

Benefit Policy: Behavioral Health Crisis Services

Benefit Intent Policy BI-003

Effective 08/11/2025

Revision/Last Review: 09/30/2025



Mandated Benefit Policy

Policy Number: 003

BEHAVIORAL HEALTH CRISIS SERVICES	
Health and Safety Code Sections: 1374.724	Insurance Code Sections: 10144.57
DMHC Implementing Guidance: <u>APL 25-006</u>	
Original effect date:	Revision date:
08/11/2025	08/11/2025

Market Segment (Line of Business)	Medical Plan Types: In-Network Providers	Product Types:
Individual Family Plans-On & Off Exchange Small Business – Covered California On & Off Exchange Large Group	HMO EPO PPO POS PSP	
Regulator:	Funding:	Grandfather Plan Status:
Department of Managed Healthcare (DMHC) California Department of Insurance (CDI)	Fully Insured Flex Funded	Grandfathered Plans Non-Grandfathered Plans

Policy Purpose

This Blue Shield of California Behavioral Health Crisis Services Mandated Benefit Policy ("Policy") follows the State of California statutory mandated benefits requirements of the Health and Safety Code and Insurance Code provisions referenced above ("State Law"). State Law mandates coverage of medically necessary treatment for a mental health or substance use disorder, including behavioral health crisis services¹ provided by a 988 center, mobile crisis team, or other provider of behavioral health crisis services, regardless of whether the behavioral health crisis service is provided by an in-network or out-of-network provider. For out-of-network services, coverage must be provided at the in-network cost sharing amount. Out-of-network providers are prohibited from balance billing enrollees. In addition, coverage for behavioral health crisis stabilization services² must be provided without prior authorization. This Policy documents Blue Shield's benefit coding requirements for claims adjudication in accordance with this mandate.

Blue Shield will use industry standard codes (CPT, HCPCS, ICD10 DX and Revenue Codes) from Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and Current Procedural Terminology (CPT) to identify facility and professional claims that are subject to this mandate. This Policy documents the codes that Blue Shield has identified as being specific to behavioral health crisis services, which are listed in the table below. Blue Shield will use these codes to identify claims that are subject to this mandate, including for purposes of applying in-network cost sharing to out-of-network claims for behavioral health crisis services.

This Policy is also intended to communicate Blue Shield's coding requirements to providers so that, when applicable, they can submit benefit claims with accurate procedure codes specific to behavioral health crisis services. Treating providers must submit all requests for claims payment that are within the scope of the mandate using accurate procedure codes specific to behavioral health crisis services. For Blue Shield to apply mandated cost sharing, the treating provider must include the appropriate procedure codes as set forth in this Policy.

¹ "Behavioral health crisis services" is defined by State Law to mean the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs of those with a mental health or substance use disorder crisis that are wellness, resiliency, and recovery oriented. These include, but are not limited to, crisis intervention, including counseling provided by 988 centers, mobile crisis teams, and crisis stabilization services.

² "Behavioral health crisis stabilization services" is defined by State Law to mean the services necessary to determine if a behavioral health crisis exists and, if a behavioral health crisis does exist, the care and treatment that is necessary to stabilize the behavioral health crisis within the capability of the 988 center, mobile crisis team, or other provider of behavioral health crisis services.

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This Policy is limited to addressing Blue Shield’s claims coding requirements for claims for behavioral health crisis services. It does not address every aspect of benefit eligibility, coverage, or the claims adjudication process, and there may be other policies and requirements applicable to claims for behavioral health crisis services.

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State Law requires Blue Shield to cover medically necessary behavior health crisis services when provided by a 988 center, mobile crisis team, or other provider of behavioral health crisis services, regardless of network status. Blue Shield is required to apply the same cost share (copayment, coinsurance, and deductible) for out-of-network providers as applied for in-network providers.

Blue Shield has identified the following procedure codes as specific to the behavioral health crisis services that are within the scope of this State Law mandate when billed under a licensed or certified healthcare provider within the provider’s authorized scope of practice and in accordance with other applicable requirements of the member’s benefit plan. Providers must submit claims for behavioral health crisis services using these codes for Blue Shield to process the claims in accordance with the requirements of this mandate.

CPT/HCPCS	CPT/HCPCS Code Description	CPT/HCPCS	CPT/HCPCS Code Description
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 personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan:

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S9484	Crisis intervention mental health services, per hour	S9485	Crisis intervention mental health services, per diem
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	H0030	Behavioral health hotline service
H2011	Crisis intervention service, per 15 minutes	90839	Psychotherapy For Crisis; First 60 Minutes
0900	Behavioral Health Treatments/Services (also see 091X, an extension of 090X)- General Classification (<i>when billed by a facility with any of the identified crisis procedure codes in this policy</i>)	90840	Psychotherapy For Crisis; Each Additional 30 Minutes (List separately in addition to code for primary service)

Resources

- American Medical Association

<http://www.ama-assn.org/ama>

- Centers for Medicare & Medicaid Services

<http://www.cms.gov/>

- *Assembly Bill 988 (2022)*
- *Assembly Bill 118 (2023)*
- *Health and Safety Code: 1374.724*
- *Insurance Code: 10144.57*

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Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Benefit Policy.

Effective Date	Action	Reason
08/11/2025	New Policy Adoption	Benefit policy created
09/30/2025	Verbiage update	Review

This Policy documents Blue Shield of California’s benefit policy and claims coding requirements for compliance with the identified legal mandate. Other factors may also impact benefit coverage, and this Policy is not a guarantee of coverage. All terms and conditions of a member’s benefit plan apply for purposes of determining eligibility and coverage for benefits addressed in this Policy. This Policy is subject to change based on changes in applicable law, regulations, or other legal guidance; as new information becomes available; or for other reasons as determined by Blue Shield.