

		BH Crisis Evaluation (Required of Hospitals) On initial day of readiness (S9485, no modifier)		BH Crisis Management On days subsequent to the initial BH Crisis Evaluation for individuals experiencing a behavioral health crisis in need of ongoing behavioral health crisis supports (S9485-V1 or -V2)		MOUD Induction For initiation of medication for opioid use disorder in the emergency department for MassHealth members who consent to initiation (G2213)	Recovery Support Navigator (RSN) RSN services provided in the emergency department or medical/surgical floors (H2015-HF)	
		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
MassHealth Plans	<b>MassHealth</b> Fee-for-Service (FFS) , <b>including members with Third Party Liability (TPL)</b>	<p>Submit a single institutional (837I) claim with medical charges and BH crisis evaluation (S9485) to MassHealth. S9485 will be reimbursed in addition to the covered outpatient medical charges.</p> <p>There is no limitation within Behavioral Revenue Code 9xx.</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>Submit a professional claim (837P) with S9485 that includes MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges. Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>Submit a single institutional (837I) claim with medical charges and BH crisis evaluation (S9485) to MassHealth. S9485 will be reimbursed in addition to the covered outpatient medical charges. There is no limitation within Behavioral Revenue Code 9xx</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>Submit a professional claim (837P) with either S9485-V1 or -V2 as appropriate for any calendar day. Include MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges. Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>submit a single institutional (837I) claim with medical charges and MOUD induction claim (G2213) to MassHealth. G2213 will be reimbursed in addition to the covered outpatient medical charges.</p> <p>There is no limitation within Behavioral Revenue Code 9xx</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>Submit a single institutional (837I) claim with medical charges and RSN claims (H2015-HF) to MassHealth. H2015-HF will be reimbursed in addition to the covered outpatient medical charges.</p> <p>There is no limitation within Behavioral Revenue Code 9xx</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>	<p>Submit a professional claim (837P) with code H2015-HF. Include MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges. Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.</p> <p>For FFS members with MBHP as their managed care plan, bill MBHP directly for all behavioral health claims. Hospital must be contracted with MBHP.</p>
	<b>Health New England</b>	Claims should be submitted to HNE if service was	Claims should be submitted to HNE if service was performed	Claims should be submitted to HNE if service was performed	Claims should be submitted to HNE if service was performed	Claims should be submitted to HNE if service was performed by the hospital staff or	Claims should be submitted to HNE if service was	Claims should be submitted to HNE if service was performed

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
		<p>performed by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>For hospitals billing for the ED crisis eval, claims should be submitted to the plan using S9485 on the UB 04 claim. There are no revenue code limitations. S9485 is paid the MassHealth per diem rate.</p>	<p>by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>Claims should be submitted to the plan using S9485 on the UB 04 claim. There are no revenue code limitations. S9485 is paid the MassHealth per diem rate.</p>	<p>by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>For hospitals billing for the ED crisis eval, claims should be submitted to the plan using S9485-V1 or -V2 on the UB 04 claim. There are no revenue code limitations. S9485-V1 or -V2 is paid the MassHealth per diem rate.</p>	<p>by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>Claims should be submitted to the plan using S9485-V1 or V2 on the UB 04 claim. There are no revenue code limitations. S9485 is paid the MassHealth per diem rate</p>	<p>subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>For hospitals billing for the ED crisis eval, claims should be submitted to the plan using G2213 on the UB 04 claim. There are no revenue code limitations.</p>	<p>performed by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>For hospitals billing for the ED crisis eval, claims should be submitted to the plan using H2015-HF on the UB 04 claim. There are no revenue code limitations.</p>	<p>by the hospital staff or subcontracted BH staff.</p> <p>There are no revenue code limitations.</p> <p>Claims should be submitted to the plan using H2015-HF on the UB 04 claim. There are no revenue code limitations. S9485 is paid the MassHealth per diem rate</p>
	<p><b>Point 32/Tufts</b></p> <p><b>For ACO and SCO plans</b></p>	<p>Submit a facility claim for procedure code S9485 to Tufts Health Plan. This is limited to 1 unit per day and 1 bill per hospital stay.</p> <p>S9485 cannot be billed on the same DOS as a claim billed</p>	<p>Submit a facility claim for procedure code S9485 to Tufts Health Plan. This is limited to 1 unit per day and 1 bill per hospital stay.</p> <p>S9485 cannot be billed on the same DOS as a claim billed with</p>	<p>Submit a facility claim for procedure code S9485 with modifier V1 or V2 to Tufts Health Plan. This is limited to 1 unit per day.</p> <p>S9485 cannot be billed on the same DOS as a claim billed with</p>	<p>Submit a facility claim for procedure code S9485 with modifier V1 or V2 to Tufts Health Plan. This is limited to 1 unit per day.</p> <p>S9485 cannot be billed on the same DOS as a</p>	<p>Submit a facility claim for procedure code G2213 to Tufts Health Plan. This is limited to 1 unit per day per Member regardless of setting.</p>	<p>Submit a facility claim for procedure code H2015 with modifier HF to Tufts Health Plan. This is limited to 1 bill per calendar day.</p>	<p>Submit a facility claim for procedure code H2015 with modifier HF to Tufts Health Plan. This is limited to 1 bill per calendar day.</p>

