

Adult Crisis Response Services

December 2, 2024



Delivering the Next
Generation
of Health Care

ACLA
Adult Crisis Services
Prior Authorization Guidelines



Services Requiring Notification

- ❑ Prior authorization is not required for Mobile Crisis Response (MCR) Initial, Follow up, and Behavioral Health Crisis Care (BHCC).
- ❑ However, **notification** is required to coordinate care for members following the crisis event.
- ❑ To notify ACLA of MCR or BHCC utilize Initial Crisis Intervention Notification Request Form located at <https://www.amerihhealthcaritasla.com/pdf/provider/resources/forms/initial-crisis-intervention.pdf>

Allowed Modes for Crisis Notification:

- ❑ Phone: 855.285.7466.
- ❑ Fax: 855.301.5356.
- ❑ Provider Portal: <https://navinet.navimedix.com/>

Services Requiring Prior Authorization

Community Brief Crisis Support (CBCS)

❑ Eligibility Criteria

- CBCS must be determined and recommended by an LMHP or physician
- Referral from the MCE, MCR, BHCC, or CS provider.
- Members in crisis who require this service may be using substances during the crisis, and substance use will not disqualify them for eligibility of service.
- Members who self-identify as experiencing a seriously acute psychological/emotional change resulting in marked increase in personal distress and that exceeds member's current abilities and resources, are eligible for ongoing CBCS when medical necessity is met, and member is not linked to an existing MHR or ACT provider.
- Per MCE referral, CBCS can also be provided to member who presents to the emergency department for an emotional distress related reason.

❑ Service Utilization

- Prior authorization is based on medical necessity intended to ensure ongoing access to crisis response services and supports until resolution of crisis, or access to alternative behavioral health supports and services
- Treatment record must reflect relief, resolution and problem solving of the crisis or referral to an alternate provider
- CBCS services rendered up to 15 days, however, additional units may be approved with prior authorization

Services Requiring Prior Authorization

Crisis Stabilization (CS) for Adults

□ Eligibility Criteria

- CS must be determined and recommended by an LMHP or physician
- Referral from the MCR, BHCC, CBCS provider, or ACT teams. Other referrals will be considered on a case-by-case basis.
- Members in mental health crisis, needing immediate intervention to stabilize the situation and whose needs do not meet a higher level of care (i.e. not at medical risk or currently violent.)
- Member must be medically stable.
 - Members with a co-morbid physical condition requiring nursing or hospital care, or a threat to themselves or others, and require inpatient care are not eligible for CS.

□ Service Utilization

- CS is based on medical necessity and requires concurrent review after the initial 24-hour period.
- The CS provider must immediately notify ACLA of the member's admission.
- Member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider.
- The LMHP or psychiatrist must be available during the crisis.
- CS is subject to retrospective review. If available/reviewed documentation does not support the crisis, payment may be subject to recoupment.

Options to Request Prior Authorization

Behavioral Health Utilization Management (available 24/7)

- Phone: 855.285.7466
- Fax: 855.301.5356.
- Provider Portal: www.navinet.net

To request Community Brief Crisis Support, utilize the CBCS Request form at the link below:

<https://www.amerihealthcaritasla.com/pdf/provider/resources/forms/provider-community-brief-crisis-support-request-form.pdf>

To request Crisis Stabilization, utilize the BH Outpatient Treatment Request form at the link below:

<https://www.amerihealthcaritasla.com/pdf/provider/resources/forms/outpatient-treatment-request.pdf>

- All requests must include following at minimum:
 - Member demographic information
 - Name
 - Medicaid/ACLA member ID number
 - Date of Birth
 - Provider information
 - NPI
 - Tax ID
 - Provider name
 - Provider address
 - Dates of Service
 - Units Requested
 - Diagnoses/ICD-10
 - CPT/Procedure Code
 - Any clinical information that justifies medical necessity

Turnaround Times for Adult Crisis Services Determination, Reconsideration, and Appeals

Crisis Services Turnaround Time

- Providers are required to notify ACLA when member presents, or within one business day. Determinations for crisis services that require prior authorization are to be made as expeditiously as the member's condition requires, but no later than one (1) calendar day after obtaining appropriate clinical documentation

Medical Necessity Denial Reconsideration

- Provider has five (5) business days from notification of denial to set up a Peer-to-Peer/Reconsideration and these are addressed within 1 business day from receipt of request.
- Refer to the AmeriHealth Caritas Louisiana Provider Manual on how to file an appeal.
- Ensure that you have, if applicable and you desire to do so, requested a Peer-to-Peer review with the psychologist and/or physician that issued the denial for services.

