Crisis Services

State policy

The Medicaid Services Manual (MSM) is on the Nevada Medicaid website at nevadamedicaid.nv.gov (select "Manuals" from the "Resources" webpage).

- MSM Chapter 100 contains important information applicable to all provider types
- MSM Chapter 400 covers policy for behavioral health providers
- MSM Chapter 4400 covers policy for crisis services providers

Rates

Reimbursement rates are listed online at nevadamedicaid.nv.gov on the Rates Unit webpage. Rates are also available on the Nevada Medicaid Provider Portal website at medicaid.nv.gov through the Search Fee Schedule function, which can be accessed under Featured Links.

Overview

Nevada Medicaid is participating in a nationwide effort to make Crisis Services accessible through a continuum of care available to anyone, anywhere, anytime. Nevada is following the paradigm shift to crisis response staffed by a network of trained behavioral health providers; this network involves *someone to call*, *someone to respond*, and *a safe place to be*.

Crisis care is accessible through the national 988 crisis line, offering "someone to call"; through mobile crisis teams dispatched to the individual's location, providing "someone to respond"; and in crisis stabilization environments, offering "a safe place to be."

The following Specialties are included under Provider Type (PT) 87 Crisis Services:

Specialty #	Specialty Name:
031	Designated Mobile Crisis Team (**DMCT**)
032	Certified Community Behavioral Health Center (**CCBHC**) Delivering Mobile Crisis as a (**DMCT**)
033	Mobile Crisis Team (**MCT**) Community-based
034	Community-based facility delivering Intensive Crisis Stabilization Services (**ICSS**)
250	Hospital-Endorsed Crisis Stabilization Center (**CSC**) delivering Intensive Crisis Stabilization Services (ICSS)

A unique NPI is required for enrollment with each PT 87 specialty.

Authorization Requirements

- Prior Authorization (PA) is not required for the delivery of most Crisis Services.
- Crisis Intervention (CI) Emergency request only: To exceed daily service limitations, submit PA request within five (5) business days of the delivery of additional services.
- PA may be requested through the Provider Web Portal using the FA-11 form and should be submitted with a process type of BH Rehab.

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- Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.
- Incomplete requests may receive either a technical denial or may be pended for additional information, determined by what elements are missing. If the request is pended for additional information, the submitter has five business days to resubmit with complete information, or a technical denial will be issued.

Claim Instructions

Use Direct Data Entry (DDE) or 837P electronic transaction to submit claim forms to Nevada Medicaid. See Provider Web Portal (PWP) Chapter 3 Claims and the EDI companion guides for billing instructions.

For Crisis Stabilization Centers (Specialty 250), claims may be submitted on an Institutional or Professional claim form. Use Direct Data Entry (DDE) or the 837P/837I electronic transactions to submit claim forms to Nevada Medicaid. See Provider Web Portal (PWP) Chapter 3 Claims and the EDI companion guides for billing instructions.

Providers should bill using the group's National Provider Identifier (NPI) in both the servicing and billing provider fields.

National Correct Coding Initiative (NCCI) Edits and Service Limitations

The objective of the National Correct Coding Initiative (NCCI) is to promote correct coding methodologies. The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and administration of the NCCI Edits: *"The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."*

Nevada's Medicaid Management Information System (MMIS) uses NCCI Edits in the processing of Nevada Medicaid claims. Nevada Medicaid receives quarterly and annual NCCI Edit updates that are added to the MMIS. Providers can find the most current Annual Code report and the quarterly Medically Unlikely Edits (MUE), Procedure to Procedure (PTP) and Add-On Code reports on the following website: https://www.cms.gov/medicare/coding-billing/ncci-medicaid

It is not possible to provide the most current quarterly or annual changes in this billing guide; for the most current information please reference the website link provided above.

Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

Note: It is the responsibility of providers to ensure the use of current CPT codes, service limitations and MUEs are applied when billing claims.

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All services must be medically necessary as defined in MSM Chapter 100. All services shall follow best practice and privacy/confidentiality protocols under Nevada Medicaid. The following list covers codes, code descriptions and billing information as needed. The requirements for coverage and limitations are governed by MSM Chapter 4400. If you need further clarification, please contact the Medicaid QIO-like vendor. Crisis Services are only billable for actively enrolled Medicaid recipients and MCO members.