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
		with S9485 with V1 or V2 modifiers.	S9485 with V1 or V2 modifiers.	S9485 with no modifiers.	claim billed with S9485 with no modifiers.			
	<b>WellSense/BMC</b>  <b>For ACO and SCO plans</b>	S9485 billed on the OP, one unit per day, no more than one per hospital stay. Submit on an OP institutional claim (837I).	S9485 billed on the OP, one unit per day, no more than one per hospital stay. Submit on a professional claim (837P).	S9485 V1 or V2 modifier, one unit per day. Submit on an OP institutional claim (837I).	S9485 V1 or V2 modifier, one unit per day. Submit on a professional claim (837P).	G2213, one unit per day. Submit on an OP institutional claim (837I).	H2015-TF. Submit on an OP institutional claim (837I).	H2015-TF. Submit on a professional claim (837P).
	<b>Fallon</b>	BH Crisis Evaluations should be rendered in accordance with the Standards for BH Evaluations in the RY24 Acute Hospital RFA (Appendix I). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  This may be billed no more than one unit per day, no more than once per acute hospital stay. The hospital is the billing entity, not the	BH Crisis Evaluations should be rendered in accordance with the Standards for BH Evaluations in the RY24 Acute Hospital RFA (Appendix I). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  This may be billed no more than one unit per day, no more than once per acute hospital stay. The hospital is the billing	BH Crisis Management should be rendered in accordance with the Standards for BH Crisis Management in the RY24 Acute Hospital RFA (Appendix K). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  This may be billed no more than one unit per day. It cannot be billed on the same day as a Behavioral Health Crisis Evaluation. S9485 with V1 cannot be billed on the same	BH Crisis Management should be rendered in accordance with the Standards for BH Crisis Management in the RY24 Acute Hospital RFA (Appendix K). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  This may be billed no more than one unit per day. It cannot be billed on the same day as a Behavioral Health Crisis Evaluation. S9485 with V1 cannot be billed on the same day as S9485	MOUD should be rendered in accordance with the Standards for Initiation of Medication for the Treatment of Opioid Use Disorder in the RY24 Acute Hospital RFA (Appendix M). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04). G2213 is an add-on code to be billed with evaluation and management visit codes used in the ED setting (99281-99285).  MOUD (G2213) is not separately reimbursed when delivered in the medical/surgical setting. The hospital is the billing entity, not the individual provider.	RSN should be rendered in accordance with the Standards for Recovery Support Navigators in the RY24 Acute Hospital RFA (Appendix N). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  RSN services must be billed with the procedure code and modifier. The hospital is the billing entity, not the individual provider.	RSN should be rendered in accordance with the Standards for Recovery Support Navigators in the RY24 Acute Hospital RFA (Appendix N). The claim shall be submitted to Fallon Health and must be billed on the 837I (UB-04).  RSN services must be billed with the procedure code and modifier. The hospital is the billing entity, not the individual provider.

