Louisiana | Healthy Blue | Medicaid Managed Care

Crisis services: implementation overview

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Behavioral Health Crisis Care for ages 18 and up

- Behavioral Health Crisis Care (BHCC) services are the initial or emergent psychiatric crisis response intended to provide relief, resolution, and intervention through support and services during the first phase of a crisis for adults.
- BHCC centers operate 24/7 as voluntary walk-in centers that provide up to 23 hours of short-term mental health crisis response/intervention in a home-like setting within the community.
- This serves as an alternative to more restrictive settings and enables the member to return home or be transitioned to a higher level of care if the crisis is unable to be resolved. BHCC does not require prior authorization (PA), but care providers need to notify the managed care entity (MCE) when the member presents. If a referral is made from a Community Brief Crisis Support (CBCS) to BHCC, PA is required.

Crisis services: adult and youth

- **Crisis Stabilization (CS):** A 24/7 short-term bed-based crisis treatment that offers an alternative to the more restrictive settings of an emergency room (ER) or hospitalization. This voluntary service is designed to reduce symptoms of a mental illness (MI) and provide crisis relief, resolution, and support to adults and youths.
- **CS** requires concurrent review after the initial 24-hour period based on medical necessity and is intended to provide ongoing access to crisis response services and supports until the crisis is resolved. The **CS** provider must notify the MCE of the member's admission. Referrals to **CS** must be completed by the mobile crisis response (**MCR**), **BHCC**, **CBCS** providers, or assertive community treatment (**ACT**) teams.

Crisis services: adult and youth (cont.)

- **MCR**: an initial intervention for individuals in a self-identified crisis that deploys teams to the individual's location in the community.

- **CBCS**: Ongoing crisis intervention for up to 15 days that is designed to provide community-based stabilization and support following an initial **MCR** intervention or **BHCC**. This ongoing care includes de-escalating behavioral health needs, treatment referrals, and care coordination with local care providers (PA after 16 units).

Authorization and CBCS services

01

CBCS is based on medical necessity, which is determined by an LMHP, P-LMHP, or physician to promote maximum symptom reduction and restoration of the best age-appropriate functional level.

02

CBCS is primarily community-based and delivered individually, on-site, and off-site. It is intended to assure ongoing support until the crisis is resolved or access to alternative behavioral supports/services is available.

03

Staffing requirements include a medical director or prescriber available 24 hours a day, LMHPs, P-LMHPs, and RPSS or RFPSS on duty. Allowed provider types include MH Clinics, Clinic/Group, CSoC /BH, MHR, and Crisis Receiving Center.

CBCS

CBCS services are an ongoing crisis response intended to be rendered for up to 15 days and are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local care providers.
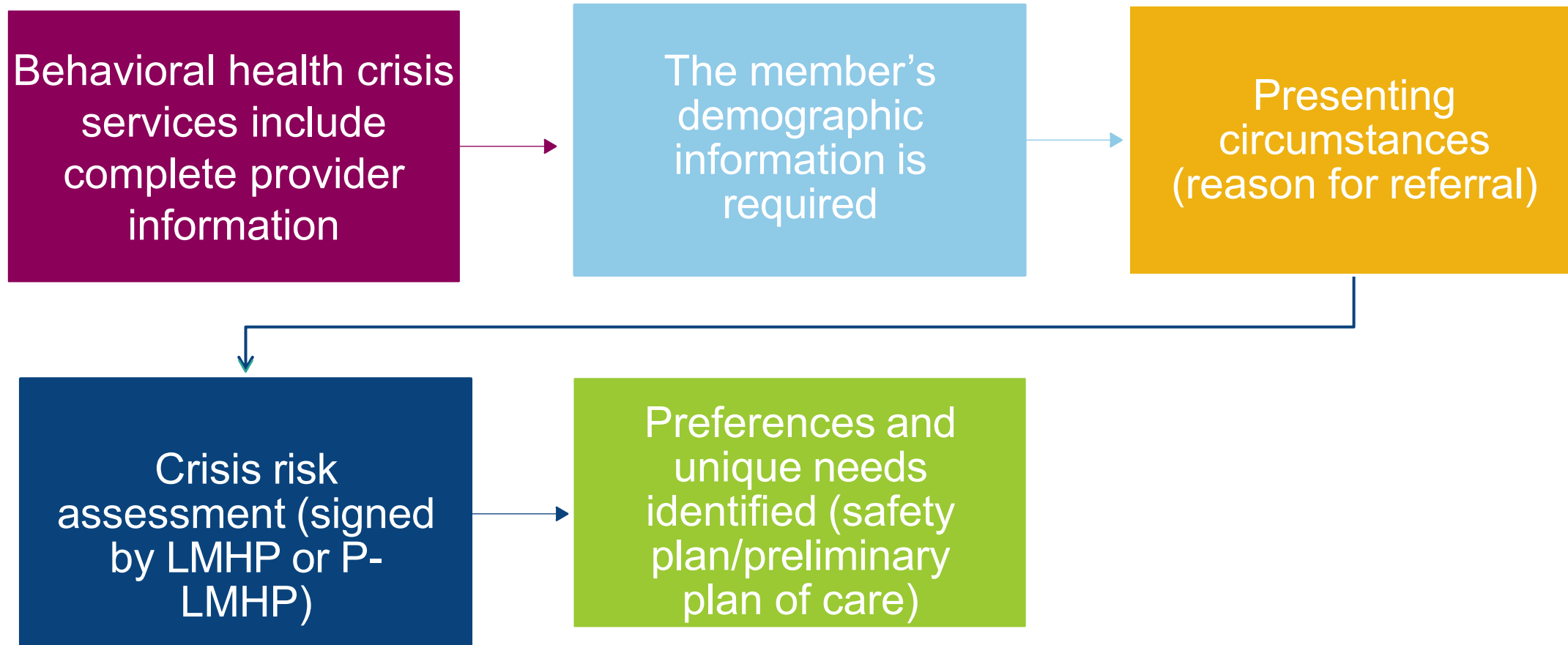
CBCS is a face-to-face, time-limited service provided to a member (and for minors, the member's caregiver) who is experiencing a psychiatric crisis until the crisis is resolved, and the member can return to existing services or be linked to alternative behavioral health services.

