



# **Crisis Services:** Behavioral Health Crisis Stabilization Center Services (BHCSC)

Optum Maryland Provider Training

**Provider Guide 10/9/24**



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## Program Overview

### **Behavioral Health Crisis Stabilization Center Services (BHCSC)**

provides short-term crisis stabilization, assessment, and intervention for individuals of any age experiencing urgent symptoms or behaviors. The service is provided in a facility open 24 hours, seven days a week and staffed to manage the full array of behavioral health emergencies including alcohol and substance abuse, symptoms of mental illness, and emotional distress. This is an outpatient service only, limited to less than 24 hours, and intended to provide the least restrictive environment for individuals at risk for emergency department visits, hospitalization, and incarceration.

## Provider Type

### PT-CF

Eligible to provide **behavioral health crisis stabilization center services (BHCSC)**

Providers must have an active BHA license for BHCSC service and an active enrollment in Maryland Medicaid as a PT-CF.

## Service Codes

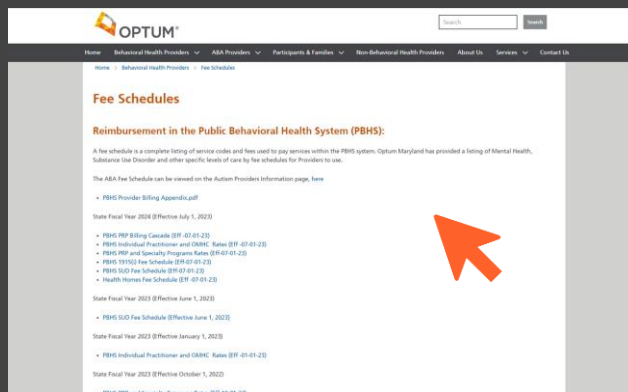
### Behavioral Health Crisis Stabilization Center Services (BHCSC).

- Providers will bill **S9485**, no authorization is required for the stabilization.
- Providers may bill one (1) E&M code in addition to one (1) S9485 per participant admission. No authorization required.
- **Place of Service** for S9485 and E&M - 53, 11.
- **Modifier** for E&M UC required; UB or GT for telehealth. S9485 has no modifier requirement.

*Click [here](#) to access the Provider Guidance*

# Fee Schedule

The Fee Schedule is located on the Optum Maryland Website. Click the picture below to locate the most up to date Crisis Fee Schedule.



## Fee Schedule

Behavioral Health Crisis Services Effective 09/01/2024				
Procedure Code	Service Description	Rate	Unit	Limitations
<b>Provider Type MS: Mobile Crisis Services</b>				
H2011	Mobile crisis team services	\$115.15	Per 15 minute increment	Max 32 units per day
H2015	Mobile crisis follow-up outreach	\$115.15	Per 15 minute increment	Max 32 units per day
<b>Provider Type CF: Behavioral Health Crisis Stabilization Center Services</b>				
S9485	BH crisis stabilization center services (service is for up to 24 hours)	\$742.85	Per diem	Max 1 per diem per admission
99202 - UC	Evaluation and Management, including Rx - Straight forward, new patient	\$75.41	Per evaluation	One E&M code may be billed per admission.
99203 - UC	Evaluation and Management, including Rx -Low complexity, new patient	\$116.38	Per evaluation	Reimbursable only when rendered by psychiatrist or nurse practitioner with PMH certification
99204 - UC	Evaluation and Management, including Rx - Moderately complex, new patient	\$174.01	Per evaluation	
99205 - UC	Evaluation and Management, including Rx - Highly complex, new patient	\$229.44	Per evaluation	
99211 - UC	Evaluation and Management, including Rx - Minimal	\$24.43	Per evaluation	
99212 - UC	Evaluation and Management, including Rx - Straight forward	\$59.11	Per evaluation	
99213 - UC	Evaluation and Management, including Rx -Low complexity	\$94.62	Per evaluation	
99214 - UC	Evaluation and Management, including Rx - Moderately complex	\$133.26	Per evaluation	
99215 - UC	Evaluation and Management, including Rx - Highly complex	\$187.59	Per evaluation	