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
		individual provider.	entity, not the individual provider.	day as S9485 with V2. Behavioral Health Crisis The hospital is the billing entity, not the individual provider.	with V2. Behavioral Health Crisis The hospital is the billing entity, not the individual provider.			
	MGB	When a BH provider renders a crisis evaluation in the ED, bill MGBHP on a UB-04 with S9485 (with applicable modifiers) and revenue code 900.	When a BH provider renders in any location at the medical hospital (not in the ED) AND where Optum BH has a facility agreement (with the S9485 as part of their Facility Agreement), then bill Optum in accordance with the Agreement (Generally 900 + S9485) on the UB-04. Where Optum has a group agreement, bill S9485 to Optum on a professional claim form (HCFA-1500). If Optum does not have a facility or group agreement, the facility must contact Optum for a Single Case Agreement.	When a BH provider renders crisis management in the ED, bill MGBHP on a UB-04 with S9485 with a V1 or V2 and revenue code 0900.	When a BH provider renders in any location at the medical hospital (not in the ED), bill S9485 with a V1 or V2 modifier to Optum o AND where Optum BH has a Facility Agreement (with the S9485 as part of their Facility Agreement), then bill Optum in accordance with the agreement (Generally 900 + S9485 + V1 or V2) on the UB-04. Where Optum has a group agreement, bill S9485 and appropriate modifiers to Optum on a professional claim (HCFA-1500). If Optum does not have a Facility or Group Agreement, the facility must	When the ED provider is billing independent of the facility, bill G2213 on a professional claim.  When the ED provider is an employee of the Medical Hospital, bill G2213 on a facility claim using revenue code 0900.	When the BH provider renders RSN services in any location in the medical hospital, bill H2015-HF to Optum on a professional claim.  When the Medical Hospital bills for RSN on a facility claim, bill H2015-HF to MGBHP using revenue code 0900.	When the BH provider renders RSN services in any location in the medical hospital, bill H2015-HF to Optum on a professional claim.  When the Medical Hospital bills for RSN on a facility claim, bill H2015-HF to MGBHP using revenue code 0900.

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
					contact Optum for a Single Case Agreement.			
	<b>MBHP</b>  Behavioral health benefit for: <ul style="list-style-type: none"><li>• PCC Plan</li><li>• C3</li><li>• Steward</li></ul>	S9485 can be billed on a HCFA 1500 or a UB04 but MBHP prefers providers use a HCFA 1500. There are no revenue code limitations however, the HCPCS Level II is needed on the claim.  When using a HCFA 1500 form, crisis evaluations should be billed with HCPCS S9485 with place of service code 23 (Emergency Department), 1 Unit = 1 day, maximum 1 unit per day.	Submit a professional claim (837P) with S9485 that includes MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges.  Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.	S9485 can be billed on a HCFA 1500 or a UB04 but MBHP prefers providers use a HCFA 1500. There are no revenue code limitations however, the HCPCS Level II is needed on the claim.  When using a HCFA 1500 form, crisis evaluations should be billed with HCPCS S9485 with place of service code 23 (Emergency Department), 1 Unit = 1 day, maximum 1 unit per day.	Submit a professional claim (837P) with either S9485-V1 or -V2 as appropriate for any calendar day. Include MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges.  Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.	G2213 can be billed on a HCFA 1500 or a UB04 but MBHP prefers providers use a HCFA 1500. There are no revenue code limitations however, the HCPCS Level II is needed on the claim.  When using a HCFA 1500 form, crisis evaluations should be billed with HCPCS S9485 with place of service code 23 (Emergency Department), 1 Unit = 1 day, maximum 1 unit per day.	H2015-TF can be billed on a HCFA 1500 or a UB04 but MBHP prefers providers use a HCFA 1500. There are no revenue code limitations however, the HCPCS Level II is needed on the claim.  When using a HCFA 1500 form, crisis evaluations should be billed with HCPCS S9485 on a HCFA 1500 form with place of service code 23 (Emergency Department), 1 Unit = 1 day, maximum 1 unit per day.	Submit a professional claim (837P) with code H2015-HF. Include MassHealth INPT (provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges. Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.
	<b>Senior WholeHealth</b>	Submit a single institutional (837I/UB-04) claim with BH crisis evaluation (S9485) with revenue code	Submit a single institutional (837I/UB-04) claim with BH crisis evaluation (S9485) with revenue code 0900. Providers	Submit a single institutional (837I/UB-04) claim with BH crisis management (S9485 V1 or S9485	Submit a single institutional (837I/UB-04) claim with BH crisis management (S9485 V1 or S9485 V2) with revenue code 0900.	Submit a single institutional (837I/UB-04) claim with MOUD Induction (G2213) with revenue code 0900.	Submit a single institutional (837I/UB-04) claim with RSN (H2015-HF) with revenue code 0900.	Submit a single institutional (837I/UB-04) claim with RSN (H2015-HF) with revenue code 0900.