Requirements for PA

- Referrals for services occur directly from **MCEs**, **MCR**, **BHCC**, or **CS** providers as needed for ongoing follow-up and care. As determined by the **MCE**, **CBCS** (PA required after 16 units) can also be provided to individuals who have come to the ER for a reason related to emotional distress.

- Eligibility for crisis services is based on "self-identification" that the member is experiencing a crisis. For members under age 18, this includes identification by the minor's caregiver.

- Members are eligible for ongoing crisis services if medical necessity is met and the member is not already linked to an existing mental health rehabilitation (MHR) or ACT provider.

PA documentation

Behavioral health crisis services include complete provider information

The member's demographic information is required

Presenting circumstances (reason for referral)

Crisis risk assessment (signed by LMHP or P-LMHP)

Preferences and unique needs identified (safety plan/preliminary plan of care)

Crisis CPT® codes

- S9485: Mobile crisis response — initial contact
- H2011: Mobile crisis response — telehealth follow-up — TG, 95
- H2011: Mobile crisis response — community-based follow-up — TG, U8
- H2011: Community brief crisis support — HK

Modifiers:
- TG — Used to bill MCR, CBCS (BHCC/CRC) H2011, S9484, S9485
- 95 — Telemedicine
- U8 — Services provided in natural environment
- HK — Specialized mental health programs for high-risk populations
- HA — Child 0-20
- HA — Adult 21 and up

DSM-5 / ICD-10-CM diagnosis codes

- Anxiety disorders
- Depressive disorders
- Mood disorders
- Trauma and stressor-related disorders
- Behavioral and disruptive disorders
- Substance-related disorders
- R codes: R45.0, R45.1, R45.2, R45.3, R45.4, R45.5, R45.6, R45.7, R41.0, R41.1, R41.3, R41.82, R44.0, R44.1, R44.2, R44.3, R44.89, R68.89
- Z codes: Z13.30, Z63.0, Z63.1, Z63.5, Z70.1, Z71.9, Z91.83

Crisis codes

Youth 0-20 HA	Adult 21+ HB
S9485 MCR Initial TG, U8	S9485 MCR Initial TG, U8
H2011 MCR Telehealth TG, 95	H2011 MCR Telehealth TG, 95
H2011 MCR Community Based follow up TG, U8	H2011 MCR Community Based follow up TG, U8
H2011 CBCS HK	H2011 CBCS HK

Crisis codes and modifiers

Youth 0-20 HA	Adult 21+
H0045 HA, Crisis Stabilization	H0045 TG, Crisis Stabilization
	S9484 HK BHCC for BHS provider < four hours /day S9485 HK BHCC for BHS > four hours/day
	S9484 TG BHCC for CRC provider < four hours/day S9485 TG for CRC provider > four hours/day

