



Mobile Crisis Response Benefit Billing Tip Sheet

Mobile Crisis Service Encounters are billed as a bundled rate which covers all components of the mobile crisis service encounter as defined in [BHIN 23-025](#):

- Initial Face to Face crisis assessment*
- Mobile crisis response*
- Crisis planning* as appropriate or documentation in the member's progress note of the rationale for not engaging in crisis planning.
- Follow-up check-in within seventy-two (72) hours by the mobile crisis team* or documentation in the member's progress note that the member could not be contacted for follow up despite reasonably diligent efforts by the mobile crisis team.

When appropriate, each mobile crisis encounter shall also include:

- Facilitation of warm handoff, if needed
- Referrals to ongoing services, if needed,

**To be reimbursable under Medi-Cal, each mobile crisis encounter shall include the four (4) asterisked (*) components at minimum or documented rationale why it could not be provided/completed.*

The Mobile Crisis Response services shall be provided by a multidisciplinary mobile crisis team which consists of a minimum of two (2) team members who meet the State's required training, with at least one (1) member able to provide a crisis assessment and at least one (1) member trained to administer naloxone. At least one (1) of the members must be a licensed mental health professional, or at minimum, the team should have immediate access via telehealth or telephone to an LMHP.

One (1) claim is submitted per mobile crisis encounter, not per team member, regardless of team composition.

Mobile Crisis Response Services/Encounter **cannot** be billed with the following place of service:

- Inpatient Hospital,
- Inpatient Psychiatric Hospital,
- Emergency Department,
- Residential SUD Treatment and Withdrawal Management Facility Services,
- Mental Health Rehabilitation Center,
- Psychiatric Health Facility (PHF),
- Special Treatment Program (STP),
- Skilled Nursing Facility (SNF),

- Intermediate Care Facility,
- Jails, Prisons, and Juvenile Detention Facilities,
- Other crisis stabilization and receiving facilities (e.g., sobering centers, crisis respite, crisis stabilization units (CSUs), psychiatric health facilities, crisis residential treatment programs, etc.).

A Crisis Assessment entered in “*Assessments*” and the “*Mobile Crisis Response Progress Note*” must both be dated for the date of the actual crisis response and be completed and final approved within twenty- four (24) hours/ one (1) calendar day.

The follow up check-in may be completed separately via a “*Never Billable Information Note*” dated for the actual date of the follow up, however the narrative should reference the actual crisis response date.

Documentation must be entered/signed within twenty- four (24) hours/ one (1) calendar day.

Billing and documentation of services outside of the Bundled Rate:

Services provided outside of the Bundled rate – ie: any follow up case management or peer support services provided outside of the required seventy-two (72) hour follow up – should be claimed as the appropriate billable outpatient service provided and appropriate billing indicators for the place of service where the client is located and billing intensity type (not “Emergency”).

- If the Case Management or Peer Support service provided occurs while the client is in a lockout facility, please refer to the [Billing Lockout Settings and Non-Reimbursable/Reimbursable guide](#).