



May 17, 2019

Web Announcement 1898

Limitations for Procedure Code H2011 (Crisis Intervention Service)

Per Medicaid Services Manual (MSM) Chapter 400, Section 403.6H.3, effective November 17, 2017, the service limitation for procedure code H2011 (Crisis intervention service, per 15 minutes) with or without modifiers GT or HT is a maximum of four hours per day over a three-day period (one occurrence) per recipient without a prior authorization (PA), and a maximum of three occurrences over a 90-day period per recipient without a PA.

Prior authorization is required to exceed these limitations for provider type (PT) 14 (Behavioral Health Outpatient Treatment) specialties 300, 305, 306 and 307; PT 17 (Special Clinics) specialty 188; PT 20 (Physician, M.D., Osteopath, D.O.); PT 26 (Psychologist); and PT 82 (Behavioral Health Rehabilitative Treatment) specialty 300.

Effective with claims submitted on or after May 20, 2019, claims submitted by the above provider types will deny with error code 5694 (16 units allowed per day) when the limitation is exceeded without a PA.

Claims with dates of service on or after November 18, 2017, and submitted before May 20, 2019, that paid in error will be automatically reprocessed at a later date. Future web announcements will notify providers when additional error codes will be implemented regarding the limitations and when claims will be reprocessed.