Crisis Services FAQ

Q1: Will crisis service responsibility or delivery change for State Only members that are Non-Medicaid/KidsCare eligible (Non-Title XIX/Title XXI)?

A: Crisis stabilization services for state only members will remain the responsibility of the RBHAs. RBHAs will continue to serve the same geographic service areas they serve today with no change on October 1, 2018 and with no AHCCCS Complete Care (ACC) plan or American Indian Health Program (AIHP) involvement.

Q2: Will crisis service responsibility or delivery change for Medicaid/KidsCare members (Title XIX/Title XXI)?

A: Crisis stabilization services (including, but not limited to, related transportation “to” and facility charges) will remain the responsibility of the RBHAs. RBHAs will continue to serve the same geographic service areas they serve today. The RBHAs are responsible for the delivery of timely crisis services, including telephone, community-based mobile, and facility-based stabilization (including observation not to exceed 24 hours), along with any associated covered services delivered by the crisis provider in these settings during the first 24 hours. Although the ACC plan or AIHP is responsible for care coordination and medically necessary covered services (which may include follow up stabilization services) post-24 hours, the RBHA will remain responsible for any costs associated with follow up phone calls related to the crisis episode post-24 hours. The crisis provider is able to make follow up phone calls post-crisis as they do today; however, this does not take away from all care coordination and discharge requirements for the ACC plans or AIHP.

The RBHAs will be responsible for notifying the ACC plan within 24 hours (7 days a week) of a member engaging in crisis services so that subsequent services can be coordinated and covered...
through the ACC Plan or AIHP. The ACC Plan or AIHP should be provided clinical recommendations related to the need for any follow up and stabilization services, (with the exception of phone calls, as noted above) and the ACC Plan or AIHP will be responsible for these services.

The ACC Plan or AIHP will be responsible for all other medically necessary services related to a crisis episode after the initial 24 hours covered by the RBHA, and shall ensure timely follow up and care coordination, whether the member received crisis services within, or outside the GSA, to ensure stabilization of the member and appropriate delivery of ongoing necessary treatment and services.

**Q3: What services are considered a crisis service and when are the RBHA and ACC Plans responsible?**

**A:** AHCCCS recognizes that the processes and practices currently in place may be different depending on the area, hospital, crisis service provider and/or RBHA.

See table below for behavioral health services/assessment responsibility by specific service codes for by population and various settings. Please note that this table includes common crisis service codes but is not meant to serve as a comprehensive listing of potential services delivered by a crisis provider (including, but not limited to, Medication Assisted Treatment).

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<td>Crisis services within first 24 hours</td>
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<td>ED visits</td>
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<td>SMI assessments for SMI determination</td>
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### Q4: What entity is responsible for Crisis Observation and Stabilization Unit services and all other necessary covered services to ACC members after 24 hours?

**A:** The ACC plan or AIHP is responsible for all medically necessary services to Medicaid/KidsCare (Title XIX/Title XXI) enrolled members after 24 hours of crisis services.

### Q5: How will crisis services be handled for members crossing GSAs?

**A:** The RBHA located in the RBHA GSA where the crisis occurs is responsible for the first 24 hours of crisis services.

The [RBHA geographic service areas (GSA)](https://www.insurance.az.gov/health/home/) remain the same on October 1, 2018 and are different than the ACC GSAs or the statewide AIHP. All Central GSA crisis service is provided by Mercy Care RBHA (formerly known as Mercy Maricopa Integrated Care – MMIC). All Northern GSA crisis service, including Gila County, is provided by Steward Health Choice Arizona RBHA (formerly known as Health Choice Integrated Care – HCIC). All Southern GSA crisis service, including Pinal County, will remain with Arizona Complete Health- Complete Care Plan RBHA (formerly known as Cenpatico Integrated Care - CIC).

### Q6: If a RBHA covers crisis services for an individual that is not Medicaid/KidsCare eligible (Non-TXIX/XXI) at the time of service delivery, and the person is later determined Medicaid/KidsCare eligible (TXIX/XXI), what will occur?

**A:** All crisis services up to 72 hours for NTXIX/XXI individuals are covered by the RBHA.

Effective October 1, 2018, for newly enrolled TXIX ACC or AIHP members that are assigned to a RBHA for Non-TXIX services, the RBHAs will be responsible for any behavioral health services during prior period coverage (the time period starting with the effective date of eligibility when a member is TXIX eligible for covered services but is not yet enrolled in a plan). If services were provided utilizing Non-TXIX funding during the prior period coverage time-period, and the member subsequently becomes eligible for TXIX coverage that overlays this time period, the RBHA will be responsible for reclassifying the services as funded by TXIX. The ACC plan or AIHP will be responsible for behavioral health (non-crisis related) starting on the day AHCCCS is notified of a member’s TXIX eligibility.