Appeal Process

- Provider complaint (post service, pre-claim; 30 days from adverse determination)
- A member, or provider on behalf of the member, can appeal an adverse benefit determination within 60 days of the denial notice. AmeriHealth Caritas Louisiana sends a written notice of the Appeal decision to the member and other appropriate parties within five (5) business days of the decision, but not later than thirty (30) days from receipt of the Appeal.
- **Behavioral Health Appeals**
 - Phone: 1-888-913-0362 **Fax:** 1-888-987-5830

BH Crisis Care/Crisis Stabilization Billing Guidelines

December 2, 2024



Define Clean Claim

“Clean claim” means an accepted claim that has no defect or impropriety including any lack of required substantiating documentation or other particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this Subpart.

[Claim Filing Instructions - Providers - AmeriHealth Caritas Louisiana \(amerihealthcaritasla.com\)](http://amerihealthcaritasla.com)

- **Diagnosis, Procedure or Modifier Codes Invalid or Missing** - Coding from the most current coding manuals (ICD10-CM, CPT or HCPCS) is required to accurately complete processing. All applicable diagnosis, procedure and modifier fields must be completed.
- **Place of Service Code Missing or Invalid** – A valid and appropriate two digit numeric code must be included on the claim form. Refer to CMS 1500 coding manuals for a complete list of place of service codes.

Top Claim Denial

ZB4 – Required modifier is missing or invalid

- The **ZB4** denial code is received when billed service(s) require modifier(s) before claim can be considered for correct payment.
- Refer to the SBHFS for the required modifiers for the service(s) be billed.

Louisiana Medicaid link to the SBHFS:

https://www.lamedicaid.com/Provweb1/fee_schedules/SBH_Fee.htm

Behavioral Health Crisis
Care
BHS or CRC License –
S9484
Less than 4 Hours/day

- **CMS 1500**
- **No rendering provider required (24J)**
- **Units= One hour**
- **3 Units per day maximum**

Code	Description	Modifier	Unit
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	One Hour
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	One Hour

Behavioral Health Crisis Care BHS or CRC License – S9485 Per Diem

Code	Description	Modifier	Unit
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR \geq 4 HOURS/DAY) - <i>Effective 12/1/22</i>	HK	Per Diem
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR \geq 4 HOURS/DAY) - <i>Effective 12/1/22</i>	TG	Per Diem

- CMS 1500 claim form required
- No rendering provider's NPI in field 24J
- 1 unit per date of service (per diem)
- S9484 and S9485 cannot be billed on same day

Crisis Stabilization

- CMS 1500 claim form required
- No rendering provider's NPI in field 24J
- 1 unit per date of service (per diem)

Code	Description	Modifier	Unit
H0045	CRISIS STABILIZATION - INDIVIDUAL - <i>Effective 12/1/22</i>	TG	Day

BH Claims and Billing Trainings

- **Behavioral Health Claims and Billing Training**
- In this training we will discuss:
- Louisiana Medicaid Provider Enrollment Rebaseline — IB 24-22
- NaviNet (AmeriHealth Caritas Louisiana's secure provider portal)
- Changes to behavioral health coverage
- Behavioral health services requirements for billing/Specialized behavioral health services fee schedule (SBH_FS)
- Evidence-based practices
- Top denials for behavioral health claims
- Registration is required. To register for any of the training dates, please go to
- [Provider training - AmeriHealth Caritas Louisiana](#)

Contact Information

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