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
		<p>0900. Providers may bill for no more than one unit per day, no more than once per acute hospital stay.</p> <p>S9485, without a modifier, cannot be billed on the same date of service as Behavioral Health Crisis Management Services (S9485, with modifier V1 or V2).</p>	<p>may bill for no more than one unit per day, no more than once per acute hospital stay.</p> <p>S9485, without a modifier, cannot be billed on the same date of service as Behavioral Health Crisis Management Services (S9485, with modifier V1 or V2).</p>	<p>V2) with revenue code 0900.</p> <p>S9485, without a modifier, cannot be billed on the same date of service as Behavioral Health Crisis Management Services (S9485, with modifier V1 or V2).</p>	<p>S9485, without a modifier, cannot be billed on the same date of service as Behavioral Health Crisis Management Services (S9485, with modifier V1 or V2).</p>	<p>Bill no more than one unit per day of the following when the service is provided in the ED:</p> <ul style="list-style-type: none"><li>The G2213 add-on code can be billed for initiating buprenorphine in the ED for individuals who have signs or symptoms of untreated opioid use disorder.</li><li>G2213, no modifier, may be billed no more than one unit per day, per Member, regardless of setting.</li></ul>		
	UnitedHealthcare	<p>S9485 should be used for crisis interventional mental health services, per diem.</p>	<p>S9485 should be used for crisis interventional mental health services, per diem.</p>	<p>S9485 with a V1 or V2 modifier should be billed no more than one unit per day. Modifier V1 should be used for the provision of BH Crisis Management Services, in accordance with Operational Standards for BH Crisis Management Services for members requiring ongoing safety monitoring without</p>	<p>S9485 with a V1 or V2 modifier should be billed no more than one unit per day. Modifier V1 should be used for the provision of BH Crisis Management Services, in accordance with Operational Standards for BH Crisis Management Services for members requiring ongoing safety monitoring without the</p>	<p>The G2213 add-on code can be billed for initiating buprenorphine in the ED for individuals who have signs or symptoms of untreated opioid use disorder. The G2213 add-on code must be billed in addition to evaluation and management in the ED setting of the patient’s presenting condition.</p>	<p>H2015-HF is billable in the ED setting.</p>	<p>H2015-HF is billable in the medical/surgical setting.</p>

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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
				the need for active safety interventions on the billing calendar day.  Modifier V2 should be used for the provision of BH Crisis Management Services, in accordance with Operational Standards for BH Crisis Management Services for members requiring active staff safety monitoring and intervention to prevent, or respond to, attempts of self-injury or aggression in the hospital on the billing calendar day (i.e, arms-length 1:1 safety observation or interventions of equal or higher intensity).	need for active safety interventions on the billing calendar day.  Modifier V2 should be used for the provision of BH Crisis Management Services, in accordance with Operational Standards for BH Crisis Management Services for members requiring active staff safety monitoring and intervention to prevent, or respond to, attempts of self-injury or aggression in the hospital on the billing calendar day (i.e, arms-length 1:1 safety observation or interventions of equal or higher intensity).			
	MassHealth Limited	For MassHealth Limited, submit a single institutional (837I) claim to MassHealth with	For MassHealth Limited, submit a professional claim (837P) that includes MassHealth INPT	For MassHealth Limited, submit a single institutional (837I) claim to MassHealth with	For MassHealth Limited, submit a professional claim (837P) that includes MassHealth INPT	Not covered	Not covered	Not covered



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		ED-Based	Med/Surg	ED-Based	Med/Surg	ED-Based only	ED-Based	Med/Surg
		medical charges and BH crisis evaluation (S9485) to MassHealth.  S9485 will be reimbursed in addition to the covered outpatient medical charges. There is no revenue code limitation for S9485.	(provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges.  Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.	medical charges and BH crisis evaluation (S9485) to MassHealth.  S9485 will be reimbursed in addition to the covered outpatient medical charges. There is no revenue code limitation for S9485.	(provider type 70) provider ID and Service Location, in addition to institutional (837I) claim with ED and INPT charges.  Exclude from any facility/institutional claim (including Claim Types I and A) that the Hospital submits for the member’s stay.			
Medicare-only		Hospital providers should bill MBHP under the uninsured group number. Hospitals do not need contract with MBHP to bill for Medicare-only patients.	Hospital providers should bill MBHP under the uninsured group number. Hospitals do not need contract with MBHP to bill for Medicare-only patients.	Not currently a service eligible for payment	Not currently a service eligible for payment	Not currently a service eligible for payment	Not currently a service eligible for payment	Not currently a service eligible for payment
Uninsured (with no MassHealth Limited coverage)		Hospital providers should bill MBHP under the uninsured group number. Hospitals do not need contract with	Hospital providers should bill MBHP under the uninsured group number. Hospitals do not need contract with MBHP to	Hospital providers should bill under Health Safety Net	Hospital providers should bill under Health Safety Net	Not currently a service eligible for payment	Not currently a service eligible for payment	Not currently a service eligible for payment



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