Billing Code	Brief Description	Unit / Service Description	Prior Authorization Requirement
Specialty 031/032 - Designated Mobile Crisis Team (DMCT)			
H2011 HT	Mobile Crisis response delivered by a Designated Mobile Crisis Team (**DMCT**)	UNIT: Per 15 minutes. Must include modifier HT.	No
H2011 HT	Certified Community Behavioral Health Clinic (**CCBHC**) delivering mobile crisis as a Designated Mobile Crisis Team (**DMCT**)	UNIT: Per 15 minutes. Must include modifier HT.	No

Billing Code	Brief Description	Unit / Service Description	Prior Authorization Requirement
Specialty 033 - Mobile Crisis Team (MCT)			
H2011 HT	Mobile Crisis Team (**MCT**) Community-based	UNIT: Per 15 minutes. Must include modifier HT.	No

Additional Billing Guidelines specific for Intensive Crisis Stabilization Service (ICSS, Specialty 034) and Crisis Stabilization Center (CSC, Specialty 250) providers:

ICSS Bundled Rate (S9485) and Shadow Billing (S9484)

CSC and ICSS providers understand that, in addition to the ICSS Bundled rate code (S9485), they are required to use the shadow billing code (S9484) to record the number of hours, in units, that the recipient was in their care. Claims submitted without both S9485 and S9484 will be denied.

To qualify for Nevada Medicaid's ICSS Bundled Rate, ICSS and CSC providers must deliver all of the ICSS bundled services, listed below. When providers are unable to provide all the ICSS bundled services, they may utilize the appropriate HCPCS code for crisis intervention service(s) they were able to deliver.

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Bundled payments are limited to one per crisis encounter/episode per recipient, regardless of the number of crisis services received or the number of hours they were under the care of the ICSS or CSC. Encounters with more than one health practitioner and/or multiple encounters with the same health practitioner for the same crisis episode constitute a single billable encounter.

ICSS Bundled Services:

- Crisis Intervention
- Screening and Assessment
- Medical Clearance
- Observation and Monitoring
- Treatment Planning
- Harm Reduction Strategies, including therapy, peer support and medication management.
- Case Management/Referral Services
- Discharge Planning and Coordination of Aftercare, which includes a follow-up contact no later than 72 hours after discharge/crisis stabilization

Billing Code	Brief Description	Unit / Service Description	Prior Authorization Requirement
Specialty 034 - Intensive Crisis Stabilization Services (ICSS)			
S9485	Intensive Crisis Stabilization Services (**ICSS**) Community-based facility	UNIT: One unit per crisis encounter/episode. Must be "shadow billed" with S9484.	No
S9484	Intensive Crisis Stabilization Services (**ICSS**) Community-based facility	UNIT: Per hour. Cannot exceed 24 units per episode of care. S9484 is "shadow billed" and is reimbursed at $0. Must be billed with S9485 on the same claim.	No
H2011	Crisis Intervention (CI) Individual Response	UNIT: Per 15 minutes. Maximum of four hours (16 units) without prior authorization. Cannot be billed on the same day as S9485.	No *Unless to exceed service limitations.
H2011 HT	Crisis Intervention (CI) Team Response	UNIT: Per 15 minutes. Maximum of four hours (16 units) without prior authorization. Cannot be billed on the same day as S9485. Must include modifier HT.	No *Unless to exceed service limitations.

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Billing Code	Brief Description	Unit / Service Description	Prior Authorization Requirement
Specialty 250 - Crisis Stabilization Center (CSC) delivering ICSS			
S9485	Crisis Stabilization Center (**CSC**) Hospital-based facility	UNIT: One unit per crisis encounter/episode. Must be "shadow billed" with S9484.	No
S9484	Crisis Stabilization Center (**CSC**) Hospital-based facility	UNIT: Per hour. Cannot exceed 24 units per episode of care. S9484 is "shadow billed" and is reimbursed at $0. Must be billed with S9485 on the same claim.	No
H2011	Crisis Intervention (CI) Individual Response	UNIT: Per 15 minutes. Maximum of four hours (16 units) without prior authorization. Cannot be billed on the same day as S9485.	No *Unless to exceed service limitations use emergency request.
H2011 HT	Crisis Intervention (CI) Team Response	UNIT: Per 15 minutes. Maximum of four hours (16 units) without prior authorization. Cannot be billed on the same day as S9485. Must include modifier HT	No *Unless to exceed service limitations use emergency request.