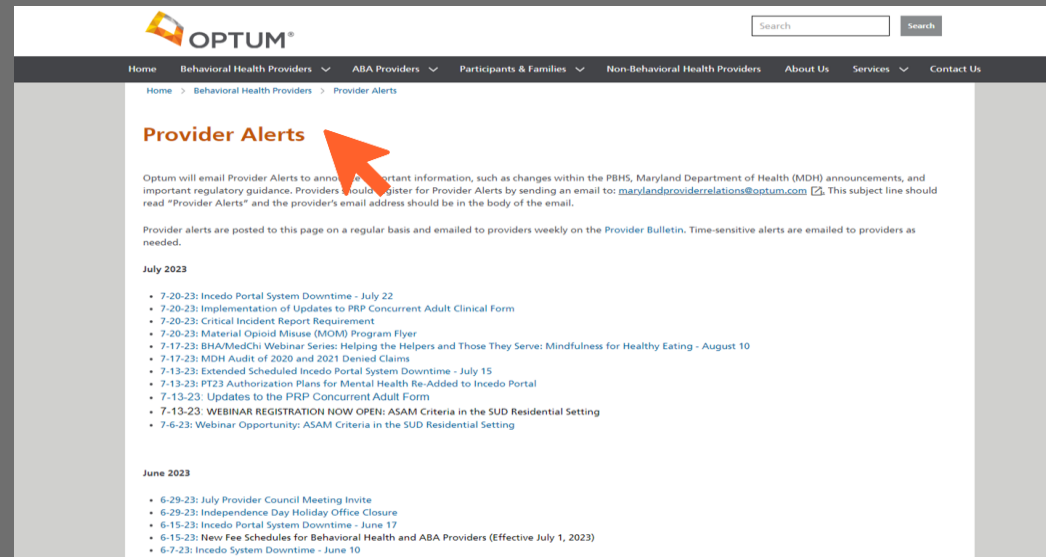
# Provider Alerts

The Provider Alerts are located on the Optum Maryland website. Click on the picture below to locate the most up to date Provider Alerts.

*To easily locate what you need, try using the keyboard shortcut **ctrl + f** to quickly find what you're looking for.*



## Provider Alerts



# Provider Enrollment

To enroll as a provider, check out the Provider Guide Checklist. Click on the image to get to the checklist.



The image is a screenshot of a web page titled "Optum Maryland Guide for Providers enrolling in Medicaid". The page is divided into two main columns. The left column is titled "Checklist" and contains seven numbered items, each with a checkbox and detailed instructions. The right column is titled "Resources" and contains several links to various documents and services, including "Provider Education", "Provider Manual", "Provider Resources", "Fee Schedules", "Provider Alerts", "Provider Forms", and "Auth Submission Window". At the bottom of the right column is an "FAQ" section with three questions and answers. The page also includes a "Welcome to Optum!" message at the top left and a map of Maryland at the top right.

Locate the link named "Provider Guide #1 - Medicaid"



# Eligibility Requirements

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# Checking Eligibility

To check the participant's eligibility, find the participant and go to "Membership" in the top menu to select "Eligibility". See an example below.



Those that **do not** have any eligibility and **cannot be found** on the Incedo system



Follow the steps on page 14 to add a new member

The screenshot shows the Incedo system interface. At the top, there is a navigation bar with the Incedo logo, a user profile for 'Test, Happy (3028017) (09/09/1970)', and several menu items: Provider, Membership, Authorization, Claims, Reports, File Transfer, and PT15 Tester. The 'Membership' menu is open, showing options: Search, Summary, Forms, Eligibility, Add Member, and Documents. The 'Eligibility' option is highlighted with a red box. Below the navigation bar, there is a section for 'Insurers' with a 'Show 10 entries' dropdown. A table displays the following data:

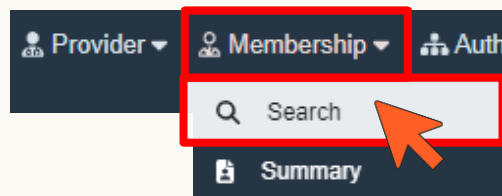
ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Modified On	Modified By
28953459		Unfunded		Tertiary		01/01/2020	12/31/9999	Claims Not Payable	Unfunded		3/27/2023 4:38 AM	Admin

Red arrows point to the 'Unfunded' text in the 'Insurer' column and the 'Unfunded' text in the 'Plan' column of the table row.

