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ALL PLAN LETTER

DATE: March 21, 2025

TO: All Commercial Full-Service Health Care Service Plans and Behavioral Health Care Service Plans¹

FROM: Sarah Ream
Chief Counsel

SUBJECT: APL 25-006: Health plan coverage of mobile crisis services

This APL provides guidance regarding the obligations of health plans related to behavioral health crisis services provided to an enrollee by a 988 center or mobile crisis team.

I. Background

Per Assembly Bill 988 (Bauer-Kahan, Ch. 747, Stats. 2022), health plans must cover mental health and substance use disorder treatment (MH/SUD) provided to an enrollee by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider. The plan must cover the services without prior authorization until the point of stabilization. If the covered services are received out-of-network, the enrollee is not required to pay more than the cost sharing the enrollee would pay if the services were received from an in-network provider. The provisions of the bill and prior DMHC guidance can be found in [APL 22-031](#).

AB 118 (Committee on Budget, Ch. 42, Stats. 2023) made changes to AB 988 (Bauer-Kahan, Ch. 747, Stats. 2022) with respect to terminology, utilization management for poststabilization care, and reimbursement procedures. The provisions of the bill and guidance can be found in [APL 23-2025](#).

This APL outlines the necessary information a provider must collect and include in their claims for reimbursement, the applicable codes, a list of eligible providers, and instructions for submission. While AB 988 has been in effect since 2022, the DMHC continues to hear concerns from behavioral health providers and consumer advocates

¹This APL applies to all plans that cover mental health and substance use disorder treatment. This APL does not apply to dental plans, vision plans, acupuncture/chiropractic plans, Medicare Advantage plans, Employee Assistance Program (EAP) plans or Medi-Cal products.

about the lack of clarity in reimbursement for behavioral health crisis services provided to commercial health plan enrollees by county and/or community-based providers.

II. Required Information to be Included in the Provider's Claim

If a 988 center or mobile crisis team provides mobile crisis services to a health plan enrollee and the provider includes in its claim the information identified below, the DMHC expects the health plan will timely pay the claim in accordance with existing law.

- Line of Business (Commercial, Medi-Cal, Medicare)
- Required Enrollee² Data:
 - Enrollee Name (Last, First, Middle Initial)
 - Enrollee ID Number
 - Enrollee DOB (preferred if can provide)
 - Enrollee Address (street address, city, state, zip code)
 - Relationship to Insured (if not the enrollee)
- Required Subscriber Data (if the enrollee isn't also the subscriber):
 - Subscriber Name (Last, First, Middle Initial)
 - Subscriber DOB
 - Subscriber Address (street address, city, state, and zip code)
 - Subscriber Insurance Plan Name or Program Name

Optional – Secondary Coverage Info (same fields as for Subscriber/Insured)

- Required Provider Data
 - Rendering Provider Name
 - Billing Provider Name
 - Billing Provider Mailing Address
 - Rendering Address (if different than billing address)
 - Phone Number
 - TIN
 - NPI: Include rendering and billing provider and service facility (if applicable)
 - Provider Taxonomy Code: Include rendering and billing provider
 - Provider signature (if applicable)
 - Supervising provider information (if applicable)

² Enrollee, health plan member, and patient have the same definition for purposes of claim submission.

- Required Claim/Service Data
 - Place of Service Code
 - CPT/Rev Code/HCPCS
 - Diagnosis Code/ICD-10
 - Applicable Modifiers* (see listing below)
 - Date(s) of Service (DOS)
 - Billed/Claim Amount for Each Service
 - Total Charge
 - Quantity (days or units)
 - Provider Type
 - Diagnosis Pointer
 - Assignment of Benefit
 - Claim Types: Outpatient and Inpatient SA and MH
 - Service related to employment or accident? (third party liability consideration)

III. Billing Code Examples

The chart below includes examples of billing codes for behavioral health crisis services. The billing codes included in the charts are not intended to be a complete list of qualifying codes.

Reimbursable Billing Codes for Crisis Services

CPT/HCPCS	Description
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0030	Behavioral health hotline services
H0018	Residential Crisis Treatment
H2011	Crisis intervention service, per 15 minutes
H2017	Rehab skills building with consumers/collateral around safety planning
T1017	Targeted case management and linkage follow up to assist with the stabilization of the consumer
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention services, per diem
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90839	Psychotherapy for crisis; first 60 minutes

CPT/HCPCS	Description
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)
G0544	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, per calendar month
G0560	Safety planning interventions, each 20 minutes
REV 900/S9484	Crisis intervention mental health services, per hour
REV 900/S9485	Crisis intervention mental health services, per diem

Eligible Provider Types

For services to be reimbursed, the claim must be tied to and billed under a licensed provider, with an appropriate modifier. Pre-licensed associates shall bill for services under a licensed provider, in accordance with existing law and procedures.

Degree/Licensure	HIPAA Modifier	HIPAA Modifier Description
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH HP	Clinical psychologist or Doctoral level
Social Worker	AJ	Clinical social worker
Master's Level Counselor	HO	Master's degree level
Clinical nurse specialist/physician assistant	SA TD	Nurse practitioner RN
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification	HF	Substance abuse program
Bachelor's level counselors	HN	Bachelor's degree level
Less than bachelor's level counselors	HM	Less than bachelor's degree level

If you have questions regarding this APL, please contact your health plan's assigned reviewer in the DMHC's Office of Plan Licensing.