Crisis Response Services: Prior Authorization (PA) and Claims Guidance

Aetna Better Health of Louisiana

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Prior Authorization of Crisis Response Services

Crisis services that require authorization, Community Brief Crisis Support (CBCS) and Crisis Stabilization (CS), can be requested via:

- Availity Web Portal: www.aetnabetterhealth.com/louisiana/providers/portal. Follow the link to learn more about Availity, access training modules and live webinars, and register as a provider. Both the prior authorization request and clinical information can be submitted via the portal.
- Fax: 844-634-1109. Submit ABHLA's prior authorization request form (https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/abhla_2022_icrocrbhform.pdf) and include clinical information with request.
- Phone: 855-242-0802. Request can be made via phone if you have questions and would like to speak to a prior authorization representative. Clinical information can then be submitted via fax or Availity.

CBCS requests must be submitted prior to initiation of services. CS requests must be submitted within 1 business day of admission. Authorization decisions for CBCS and CS will be made no later than 1 calendar day after obtaining all appropriate clinical documentation.

Prior Authorization of Crisis Response Services

The clinical information required for submission with PA form is the preliminary screening and/or assessment:

- The preliminary screening shall include, at a minimum, the reason for presentation, nature of the crisis, chief complaint, medical stability, grave disability and risks of suicidality, of self-harm, and of danger to others.
- If further evaluation is needed, an assessment must be conducted by an LMHP or psychiatrist, unless otherwise specified in the MCR staff requirements section, with experience regarding this specialized mental health service. The assessment shall include a mental status exam and a current behavioral health history including the current behavioral health provider.

Authorizations for crisis services that require authorization (CBCS and CS) utilize the following medical necessity criteria:

- LDH Behavioral Health Services Provider Manual: www.lamedicaid.com/provweb1/providermanuals/manuals/BHS/BHS.pdf

Notification of Crisis Response Services

For services that do not require an authorization, Mobile Crisis Response (MCR) and Behavioral Health Crisis Care (BHCC), providers are required to notify ABHLA when a member presents.

- Notification of an ABHLA member presenting to MCR or BHCC can be made via email to aetnabetterhealthoflacrisiscalls@aetna.com.
- Please ensure notification is made within 24 hours of the start of service.

Additional Crisis Response Services Contacts:

Name	Email	Role
Michelle LaFitte	Lafittem@aetna.com	Crisis Administrator
Kelly Gay	Gayk@aetna.com	Behavioral Health Lead

Billing Guidelines for Crisis Response Services

- Providers must bill their claims with the applicable procedure codes & required modifiers as indicated on the Specialized Behavioral Health Fee Schedule.
- Youth Crisis Services are payable for members 0-20; Adult Crisis Services are payable for members 21+.
- Providers must be registered on the Medicaid Provider Enrollment Portal for claims to process and pay correctly.
- The youth crisis response services codes below are current as of 04/01/24:

Code	Description	Modifier	Unit
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - *Effective 4/1/2024*	HA, TG, U8	Day
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW UP - *Effective 4/1/2024*	TG, 95	15 min
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - *Effective 4/1/2024*	TG, U8	15 min
H2011	COMMUNITY BRIEF CRISIS SUPPORT - *Effective 4/1/2024*	HK	15 min

Billing Guidelines for Crisis Response Services, Continued

– The adult crisis response services codes below are current as of 12/01/22:

Code	Description	Modifier	Unit
S9485	MOBILE CRISIS RESPONSE - INITIAL CONTACT - *Effective 12/1/22*	TG, U8	Per Diem
H2011	MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - *Effective 12/1/22*	TG, 95	15 Minutes
H2011	MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - *Effective 12/1/22*	TG, U8	15 Minutes
H2011	COMMUNITY BRIEF CRISIS SUPPORT -*Effective 12/1/22*	HK	15 Minutes
S9484	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - *Effective 12/1/22*	HK	One Hour
S9485	BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - *Effective 12/1/22*	HK	Per Diem
S9484	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - *Effective 12/1/22*	TG	One Hour
S9485	BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - *Effective 12/1/22*	TG	Per Diem
H0045	CRISIS STABILIZATION - INDIVIDUAL - *Effective 12/1/22*	TG	Day

Claims Filing Information for Crisis Response Services

Electronic Claims Submission

- ConnectCenter is the EDI vendor for ABHLA and can connect with other clearinghouses such as Relay Health. To establish connectivity with ConnectCenter, call 877-667-1512, option 2.

Paper Claims Submissions and/or Resubmissions

- Please use the following address when submitting paper claims to ABHLA:

  Aetna Better Health of Louisiana

  P.O. Box 61808

  Phoenix, AZ 85082-1808

- For resubmissions, please stamp or write one of the following on the paper claims AND on the envelope:
  - Resubmission, Rebill, Corrected Bill, Corrected or Rebilling

To obtain the status of a claim:

- Go to the Availity Web Portal: www.aetnabetterhealth.com/louisiana/providers/portal
- Call our Claims Investigation and Research Department (CICR) at 855-242-0802

Timely Filing Guidelines

New Claim Submission

- Per HCAPPA, claims must be submitted within 365 calendar days of the date that services were performed, unless there is a contractual exception.
- ABHLA's claim adjudication system has no limitations based off diagnostic codes. Including a diagnostic code will not impact the successful processing of a claim.
- As of 09/01/24, age modifiers are not required on claims.

Claim Resubmission

- Providers may resubmit a claim that was originally denied because of missing documentation, incorrect coding, or was incorrectly paid or denied because of processing errors.

- Claim resubmissions must be filed within 90 days of the date of adverse determination of a claim.

Claims Filing Tips

- ABHLA clean claim requirements are consistent with LDH guidelines
- Claims must be legible and suitable for imaging and microfilming for permanent record retention
- Complete ALL required fields and include additional documentation when necessary
- The claim form may be returned unprocessed (unaccepted) if illegible or poor-quality copies are submitted or required documentation is missing. This could result in the claim being denied for untimely filing
- Submit original copies of claims electronically or through the mail (do NOT fax)
- To include supporting documentation, such as members' medical records, clearly label and send to Aetna Better Health of Louisiana at the correct address
- Common denial reasons – invalid/missing modifiers, duplicate denials, denials due to provider education
- For additional questions or training on claims submission, please contact your provider relations liaison

Behavioral Health Provider Relations Liaisons

Name	Phone	Email	Region(s)/Role
Krystal Brown Caulfield	504-289-5325	BrownK40@aetna.com	1, 6, 8, 9, 10
Shalonda Schiele	318-758-0289	SchieleS@aetna.com	2, 3, 4, 5, 7
Kellie Hebert	985-348-5763	HebertK@aetna.com	Claims Educator
Tiffanie Lemonds	225-348-3808	LemondsT@aetna.com	Sr. Manager
Courtney Lewis	225-326-4840	LewisC8@aetna.com	LD Director

Questions?

Thank you!

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