



June 10, 2022

Web Announcement 2803

Attention Certified Community Behavioral Health Centers (CCBHCs):

Bill with Place of Service Code 15 for Mobile Crisis Services

Certified Community Behavioral Health Centers (provider type 17 Special Clinics specialty 188 CCBHC) must bill with place of service code 15 for mobile crisis services provided outside the provider’s clinic.

Place of service code 15 must be entered on the H2011 shadow billed service line detail as shown below in the Service #2 section.

Providers are reminded to include modifier Q2 as the primary on shadow billed service line details. Please note, if any additional modifiers are appropriate for the code being billed, the additional modifiers must be included in the secondary or tertiary fields.

CCBHC providers are also reminded to ensure they are reporting usual and customary charges for each shadow billed service line detail. Providers must bill for the appropriate number of units, based upon the time spent providing these services, for any shadow billed codes.

Service Details							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	03/10/2022	03/10/2022	11-Office	T1040-COMM BH CLINIC SVC PER DIEM	\$243.60	1.000 Unit	Remove
<p>1 *From Date 03/10/2022 To Date 03/10/2022 *Place of Service 11-Office EMG</p> <p>*Procedure Code T1040-COMM BH CL Modifiers *Diagnosis Pointers 1</p> <p>*Charge Amount 243.60 *Units 1.000 *Unit Type Unit EPSDT Family Plan</p> <p>Clia Number</p> <p>Rendering Provider ID ID Type</p> <p>Rendering Provider Service Location</p> <p>Referring / Ordering Provider ID ID Type Ordering Provider Yes No</p>							
NDCs for Svc. # 1							
<p>Save Reset Cancel</p>							
2	03/10/2022	03/10/2022	15-Mobile Unit	H2011-CRISIS INTERVEN SVC, 15 MIN	\$300.00	12.000 Unit	Remove
<p>2 *From Date 03/10/2022 To Date 03/10/2022 *Place of Service 15-Mobile Unit EMG</p> <p>*Procedure Code H2011-CRISIS INTE Modifiers Q2-DEMO PRI *Diagnosis Pointers 1</p> <p>*Charge Amount 300.00 *Units 12.000 *Unit Type Unit EPSDT Family Plan</p> <p>Clia Number</p> <p>Rendering Provider ID ID Type</p> <p>Rendering Provider Service Location</p> <p>Referring / Ordering Provider ID ID Type Ordering Provider Yes No</p>							