PA request submission

Send your PA request in one of the following three ways:

- Web: https://Availity.com
- Fax: **844-432-6028**
- Phone: **844-521-6942**

Billing tips and claims submissions

Youth crisis claims tips
- MCR and CBCS (PA after 16 units):
  – Required elements:
    - Age and education modifiers are required.
    - All modifiers listed in the modifier column of the specialized behavioral health services (SBHS) fee schedule (FS) must be present on the claim line, in any order.
- Clean claim submission tips:
  – Per billing guidelines, all telemedicine services must be billed with modifier 95 and the appropriate telemedicine place of service (02 or 10):
    - The rendering provider name and NPI are required when billing for these services.
    - Community-based follow-up MCR services are not reimbursed if the place of service is not community-based.

Billing tips and claims submissions (cont.)

- Mobile crisis response — initial contact:
  - Required claim elements:
    - All modifiers listed in the modifier column of the SBHS FS are required to receive reimbursement, including age modifiers.
  - Clean claim submission tips:
    - Initial contact MCR services are not reimbursed if the place of service is not community-based.
    - Education modifiers are not required.
- Adult crisis claims tips:
  - Required claim elements:
    - All modifiers listed on the adult crisis tab of the specialized SBHS FS are required modifiers.
  - Clean claim submission tips:
    - If more than four hours of BHCC services code S9484 are billed for a member on a single day, the claim will not be accepted, as the maximum reimbursable hours for S9484 are four hours.

Billing guidance

Documentation — Clean claims include all member and care provider information, and accurate service codes.

Correct coding — CPT codes that reflect the service provided.

Timely submission — Submitted within the specified time frame.

Clinical documentation — Supporting documentation and clinical notes that reflect medical necessity.

Billing guidance (cont.)

Only direct, in-person staff time with the member or family members may be billed for the initial response, such as MCR. Family or other individuals may also be involved.

The initial MCR dispatch per diem covers the first 24 hours. Follow-ups within the first 24 hours are included in the per diem. MCR follow-up services can only be billed for any additional follow-up beyond 24 hours and up to 72 hours after dispatch.

Collateral contacts involve communication with family members or other individuals who have a primary relationship with the member receiving treatment and must benefit the member. These contacts are encouraged, included within the rate, and are not billed separately.

Only direct, in-person staff time with the member or family members may be billed for the initial response, such as CBCS. Family or other individuals may also be involved.

CBCS and established behavioral health services may be billed once on the same day to allow for the handoff. Authorization is required after 16 units.
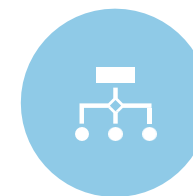
Time spent, including travel, documenting, supervision, and training, has been factored into the indirect unit cost and may not be billed directly.

Authorizations and services

- CS requires concurrent review after the initial 24-hour period based on medical necessity.

- BHCC initial crisis services — No authorization required

- Referral made from CBCS to BHCC — Authorization required

- The per diem for BHCC and community supports (CS) cannot be billed on the same day.

- BHCC can not be billed for consecutive days.

Claims submission process

- **Claims correspondence form:**
  - https://provider.healthybluela.com/docs/gpp/LA_ClaimCorrespondenceForm.pdf?v=202209202134

- **Link to procedure codes/modifiers:**
  - https://www.lamedicaid.com/provweb1/fee_schedules/SBH_Fee.htm

- From https://Availity.com, select **Claims & Payments** from the top navigation. Select **Type of Claim** from the drop-down menu.

Provider education for claims

- Visit https://gateway.on24.com/wcc/eh/3555851/category/111242/ for provider education courses. Select **Launch Provider Learning Hub Now** and select a training course.

- Courses:
  - **Claims: How to Submit Institutional Claims**
    - Learn how to send your organization's UB04 institutional claims using Availity Essentials single claim entry application by taking this on-demand training.
  - **Claims: How to Submit Professional Claims**
    - Learn how to send your organization's CMS-1500 professional claims using Availity Essentials' single claim entry application by taking this on-demand training.
  - **Claims: How to Submit Secondary Claims**
    - Learn how to submit secondary medical claims using Availity Essentials. This course covers the basics of coordination of benefits (COB) claim entry.
  - **Claims: Enhanced Claim Status Training**
    - This on-demand training provides extensive information on claims status results. Your Availity Essentials username and password is required.

Thank you

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