# Eligibility Requirements for Maryland Residents (participants present in Incedo)

## Eligibility Requirements:

Participants are eligible for BHCSC services if they are currently experiencing a behavioral health crisis or are at imminent risk of experiencing a behavioral health crisis.



If the participant is found in the Incedo Provider Portal when doing a Membership Search



and they have either active:

- Medicaid
- Uninsured
- Underinsured



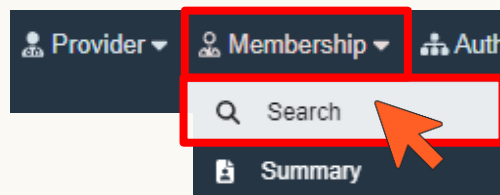
then the participant is all set to receive crisis services.

**Note:** If the participant is found in Incedo but only has Medicare, they will be auto-enrolled for a single 90-day uninsured span if they are a Maryland resident in need of treatment. The auto-enrollment occurs **after** receipt of the S9485 claim for BHCSC Services.

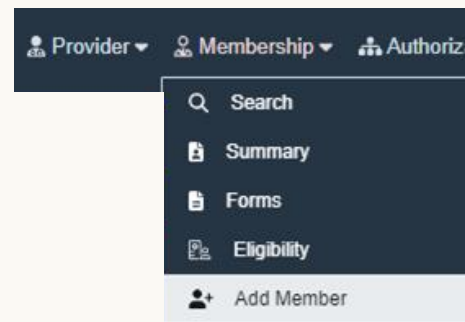
# Eligibility Requirements for Maryland Residents (participants not present in Incedo)

## Eligibility Requirements: For S9485, UI coverage for any non-Medicaid enrollees.

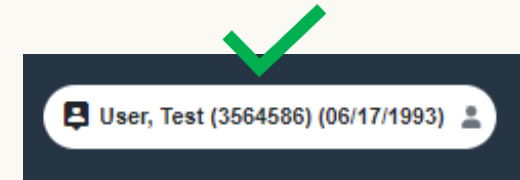
Participants not present in Incedo will need to be added. After adding the Participant in Incedo, they will be auto-enrolled for a single 90-day uninsured span if they are a Maryland resident in need of treatment. The auto-enrollment occurs **after** receipt of the S9485 claim for Crisis Stabilization Center Services.



**If the participant is not found in the Incedo Provider Portal when doing a Membership Search**



**click “Add Member” in the top menu and fill out the required fields.**



**When participant is added you will see their name with a gray icon on the left corner of your screen.**

*More details on how to add a member on page 14.*

# Participant Registration Process

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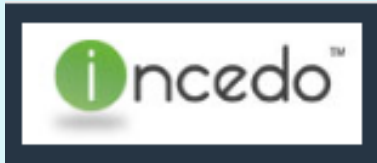
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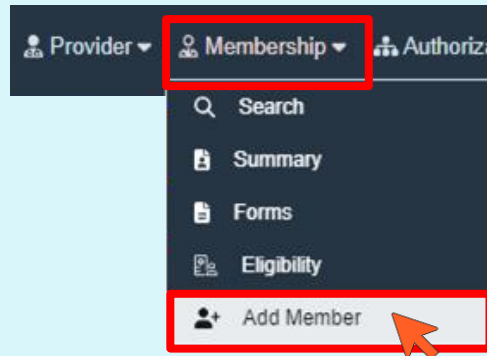
Claims Submission with Incedo Tutorial Video

# How to Add a New Member in the Incedo Provider Portal (for participants not in the IPP).

1. Log into the Incedo Provider Portal (IPP).



2. On the top menu press “Add Member.”



3. Fill out the required fields on the “Add Member” form.

A screenshot of the 'Add Member' form. It contains various input fields for member information, including Name (First, Middle, Last), Gender, Date of Birth, SSN, Race, Ethnicity, Religion, Language 1, Language 2, Medicare Beneficiary ID, External ID, Additional Number, Member Profile Note, Status, Address Details, Date From, Date To, Address Type, Primary Residence / Mailing Address (P), Address, City, State, ZIP, and Country. The 'Add Member' button is highlighted with a red box.