### Q7: What entity is responsible for the cost of SMI assessments and determinations?

**A:** ACC plans or AIHP are responsible for SMI assessments, including urgent evaluations when a member is hospitalized, which will be reviewed and used by the AHCCCS vendor in determining member SMI eligibility status. RBHAs are responsible for assessments for Non-TXIX/XXI members.

RBHAs will be responsible for SMI assessments for those incarcerated due to suspended eligibility for Medicaid.

The AHCCCS administration pays the SMI determination vendor directly for the SMI determinations.

### Q8: Please provide billing clarification for crisis stabilization codes S9484 and S9485.

**A:** AHCCCS is in the process of transitioning the AHCCCS Covered Behavioral Health Services Guide (CBHSG) into the AHCCCS Medical Policy Manual. The following guidance should be used as the most current directive for billing these crisis stabilization codes effective October 1, 2018.
AHCCCS will be implementing the following policy clarification regarding billing instructions effective October 1, 2018 for Crisis Intervention Mental Health Services (Stabilization) - S9484 and S9485:

A single provider cannot bill both codes in the first 24 hours of a crisis episode, for the same member.

S9484 – The billing unit is one hour and may only be billed if the services delivered are 5 hours or less in duration within a single crisis episode.

S9485 – The billing unit is per diem and may only be billed if the service duration is more than 5 hours in a single crisis episode. The claim should be billed to the RBHA based on the expectation that this service be limited to 24 hours in duration which supports up to one per diem unit be billed.

Example: If an individual comes in at 9 p.m., and is still present at the crisis stabilization facility at 2pm the following day, only one per diem S9485 service will be billed to the RBHA. If that same individual had instead been discharged from the crisis stabilization program at 1 a.m. the following day, 4 hours of S9484 would be billed to the RBHA for that episode.

The ACC Plan or other Contractor of enrollment may be billed using either code for services provided to members awaiting an inpatient placement after 24 hours in the crisis stabilization unit.

Q9: For the American Indian Health Program, under the Division of Fee for Service Management, how will crisis services be billed?

A: For AIHP members, for the first 24 hours, crisis services should be billed to the RBHA. Services up to and including the fifth hour should be billed using the hourly code of S9484. Services over the fifth hour, up to and including the 24th hour, should be billed per diem using S9485.

After the first 24 hours, i.e., the 25th hour forward, crisis services should be billed to AIHP. Services up to and including the fifth hour should be billed using the hourly code of S9484. Services over the fifth hour, up to and including the 24th hour, should be billed per diem using S9485.

In situations where the crisis services overlap days, the per diem code can span the two dates. The crisis provider would bill the first per diem as described above for dates of service 1 and 2, and the second per diem for dates of service 2 and 3, if applicable. The crisis provider may also bill hourly as described above, if applicable, in addition to the per diem.

Example:

Crisis services were initiated at 3 p.m. on Monday (day 1) and ended at 6 p.m. on Tuesday (day 2). The per diem code S9485 should be billed once to the RBHA for the first 24 hour time period. This date span is from 3 p.m. Monday to 3 p.m. Tuesday. On Tuesday (day 2), the hourly code S9484 should be billed to AIHP for the 3 hours (from 3 p.m. to 6 p.m.) beyond the initial 24 hours of crisis.

Crisis services were initiated at 3 p.m. on Monday (day 1) and ended at 11 p.m. on Tuesday (day 2). The per diem S9485 should be billed once to the RBHA for the first 24 hour time period. This date span is from 3 p.m. Monday to 3 p.m. Tuesday. On Tuesday (day 2) the per diem code should be billed to AIHP since the crisis services (from 3 p.m. to 11 p.m.) extended beyond 5 hours.
For mobile services, H2011 should be used and the HT modifier added for the two-person multi-disciplinary team.

Q10: Please provide guidance on what entity is responsible for transportation that has historically been covered by crisis funding. Specifically address transportation to and from a Crisis Observation and Stabilization Unit.

A: Emergent and non-emergent medical transportation from the Crisis Observation and Stabilization Unit to another level of care or other location shall be the ACC Plan or American Indian Health Program (AIHP) responsibility, regardless of the timing within the crisis episode.

Generally, the ACC Plan or AIHP is responsible for covering transportation to and from providers for services which are the responsibility of the ACC plan or AIHP. Transportation during a crisis episode to a crisis service provider will be the responsibility of the RBHA.

B: (RBHAs): if clinically appropriate, crisis mobile teams are responsible for providing or coordinating transportation for individuals to a higher level of care. In these cases, crisis mobile teams must provide transportation to the nearest appropriate facility capable of stabilizing, triaging and determining medical necessity for ongoing care, in accordance with AMPM 310-BB.