

DWIHN
Intensive Crisis Stabilization Services - ADULT
Rate Sheet Effective 04/01/2024 v2

These services are limited to those Providers who are Certified by MDHHS to participate in the Intensive Crisis Stabilization Service demonstration. We have added the local modifiers "TG" and "TF" to S9484 to pay an enhanced rate for the first six (6) hours of S9484 services. The provider is required to report all units of S9484, including those with the "TF" modifier. If all claims with the TF modifier are not reported, then the DWIHN cost per unit reported to MDHHS will be inaccurate. For Mobile Crisis services report the state required modifier "HT" along with the staff credential modifier. In addition to the billing modifiers listed below, you may also report any appropriate "informational" modifiers. For example, other "informational" modifiers include "HH - Co-Occurring Mental Health and Substance Abuse".

Code_Description	Modifiers	FeeScheduleNotes	UnitType	UnitRate
H2011 - Crisis Intervention Services	HT;AF	Mobile Crisis; Specialty Physician/ Psychiatrist	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;AG	Mobile Crisis; Physician	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;AH	Mobile Crisis; Clinical Psychologist	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;HN	Mobile Crisis; Bachelor's Level	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;HO	Mobile Crisis; Master's Level	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;HP	Mobile Crisis; Doctoral Level	15 Minutes	\$40.23
H2011 - Crisis Intervention Services	HT;TD	Mobile Crisis; Registered Nurse	15 Minutes	\$40.23
S9484 - Intensive Crisis Stabilization Team Service	TG	Intensive Crisis Stabilization, first 6 hours (maximim).	Hour	\$131.92
S9484 - Intensive Crisis Stabilization Team Service	TF	Intensive Crisis Stabilization, hours greater than 6 hours.	Hour	\$0.01
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AF	PAR/ Inpatient Screening; Specialty Physician/ Psychiatrist.	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AF;PS	PAR Re-Assessment; Specialty Physician; Psychiatrist.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AG	PAR/ Inpatient Screening; Physician	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AG;PS	PAR Re-Assessment; Physician.	Encounter	\$176.34

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T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AH	PAR/ Inpatient Screening; Clinical Psychologist	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	AH;PS	PAR Re-Assessment; Clinical Psychologist.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HN	PAR/ Inpatient Screening; Bachelor's Level	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HN;PS	PAR Re-Assessment; Bachelor's Level.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HO	PAR/ Inpatient Screening; Master's Level	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HO;PS	PAR Re-Assessment; Master's Level.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HP	PAR/ Inpatient Screening; Doctoral Level	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	HP;PS	PAR Re-Assessment; Doctoral Level.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	SA	PAR/ Inpatient Screening; PA, NP, CNS	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	SA;PS	PAR Re-Assessment; PA, NP, CNS.	Encounter	\$176.34
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	TD	PAR/ Inpatient Screening; Registered Nurse	Encounter	\$352.67
T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization	TD;PS	PAR Re-Assessment; Registered Nurse.	Encounter	\$176.34
T2003 - Non-Emergency Transportation; Encounter/Trip. Refer to code descriptions.	N/A	Non-Emergency Transportation	Encounter	\$97.10