

Document ID: AETAMA- 081890	Title: Aetna Medicaid Administrators 7100.31 Crisis Intervention (CI) Services Louisiana Policy	
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Effective Date: See Document Information Page	Last Review Date: See Review and Revision History Section	Business Process Owner (BPO): Ld Dir, Business Consulting, CS Utilization Management Ops
Exhibit(s): N/A		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to define Aetna Better Health’s clinical requirements for the prior authorization Crisis Intervention (CI) services.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Crisis Intervention (CI) services.

POLICY

It is the policy of the plan that specific state directives are used when processing authorization requests for Crisis Intervention (CI) Services. Louisiana state qualifications, authorization and documentation requirements must be met. It defines additional Louisiana state qualifications and authorization and documentation requirements.

STANDARD

Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, through a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of CIs are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. CI is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school and/or socializes. Components include:

- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services must be conducted. This includes contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.
- Short-term CIs, including crisis resolution and debriefing with the identified Medicaid-eligible individual.
- Follow up with the individual and, as necessary, with the individuals’ caretaker and/or family members.
- Consultation with a physician or with other qualified providers to assist with the individuals’ specific crisis.

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NOTE: The components above are required unless the member is not available due to incarceration, hospitalization, or other unavoidable reason¹.

Allowed provider types and specialties for Crisis Intervention are PT 77 Mental Health Rehab PS 78 MHR and PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health.

Prior Authorization of CI Services

Crisis Intervention (CI)-Emergent is allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner. Additional units may be approved with prior authorization. CI – Ongoing is authorized until the current crisis is resolved. The individual’s treatment record must reflect resolution of the crisis, which marks the end of the current episode. The assessment of risk, mental status and medical stability must be completed by a Licensed Mental Health Professional (LMHP) with experience regarding this specialized mental health service, practicing within the scope of their professional license. The time spent by the LMHP during face-to-face time with the member is billed separately using CPT codes. This would include the assessment of risk, mental status and medical stability must be completed by the LMHP, choosing the code that best describes the care provided.

Medical Necessity Criteria

The medical necessity for these rehabilitative services must be determined by, and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.

In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize CI services is 29th Edition MCG Guideline Crisis Intervention Behavioral Health Level of Care ORG: B-905-CI (BHG). The criteria outlined can be accessed through the referenced portal, <https://mcg.aetna.com>².

APPLICABLE CPT/HCPCS CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

¹ LDH Behavioral Health Services Provider Manual, Section 2.3, Rehabilitation Services for Children, Adolescents and Adults

² 29th Edition MCG Guideline Crisis Intervention Behavioral Health Level of Care, Adult (B-905-CI)

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CPT/HCPCS	Description	Modifiers
S9485	CRISIS INTERVENTION PER DIEM	
H2011	CRISIS INTERVENTION FOLLOW UP	

DEFINITIONS:

MCG ®	MCG, including Chronic Care Guidelines, are evidence-based clinical guidelines that are updated annually. They support prospective, concurrent, and retrospective reviews; proactive care management; discharge planning; patient education, and quality initiatives.
Prior Authorization	Process in which providers must obtain approval from prior to services provided.

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
11/2019	New Policy		
10/2020	1	Added additional language from Aetna Better Health of Louisiana Prior Authorization policy, updated contract and NCQA references, updated MCG edition, added a reference for language included from the LDH Behavioral Health Services manual, corrected number of hours of emergent CI that can be authorized without medical director review to reflect the per diem CPT code	
10/2021	2	Updated NCQA references from 2020 to 2021 and updated MCG edition	All
10/2022	3	Added additional signature line; Removed unnecessary language: Aetna Better Health Responsibilities and Operating Protocol sections. Updated Objectives and removed unnecessary language and references; Updated purpose, objectives, and references sections for clarity	All
10/2023	4	Annual review; updated signatory lines. Added additional language from the LDH BH provider manual.	All
10/2024	5	New policy template, Removed MCG edition	Redacted
10/2025	6	New template, Updates to MCG edition, Updated to CEO and MD signatory lines	All

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Resources

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Section 2.3, Outpatient Services, Mental Health Rehabilitation Services, revised 01/12/24

EXHIBIT(S):