit per 24 hours, up to 30 rolling days

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).
HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

ICD-10 Codes

ICD-10 Code(s):	Code Description:
F01- F99	Mental, Behavioral and Neurodevelopmental disorders
F10-F19.99	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39	Mood [affective] disorders
F40-F48.9	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities
F80-F89	Pervasive and specific developmental disorders

F90-F98.9	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

ICD-10® codes, descriptions and materials are copyrighted by the World Health Organization (WHO).

Conditions for payment

The table below specifies payment conditions for mobile crisis and Crisis Stabilization for Behavioral Health.

Conditions for Payment	
Eligible Provider	BCN Advantage contracted outpatient psychiatric centers
Payable Location	Outpatient psychiatric center, patient's home or location. Exclusions: urgent care, emergency department, inpatient hospital
Frequency Limits	Code S9485: one unit per 24 hours, up to two units per rolling week Code H2011: one unit per 15 minutes, no unit limit per 24 hours, up to 30 rolling days
CPT/HCPCS Code Restriction	H2011: Mobile crisis S9485: Crisis stabilization
Diagnosis Restrictions	ICD-10-CM Codes - Mental, Behavioral and Neurodevelopmental disorders F01- F99
Age Restrictions	No restrictions

Medicare Plus Blue Reimbursement

To find Medicare Plus Blue plan's maximum payment amount for Mobile crisis and crisis stabilization for behavioral health, visit our provider portal, Availity Essentials™. Within Secure Provider Resources, click on Medicare Plus Blue PPO Enhanced Benefit Fee Schedule under the Fee Schedules tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- An outpatient office copay may apply.
- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible.
- Providers can only collect the appropriate Medicare Plus Blue cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Medicare Plus Blue before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

Cost share amounts incurred by the individual plan members under this benefit do not count toward the plan deductible or the combined maximum out-of-pocket limit as listed in their Evidence of Coverage document

To verify benefits and cost-share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. *Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.*
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Send your electronic and paper claims to your local Blue Cross plan.
6. Use electronic billing:
    a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
    b. Providers outside Michigan should contact their local Blue Cross plan.
7. Send paper claims to:
    a. Michigan Providers:

        Blue Cross Blue Shield of Michigan
        Imaging and Support Services
        P.O. Box 32593
        Detroit, MI 48232-0593

    b. Providers outside of Michigan should contact their local Blue Cross plan.

Government Regulations

National Regulatory Guidance
42 CFR 410.78(b)(3)(xiv)- Telehealth exceptions
42 CFR 424.55- payment to supplier

National:

Not applicable

Local:

WPS
L34616, A57480- Psychiatry And Psychology Services

CGS
L34353, A57065- Outpatient Psychiatry And Psychology Services
L34196, A57053- Psychiatric Partial Hospitalization Programs

First Coast
L33252, A57520-Psychiatric Diagnostic Evaluation And Psychotherapy Services
L34520, A57780- Psychological And Neuropsychological Tests

NGS
L33632, A56937- Psychiatry And Psychology Services;

A56937- Psychological Services Coverage Under The Incident To Provision For Physicians And Non-Physicians – Medical Policy Article
A52434-Health And Behavior Assessment/intervention – Medical Policy Article

Noridian JE
None

Noridian JF
None

Novitas
L35101, A57130- Psychiatric Codes

Palmetto
L37638, A56562- Health And Behavior Assessment/intervention
L37638, A56562- Health And Behavior Assessment

(The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services (CMS) are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, please refer to CMS.gov website.)

References

1. *Medicare Benefit Policy Manual*
    - *Not applicable*
2. *Medicare.gov*
    - Outpatient Mental Health Coverage
3. *Medicare Claims Processing Manual*
    - *Not applicable*
4. *Related internal Medical Policy*
    - *Not applicable*

Important Reminder

Medicare Advantage Enhanced Benefit Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Enhanced Benefit policies are created when permitted by applicable laws, reviewed regularly, and may be revised periodically. BCBSM/BCN Enhanced Benefit Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network may be required to submit documentation supporting billed claims, including but not limited to applicable medical records.

Disclaimer: This Enhanced Benefit Policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in this Enhanced Benefit Policy. Enhanced benefit policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The Enhanced Benefit Policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

BCBSM/BCN Medicare Advantage Policy History

Policy Effective Date	BCBSM/BCN Approval Date	Comments
01/01/2026	08/28/2025	Transitioned to new template. Approval date reflects date approved by Medicare Advantage Medical Director and/or delegated clinician. No changes made to benefit and payment conditions.