Optum

Frequently Asked Questions

Behavioral Health Crisis Services Out-of-network providers

According to the California Assembly Bill 988, health plans must cover mental health and substance use disorder (MH/SUD) crisis services provided by 988 centers or mobile crisis teams, regardless of whether the provider is in-network or out-of-network.

What rates apply to billing for out-of-network providers?

The health plan must cover services without prior authorization until the point of stabilization. If services are provided by an out-of-network provider, the provider should invoice using in-network service rates.

What can I expect if I include mobile crisis services in my claim submission?

If a 988 center or mobile crisis team provides mobile crisis services to a member and the provider includes these services in a claim submission, the expectation is that the claim will be processed in a timely manner in accordance with existing state law.

What should be included in my behavioral health provider claim submission?

Line of Business (Commercial, Medi-Cal, Medicare)

Member details

- Name (Last, First, Middle Initial)
- ID number
- Date of birth
- Address (street address, city, state, zip code)
- Relationship with the insured (if not the subscriber)

Subscriber details, if the member isn't the subscriber

- Subscriber Name (Last, First, Middle Initial)
- Subscriber DOB
- Subscriber Address (street address, city, state, and zip code)
- Subscriber Insurance Plan Name or Program Name

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Provider details*

- Rendering provider name
- Billing name, if different
- Billing mailing address
- Rendering address (if different than billing address)
- Service facility details, if applicabl
- Phone Number
- Tax Identification Number (TIN)
- National Provider Information (NPI)
- Provider taxonomy code: include rendering and billing provider
- Provider signature
- Supervising provider information, if applicable

**Provide these details for any supplemental/secondary coverage, if applicable*

What service data is required on my claim submission?

- Place of Service Code
- CPT/Rev Code/HCPCS
- Diagnosis Code/ICD-10
- Applicable Modifiers* *(see listing below)*
- Date(s) of Service (DOS)
- Billed/Claim Amount for Each Service
- Total Charge
- Quantity (days or units)
- Provider Type
- Diagnosis Pointer
- Assignment of Benefit
- Claim Types: Outpatient and Inpatient SA and MH
- Service related to employment or accident (third party liability consideration)?

What are the crisis services billing codes that should be used when submitting a claim?

H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0030	Behavioral health hotline services
H0018	Residential Crisis Treatment
H2011	Crisis intervention service, per 15 minutes

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H2017	Rehab skills building with consumers/collateral around safety planning
T1017	Targeted case management and linkage follow up to assist with the stabilization of the consumer
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention services, per diem
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90839	Psychotherapy for crisis; first 60 minutes

What are the eligible provider types for providing crisis services?

For services to be reimbursed, the claim must be tied to and billed under a licensed provider, with an appropriate modifier. Pre-licensed associates should bill for services under a licensed provider.

Degree/Licensure	HIPAA Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH	Clinical psychologist or
	HP	Doctoral level
Social Worker	AJ	Clinical social worker
Master's Level Counselor	HO	Master's degree level
Clinical nurse specialist/physician assistant	SA TD	Nurse practitioner RN
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification	HF	Substance abuse program
Bachelor's level counselors	HN	Bachelor's degree level
Less than bachelor's level counselors	HM	Less than bachelor's degree level

Questions?

For additional assistance, please call Optum Provider Services at **1-877-614-0484**, Monday through Friday, between **7:00 a.m. and 9:00 p.m. Central Time (CT).**

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