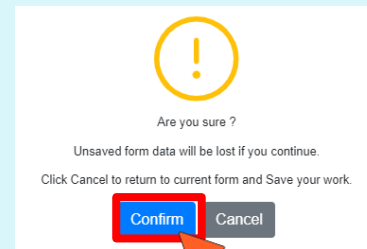
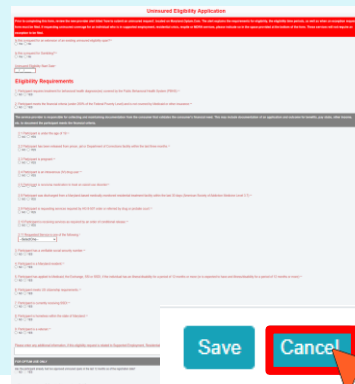
## Insurance Information:

- **Insurer:** Select Insurer
  - Type in *Unfunded*
  - Press *Search*
  - Click *Unfunded*
- **Policy number:** N/A

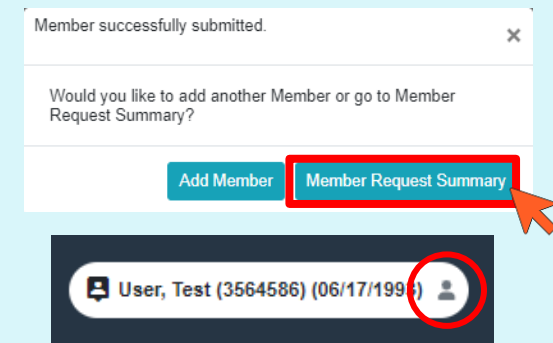
4. Press Save on the top of the page.



5. If the Uninsured Eligibility form pops up do not fill it out. Just press, “Cancel.”



6. Go to Member Request Summary and the new participant will be added.



The participant's name, ID, DOB, and a gray icon will be on the top left corner of the screen.

# Adding a New Member Demonstration in Incedo



**Add Member**

**Member Identification**

ID:  Salutation:  First Name:  Middle Initial:  Last Name:

Gender:  Date of Birth:  SSN:

Race:  Ethnicity:  Religion:

Language 1:  Language 2:

Medicare Beneficiary ID:  External ID:  Additional Number:

Member Profile Note:

Status - Active (Standard) [Change Status](#)

**Address Details**

Date From:  Date To:   Verified Address  Mail Undeliverable  Mail Declined

Address Type:

Address:

City:  State:  ZIP:  County:

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# Authorization Process

Service	Units	Authorization	Limitation
<b>S9485:</b> BH crisis stabilization center services (service is for up to 24 hours)	Per diem	<b>No authorization required</b>	Max 1 per diem per admission

# Claims Submission

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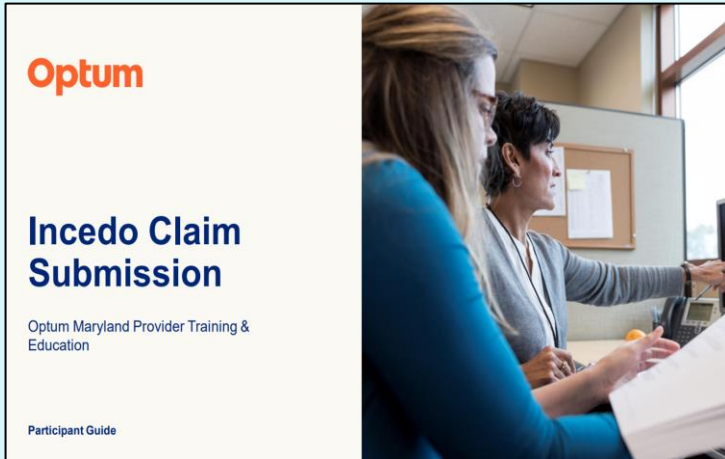
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# Claims Participant Guide



Click on the image for the Participant Guide

## Tips for Claim Submission Success

Verify coverage is active

Verify services are authorized

Verify service is covered

HCPCS and CPT codes and fee schedules found on [Optum Maryland Web Site](#)

