

## Medical Necessity Guidelines: Mobile Crisis Intervention (MCI): Massachusetts Products

Effective: October 16, 2019

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607      *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Mobile Crisis Intervention is the youth-serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention will provide a short term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. This service is provided 24 hours a day, 7 days a week.

Coverage for services is available to children and adolescents that meet the following medical necessity criteria until the Member’s 19th birthday. Tufts Health Plan will continue coverage for services for members age 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

The service includes: A crisis assessment; development of a risk management/safety plan, if the youth/family does not already have one; up to 7 days of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For youth who are receiving Intensive Care Coordination (ICC), Mobile Crisis Intervention staff will coordinate with the youth’s ICC care coordinator throughout the delivery of the service. Mobile Crisis Intervention also will coordinate with the youth’s primary care physician, any other care management program, or other behavioral health providers providing services to the youth throughout the delivery of the service.

## CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize Mobile Crisis Intervention when **ALL** of the following criteria are met:

1. The youth must be in a behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage. For youth in ICC, efforts by the care coordinator and Care Plan Team (CPT) to triage and stabilize the crisis have been insufficient to stabilize the crisis and ESP/Mobile Crisis Intervention has been contacted.
2. Immediate intervention is needed to attempt to stabilize the youth's condition safely in situations that do not require an immediate public safety response.
3. The youth demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community.
4. The youth is under age 19.

### **In addition to the above, at least one of the following must be present:**

1. The youth demonstrates suicidal/assaultive/destructive ideas, threats, plans, or actions that represent a risk to self or others.
2. The youth is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of services.

### **In addition to the above, at least one of the following must be present:**

1. The youth is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.
2. The demands of the situation exceed the parent's/guardian's/caregiver's strengths and capacity to maintain the youth in his/her present living environment and external supports are required.

Tufts Health Plan will no longer authorize continuation of Mobile Crisis Intervention services when **ANY** of the following criteria are met:

1. The crisis assessment and other relevant information indicate that the youth needs a more (or less) intensive level of care and Mobile Crisis Intervention has facilitated transfer to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.
2. The youth's physical condition necessitates transfer to an inpatient medical facility and the Mobile Crisis Intervention provider has communicated the youth risk management/safety plan to the receiving provider.
3. Consent for treatment is withdrawn and there is no court order requiring such treatment.

*\*Please note that Psychosocial, Occupational, and Cultural and Linguistic factors may change the risk assessment and should be considered when making level-of-care decisions.*

## LIMITATIONS

Tufts Health Plan will not cover Mobile Crisis Intervention if consent for an evaluation and mobile crisis intervention services is refused.

Coverage for services is available to children and adolescents that meet the foregoing medical necessity criteria until the Member's 19th birthday. Tufts Health Plan will continue coverage for services for members age 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

## CODES

The following HCPCS code(s) are associated with Mobile Crisis Intervention:

**Table 1: HCPCS Codes**

HCPCS Code	Description
H2011	Crisis intervention service, per 15 minutes

Please refer to the [Inpatient and Intermediate Behavioral Health/Substance Use Disorders Facility Payment Policy](#) for more information regarding billing of these services.

## REFERENCES

1. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth criteria for coverage of In-Home Therapy Services. Accessed at [mass.gov/files/documents/2016/07/tk/mnc-mobile-crisis-intervention.pdf](https://www.mass.gov/files/documents/2016/07/tk/mnc-mobile-crisis-intervention.pdf), last accessed January 4, 2019.

## APPROVAL HISTORY

January 9, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC).

Subsequent endorsement date(s) and changes made:

- April 17, 2019: Reviewed at IMPAC. Approved, effective July 1, 2019
- October 16, 2019: Reviewed by IMPAC, renewed without changes

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

[Provider Services](#)