

## **CCBHC Crisis Services**

**Effective 12/1/2022**

### **Outpatient Crisis Service:**

For an outpatient crisis service for a non-admitted individual that you have not done a transaction type 21 in the last 60 days, report H2011 without a CDC transaction type and bill fee-for-service.

For a non-admitted individual that you have done a transaction type 21 in the last 60 days, do a transaction type 21 and report H0007. It can be used to trigger the PPS payment. *The H0007 procedure code will replace the H2011 crisis code for CCBHC clients.*

### **Mobile Crisis Service:**

For a mobile crisis service for a non-admitted individual that you have not done a transaction type 21 in the last 60 days, submit a transaction type 21 and a Service Focus 26. A prior authorization will be returned, and you will bill FFS.

For a mobile crisis service for a non-admitted individual that you have done a transaction type in the last 60 days, submit a transaction type 21 and a Service Focus 26. A quality initiative (QI) line will be returned, and the mobile crisis can be used to trigger the PPS payment.

### **Urgent Recovery Crisis (URC):**

When an admitted client at your CCBHC goes to your URC, submit a transaction type 42 with a service focus of 32. A QI line will be returned and the URC stay can be used to trigger the monthly rate.

When a non-admitted client goes to the URC, submit a transaction type 27 with a service focus of 32. A PA will be returned and you can bill FFS, regardless of whether they are admitted at another CCBHC.

### **Crisis Center:**

When an individual that is not admitted at your CCBHC or any other CCBHC, is admitted in your crisis center, submit a transaction type 23 with a level of care of SC and a PA will be returned. You will bill FFS for the crisis stay.

When your CCBHC client is admitted at your crisis center, submit a transaction type 40 and a level of care of SC. A QI line will be given and you can use the crisis stay to trigger the monthly rate.

When a Medicaid-eligible individual admitted at another CCBHC, is admitted in your crisis center, you will bill the other CCBHC for the crisis stay. When an DMHSAS only-eligible individual admitted at another CCBHC, is admitted in your crisis center, submit a transaction type 23 and a level of care of SC. You can bill the crisis stay as FFS.

**CCBHC CRISIS SERVICES**

Currently

	(1) Non-admitted client	(2) Client admitted at CCBHC where client is getting the crisis service	(3) Client admitted at CCBHC where client is getting the crisis service through DCO	(4) Admitted CCBHC client receiving crisis services at another CCBHC crisis center	(5) Admitted CCBHC client receiving crisis services at a non-CCBHC crisis center
<b>Crisis Center (CBSCC)</b>	FFS	No payment (qualifying triggering service must be billed to receive PPS)	No payment (qualifying triggering service must be billed to receive PPS)	Bill other CCBHC**	Bill other CCBHC**
<b>URC</b>	FFS	No payment (qualifying triggering service must be billed to receive PPS)	No payment (qualifying triggering service must be billed to receive PPS)	FFS	FFS
<b>Mobile Crisis/Crisis Intervention</b>	PPS	PPS	PPS*	FFS	FFS

12/1/2022

	(1) Non-admitted (have not received a PPS payment) client	(2) Client admitted at CCBHC where client is getting the crisis service	(3) Client admitted at CCBHC where client is getting the crisis service through DCO	(4) Admitted CCBHC client receiving crisis services at another CCBHC crisis center	(5) Admitted CCBHC client receiving crisis services at a non-CCBHC crisis center
<b>Crisis Center (CBSCC)</b>	FFS	PPS	PPS*	Bill other CCBHC**	Bill other CCBHC**
<b>URC</b>	FFS	PPS	PPS*	FFS	FFS
<b>Mobile Crisis/Crisis Intervention</b>	FFS	PPS	PPS*	FFS	FFS

- 1) A client not established at any CCBHC who comes to a CCBHC for crisis services as the first point of contact
- 2) A client established at a CCBHC who is receiving crisis services at the CCBHC where he/she is established
- 3) A client established at a CCBHC who is receiving crisis services at the CCBHC where he/she is established through the CCBHC's designated collaborating organization (DCO)
- 4) A client established at a CCBHC who is receiving crisis services at another CCBHC where he/she is NOT established
- 5) A client established at a CCBHC who is receiving crisis services at a non-CCBHC crisis facility (e.g., OCCIC)

\*In these cases, the CCBHC is responsible to bill for the payment (PPS). The DCO should not bill OHCA/DMH for the services but may bill the CCBHC for the services provided.

\*\*In order to get payment for services, the crisis provider/CBSCC must bill the CCBHC where the client is established if the client is a SoonerCare/Medicaid member. If the client is a DMH/indigent client, the crisis provider/CBSCC may bill fee-for-service for the crisis stay.