

KMAP GENERAL BULLETIN 24204

Updated – Crisis Intervention Services Coverage

Effective with dates of service on and after October 1, 2024, the Crisis Intervention (CI) Service is a face-to-face intervention provided based on the diagnostic assessment of risk, mental status, and medical stability, as determined by a Licensed Mental Health Practitioner (LMHP) with experience regarding this specialized behavioral health service.

A new singular service code, S9484U1, is defined for CI Services, with a reimbursement rate of \$88.48 per hour (one unit). When billing for CI Services for less than the per unit (hour), follow procedures described in the Specific Billing Instructions section of the Kansas Medical Assistance Program (KMAP) *Mental Health Fee for Service Provider Manual*.

Billing Guidelines – Time of Service:

Claims submitted for CI services shall meet the following requirements:

- Claims shall meet the midpoint time requirements of 51% or more (31 minutes) for 1 unit of service. No payment will be made for the CI services with less than 31 minutes.
- Post one (1) full unit of service (60 minutes), the units claimed may be decremented to the next midpoint time requirement when met (91 minutes), at which time the time requirement is met for 2 units and so on for subsequent units of service.
- For example:

Time of Service	Billable Quantity
0-30 minutes	0 units (no payment will be made)
31-60 minutes	1 unit (as the first hour passed the midpoint)
61-75 minutes	1.25 units
76-90 minutes	1.50 units
91-120 minutes	2 units (as the second hour passed the midpoint)
121-135 minutes	2.25 units
136-150 minutes	2.50 units
151-180 minutes	3 units (as the third hour passed the midpoint)

*Prior to the equivalent of the time of service equaling 1 unit (31 minutes), do not claim or bill for .25, .50, or .75 units.

Note: Please review your claim to ensure the units of service entered on your claim are not the minutes of service delivery.

KMAP
Kansas Medical Assistance Program

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Updated – Crisis Intervention Services Coverage continued

Billing Guidelines - Third Party Liability (TPL):

Other insurance carriers may reimburse for crisis intervention services. The code (S9484 U1) will not be added to the TPL bypass list, providers should follow the guidance in the KMAP General TPL Payment Provider Manual, as Medicaid is the payor of last resort.

*CCBHCs can utilize pay and chase.

When billing for CI Services, follow provider level guidance procedures described in the Crisis Intervention section of the Kansas Medical Assistance Program (KMAP) *Mental Health Fee-for-Service Provider Manual*.

The coverage and reimbursement for the following three tiers of CI codes will be discontinued:

Crisis Intervention Tier	Discontinued Code	Replacement Code, Effective October 1, 2024
Basic CI	H2011	S9484 U1
Intermediate CI	H2011 HO	
Advanced CI	H2011 HK	

CI Services are designed to interrupt and/or alleviate a crisis experience by reducing symptoms, stabilizing, and restoring to a previous level of functioning.

Service Criteria:

- CI Services shall be available 24 hours a day for 365 days.
- The assessment shall include the medical necessity of the services determined by a licensed mental health practitioner or physician conducting an assessment consistent with state law, regulation, and policy.
- Re-evaluation for the need for CI Services, which includes crisis stabilization, is to be completed by an LMHP every 72 hours or more frequently as needed.
- The LMHP shall include the amount of time spent (start and stop) in the documentation if not captured in the Electronic Health Record (EHR).

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Updated – Crisis Intervention Services Coverage continued

A crisis plan, developed from the diagnostic assessment **by an LMHP**, serves to facilitate immediate crisis resolution and de-escalation. It includes flexible services to assist in stabilizing the individual in their community setting and involves contact with the individual, family members, or other collateral contacts (e.g., caregiver, school personnel) to gather pertinent information for the purpose of the preliminary assessment and/or referral to other alternative mental health services at an appropriate level.

All activities must occur within the context of a potential or actual psychiatric crisis with the goals of diagnosis, symptom reduction, stabilization, and restoration to a previous level of functioning. Services may include a preliminary visual assessment to determine risk and ability to engage; immediate crisis resolution and de-escalation; referral and linkage to appropriate community services to avoid more restrictive or higher levels of care; and, when necessary, triage to a higher level of care.

~~When an individual requires the assistance of another person to regulate behavior and/or stabilize, the services delivered to the individual by anyone other than an LMHP must be provided under the supervision of an LMHP. In addition, an LMHP must always be available to provide backup, support, and/or consultation to the supporting staff member who is not an LMHP and is providing crisis stabilization services.~~

Limitations/Exclusions:

- CI Services shall not be provided in an Institution of Mental Disease (IMD).
- ~~An LMHP must re-evaluate~~ Upon re-evaluation of the need for crisis stabilization services, ~~every 72 hours or more frequently as needed, the LMHP shall include the documentation~~ **Documentation shall** specifying the needs to be addressed during a continuation of services and the specific services to be provided. *Services should meet the requirements listed in the KMAP Mental Health Fee-for-Service Provider Manual for CI Services.*
- **Note:** In all instances, when two staff are providing Crisis Stabilization services, the total units of care should be listed for each service provider and not submitted as a combined total of units. Each provider of the CI Services should be listed, and the second provider service line should contain modifier 77 to indicate that the details are not duplicates.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Updated – Crisis Intervention Services Coverage continued

- For the safety of the individual and staff, applicable support services deemed medically necessary by the LMHP S9484-U1 may be billed by ~~paraprofessional~~ providers concurrently, not to exceed three hours (for a total of six hours) when the need is identified for the individual. Documentation should specify this need for safety reasons and be re-evaluated by a LMHP every 23 hours.

The following enrolled supervising Provider Type/Provider Specialties (PT/PS) will be allowed when billed as the rendering provider:

PT 09 - Advance Practice Nurse:

PS	Description
093	Nurse Practitioner (Other)
096	Psychiatric Nurse Practitioner

PT 10 - Mid-Level Practitioner:

PS	Description
100	Physician Assistant

PT 11 - Mental Health Provider:

PS	Description
108	Licensed Master's Level Psychologist (LMLP)
109	Licensed Clinical Psychotherapist (LCP)
111	Community Mental Health Center (CMHC)
112	Psychologist
115	Licensed Mental Health Professional (LMHP)
116	Licensed Clinical Mental Health Professional (LCMHP)
121	Certified Community Behavioral Health Clinic (CCBHC)
123	Children with Severe Emotional Disturbances
125	Home Based Family Therapy
176	Alcohol and Drug Rehabilitation

PT 31 - Physician:

PS	Description
316	Family Practitioner
318	General Practitioner
339	Psychiatrist
348	Addiction Medicine
349	Exempt License Physician

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Updated – Crisis Intervention Services Coverage continued

Professional Providers in accordance with state law, shall be:

1. Licensed in their appropriate discipline
2. Enrolled in KMAP
3. Review the Contract with KanCare Managed Care Organization (MCO) as applicable
4. Complete training approved by the Kansas Department for Aging and Disability Services (KDADS) for CI.

~~Non-licensed and Paraprofessional providers shall be under the supervision of an LMHP and shall complete the required training as directed:~~

- ~~1. Training approved by the KDADS for non-licensed mental health service providers can be found on the KDADS website:
 - Providers Trainings State Training Requirements~~
- ~~2. Training shall be completed as directed in training requirements, and all training kept onsite by the supervising professional.~~

Note: The effective date of the policy is October 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For changes resulting from this bulletin, view the updated *Mental Health Fee-for-Service Provider Manual*, Section 7000, page 7-1, Section 8400, page 8-19, and Section 8410, pages 8-29 to 8-32.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday