

March 2, 2020

## Provider Memorandum

### Impacted Claims for Mobile Crisis Response (MCR) - S9484

On December 17, 2019, the Illinois Department of Healthcare and Family Services (HFS) issued a provider notice stating that providers, whose claims had not been paid at the accurate rate per the revised Community-Based Behavioral Services Fee Schedule, could submit corrected claims via 837P electronic transactions for procedure code S9484 retroactive to dates of service beginning August 1, 2018.

This notice is to ensure providers receive the recent updated rates for all previously billed MCR services. **Providers must rebill all corrected claims by April 6, 2020.** Correct billing will need to follow the HFS Fee Schedule to include the appropriate modifier to drive the correct updated rate.

Service	Procedure Code	Modifier
Mobile Crisis Response	S9484	HN
Mobile Crisis Response-Team	S9484	HT

All impacted claims will be re-adjudicated no later than 45 business days following receipt. You will initially receive a timely filing denial which will be reprocessed on your behalf without any additional intervention.

Please contact your Provider Service Representative if you have any questions or you may also contact the Provider Services Department at 833-275-6547 or via email at [Provider.Services@nlhpartners.com](mailto:Provider.Services@nlhpartners.com)