



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Health Maintenance Organization/Managed Care Organization;
Mobile Crisis Outreach Response Team (MCORT) Providers –
For Action

SUBJECT: Billing Procedures for New Jersey Medicaid/NJ FamilyCare
Consumers

EFFECTIVE: March 3, 2025, and beyond

PURPOSE: To inform MCORT providers of their obligation to submit claims for
Medicaid members receiving mobile crisis services with dates of
service on or after March 3, 2025.

BACKGROUND: DMHAS has developed a statewide Mobile Crisis program to provide
in-person response for adults (18 or older) who contact the 988 Suicide & Crisis Lifeline.
MCORT will respond to non-life-threatening mental health, substance use and suicidal
crises in the community.

Referrals to MCORT will be made by 988 Suicide and Crisis Lifeline counselors, when
indicated, following an assessment of an individual in crisis. Once fully operational, the
program will be available 24 hours a day, every day of the year, statewide. MCORTs are
designed to include a two-member onsite team (a trained peer support specialist and a
bachelor's level mental health professional) who are available to respond in-person, and
a master's level professional who provides clinical backup from a remote location.
MCORT staff will help to de-escalate crises and stabilize individuals in the community,
then make referrals to appropriate community services. MCORT will be dispatched
without law enforcement whenever it is deemed safe to do so.

Providers will be selected and awarded to serve as an MCORT provider by the Division
of Mental Health and Addiction Services. MCORT providers will be enrolled as a home
care Medicaid provider with a specialty in out-of-home crisis stabilization services.

ACTION: For claim service dates on or after March 3, 2025, individuals who have
received MCORT services must have their Medicaid eligibility status verified. Claims for
individuals found to have Medicaid eligibility must be submitted via CMS 1500 form.

Providers are required to report the appropriate service code and service code/modifier combination to identify the service provided, and the highest-level provider type rendering the service as indicated below.

Procedure (Service) Code	H2011
Service Code Modifiers	<i>Initial Crisis Stabilization</i> Master's Degree: HE HO Bachelor's Degree: HE HN <i>Follow up Stabilization Management</i> Master's Degree: HO TS Bachelor's Degree: HN TS
Purpose	Mobile/Crisis Response Stabilization
Provider Type	44
Provider Specialty	893 – Out of Home Crisis Stabilization Services

This code and modifiers are time-based in 15-minute increments. The maximum allowable time is 14 units or 3.5 hours per service date. If the episode spans consecutive service days, a separate claim should be submitted for each day.

Billing Scenarios:

- MCORT arrives at the member's location at 11pm on a Wednesday. The episode continues until 3:30am on Thursday, spanning two claim dates. The peer and the bachelor's level counselor are on site, and the master's level clinical supervisor provides 30 minutes of telehealth consultation on Wednesday.

Appropriate billing example: (with 14-unit maximum):

- Wednesday:
 - Bill four (4) units for initial crisis stabilization using procedure code/modifiers H2011 HE HN because the bachelor's level clinician was the highest-level provider on site.
- Thursday:
 - Bill six (6) units for initial crisis stabilization, using procedure code/modifiers H2011 HE HN) because the bachelor's level clinician was the highest-level provider on site.
 - Bill two (2) units for initial crisis stabilization, using procedure code/modifiers H2011 HE HO for the master's level telehealth clinical supervision.
- MCORT arrives on a Saturday evening at the member's location to deliver 3.5 hours of service, including thirty (30) minutes via telehealth with the Master's level clinical supervisor. During this consultation, the decision was made that the bachelor's level provider would return alone later Sunday afternoon to deliver one (1) additional service hour for stabilization management.

Appropriate billing example (with 14-unit maximum):

- Saturday:
 - Bill eight (8) units on Saturday for initial crisis stabilization, procedure code/modifiers H2011 HE HN because the bachelor's level clinician was the highest-level provider on site.
 - Bill two (2) units for initial crisis stabilization, procedure code/modifiers H2011 HE HO for the master's level telehealth clinical supervision.
- Sunday:
 - Bill four (4) units on Sunday for follow up stabilization management, procedure code/modifiers H2011 HN TS by the bachelor's level provider.

Program Revenue:

Providers will not receive payment. Funds will be redirected to the state budget, as this initiative is designed to fund and support state organizations and programs that provide critical behavioral health and crisis-based services to New Jersey consumers.

If you have any billing questions related to this Newsletter, please contact Gainwell Technologies Provider Services at 1-800-776-6334.

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