



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

Policy Name:	Crisis Intervention (CI) Services	Page:	1 of 4
Department:	Medical Management	Policy Number:	7100.31
Subsection:	Prior Authorization	Effective Date:	11/19/2019
Applies to:	■ Medicaid Health Plans		

PURPOSE:

The purpose of this policy is to define Aetna Better Health’s clinical requirements for the prior authorization of Crisis Intervention (CI) Services.

STATEMENT OF OBJECTIVE:

Objectives of the CI prior authorization process are to:

- Define Crisis Intervention (CI) services
- Ensure the hierarchy of medical necessity criteria for Crisis Intervention (CI) services are utilized appropriately
- Establish procedures for reviewing and rendering determinations for Crisis Intervention (CI) services prior authorization requests

DEFINITIONS:

MCG®	MCG, including Chronic Care Guidelines, are evidence-based clinical guidelines that are updated annually. They support prospective, concurrent, and retrospective reviews; proactive care management; discharge planning; patient education, and quality initiatives.
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LEGAL/CONTRACT REFERENCE:

The CI prior authorization process is governed by:

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Applicable federal and state laws, regulations and directives
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Section 2.3, Outpatient Services, Mental Health Rehabilitation Services, revised 01/12/24

FOCUS/DISPOSITION:

Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, through a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of CIs are symptom



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reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. CI is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school and/or socializes. Components include:

- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services must be conducted. This includes contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.
- Short-term CIs, including crisis resolution and debriefing with the identified Medicaid-eligible individual.
- Follow up with the individual and, as necessary, with the individuals’ caretaker and/or family members.
- Consultation with a physician or with other qualified providers to assist with the individuals’ specific crisis.

NOTE: The components above are required unless the member is not available due to incarceration, hospitalization, or other unavoidable reason¹.

Prior Authorization of CI Services

Crisis Intervention (CI)-Emergent does not require prior authorization but does require notification and authorization within one (1) business day of the start of services. CI- Emergent is authorized by UM clinicians for up to twenty-four (24) hours per episode. CI- Ongoing is authorized by UM clinicians for up to sixty-six (66) hours per episode, not to exceed fourteen (14) days. An episode is defined as the initial face-to-face contact with the individual until the current crisis is resolved. Requests for more than twenty-four (24) hours of CI-Emergent and sixty-six (66) hours and/or fourteen (14) days of CI-Ongoing may be authorized with medical director review.

¹ LDH Behavioral Health Services Provider Manual, Section 2.3, Rehabilitation Services for Children, Adolescents and Adults, page 36



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Medical Necessity Criteria

The medical necessity for these rehabilitative services must be determined by, and services recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. The assessment of risk, mental status and medical stability must be completed by an LMHP with experience regarding this specialized mental health service, practicing within the scope of their professional license.

In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize CI services is 25th Edition MCG Guideline Crisis Intervention Behavioral Health Level of Care ORG: B-905-CI (BHG).

Aetna Better Health requires that the member's situation and expectations are appropriate for CI as indicated by all of the following:

- Recommended treatment is necessary, appropriate, and not feasible at lower level of care
- Adequate outcome (e.g., stabilization and identification of resources and support for care outside of crisis intervention services) is expected within short time period
- Patient is willing to participate in treatment (or agrees to participate at direction of parent or guardian) within specified intervention and treatment structure voluntarily (or due to court order)
- Patient has sufficient ability to respond as planned to individual and group interventions.



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Aetna Better Health

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Review/Revision History	
11/2019	New policy
10/2020	Added additional language from Aetna Better Health of Louisiana Prior Authorization policy, updated contract and NCQA references, updated MCG edition, added a reference for language included from the LDH Behavioral Health Services manual, corrected number of hours of emergent CI that can be authorized without medical director review to reflect the per diem CPT code
10/2021	Updated NCQA references from 2020 to 2021 and updated MCG edition
10/2022	Added additional signature line; Removed unnecessary language: Aetna Better Health Responsibilities and Operating Protocol sections. Updated Objectives and removed unnecessary language and references; Updated purpose, objectives, and references sections for clarity