

Office of Mental Health And Substance Abuse Services  
Bureau of Policy and Program Development

**HealthChoices Behavioral Health**

**Policy Clarification**

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*Issue Clarification #: 05-09*

*Date of Receipt: 2/10/09*

*Applicability: All Zones*

*Source Documentation:*

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*Submitted by: Richard Burns*

*County Authority: Luzerne County MH/MR*

*Topic Area: Crisis Intervention versus Emergency Services*

**Question/Issue:**

For purposes of Crisis Intervention billing, when does Crisis Intervention Services stop and Emergency Services begin? Please include clarification on whether or not the pre-certification process can be included as units of Crisis Intervention.

**Background/Context Provided within the Request:**

By existing regulation crisis stops and emergency service begins at the point that a decision to hospitalize a consumer occurs. In the old FFS MA environment, no pre-cert was involved in this decision making. In HealthChoices a pre-cert must occur. Generally, crisis providers tell us that psychiatric inpatient pre-certs are approved but do report that discussions with Caremanagers have also led to alternatives to psychiatric inpatient (such as detox) for members. That said, if pre-certification is an integral part of the decision-making process (hospitals require pre-cert prior to accepting admissions), it makes some sense that the decision to hospitalize cannot actually occur until this process is completed and that the time devoted to this process should be reported as units of Crisis.

It has been generally accepted practice for our providers that for a 302, at the point that the Crisis psychiatrist recommends inpatient admission either after in-person exam or by phone for purposes of after-hours consultation, CRISIS units cease and all further activity (direct or collateral) including the pre-cert is EMERGENCY. The same is true for a 201 admission with the added obvious and important element of consumer agreement to be admitted.

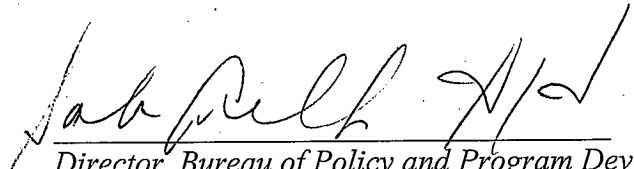
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OMHSAS Answer/Response:

Traditionally, Crisis units have not been billed after the decision has been made for an inpatient admission. Bulletin OMH-94-10 differentiates Crisis and Emergency Services such that "a crisis service may extend to petitioning for commitment but may not include the delegate functions of review, approval, or disapproval, bed searches, and other functions which may occur after the petition is completed and submitted" whereas the Emergency Services cost center "applies to those emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed." Therefore, Crisis units should not continue to be billed during the pre-certification process as it would be considered an Emergency Service.

However, this would not preclude Crisis providers from billing for services provided to a patient up until the admission decision is made, which may include services provided to the client while waiting for service in the hospital Emergency Room.

  
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Director, Bureau of Policy and Program Development

6-1-89  
Date