Use the SR authorization number on the claim

Rendering provider ID is ONLY required for these provider types:

- Mental Health Groups (PT 27)
- Physician Groups (PT 20)
- FQHC (PT 34)
- ABA (PT AB)



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## Claim Re-Submission

- The **ONLY** time a claim needs to be resubmitted as a corrected claim is if the claim was previously paid.
- To correct a denied claim, submit a new claim with changes reflected.
- Resubmitting without corrections or changes does not trigger reprocessing. These claims are denied as duplicates if previously paid.
- If a claim has been denied incorrectly, [contact the call center](#) and request a claim review. The Claims Team will review the original and, if appropriate, will reprocess.
- Pended claims do not require resubmission and are pended for further analysis by the claims team.

### Do Resubmit

- Corrected claims (original claim previously paid)
- Voided claims

### Do Not Resubmit

- Claims without corrections or changes
- Provider challenges a denied claim
- Pended Claims

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# Claims Process

Claims are requested through Optum's Incedo platform.



Claims are completed by the provider by adding a claim in the Incedo Provider Portal for participants.

The screenshot shows the Incedo Provider Portal interface. At the top, a dark navigation bar contains several menu items: 'Provider', 'Membership', 'Authorization', 'Claims', 'Reports', 'File Transfer', and 'PT15 Tester'. The 'Claims' menu is highlighted with a red box, and a dropdown menu is open, showing 'Add Claim' and 'Claim Status' options, both also highlighted with red boxes. Below the navigation bar is a yellow banner. The main content area displays a 'HEALTH INSURANCE CLAIM FORM' with a grid of input fields and checkboxes. The form includes sections for member information (name, date of birth, gender, SSN), provider information (name, address, city, state, ZIP code, telephone), and insurance details (policy number, group number, date of birth, and other claim ID). The form is partially filled with example data, such as '123456789' for the member ID and '12345' for the ZIP code.

## Coordination of Benefits (COB)- Medicare

### Behavioral Health Crisis Stabilization Center Services (BHCSC)

- **S9485:** Not covered by Medicare, submit claim to Optum as primary.
- **E & M Codes:** Covered by Medicare, submit claim to Medicare and follow the cross over process.

## Coordination of Benefits (COB)- Commercial

### Behavioral Health Crisis Stabilization Center Services (BHCSC)

- **S9485:** Not covered by commercial, submit claim to Optum as primary.
- **E & M Codes:** Covered by commercial, submit claim to commercial as carrier and bill to Optum as secondary.

# Billing



The CMS 1500 for billing to Medicaid may be found [here](#).

eMedicaid Portal and Instructions can be found [here](#).

# Claims Process Tips



Claims should be submitted on a CMS 1500 form



Each date of service must be submitted on a separate transaction line. Date spans will not be accepted.



The participant must have a valid ICD-10 diagnosis, or the claim will be denied.

- Optum is always primary for Behavioral Health Crisis Services, S9485.
- For the E&M codes, if not covered by Medicare, or a Commercial Carrier, Optum will pay as primary.



# Claims Demonstration in Incedo



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0212

1. <input type="checkbox"/> MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ICR/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Training_Test2		3. PATIENT'S BIRTH DATE 12/31/1991	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No. Street) two main st,		6. PATIENT'S RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		7. INSURED'S ADDRESS (No. Street)	
CITY Edgewater	STATE	8. RESERVED FOR NUCC USE		CITY	STATE
ZIP CODE 21037	TELEPHONE (Include Area Code) 301-555-1212			ZIP CODE	TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last, First, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:  a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> Yes <input type="checkbox"/> No		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. AUTO ACCIDENT? PLACE(State)		a. INSURED'S DATE OF BIRTH SEX <input type="checkbox"/> M <input type="checkbox"/> F	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designed by NUCC)	

***Click on the link to get to the resource***

- [Billing Manual](#)
- [Crisis Services Fee Schedule](#)
- [BHCSC Transmittal](#)



# Optum

Changes to business policies and procedures may cause the information provided here to become out-of-date. Always refer to the policy and procedure documentation provided to you within your business unit and/or consult with your manager or team lead if you have any questions and to validate sources of truth.

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