

DBHDID Data Implementation Guide - Client, Event, and Human Resources Data Set

Summary of Changes

From: SFY2024 To: SFY2025

Client Data Set

No changes for SFY2025

Event Data Set

No changes for SFY2025

Human Resources Data Set

No changes for SFY2025

Appendix C - Drug Codes

No changes for SFY2025

Appendix D - Behavioral Health CPT Codes

This appendix reflects the Current Procedural Terminology (CPT) codes as published by the American Medical Association. Codes were added that are used by the Developmental and Intellectual Disabilities programs since they too are reported in the Event file.

Appendix E - Service Codes

2/14/24 Added service code:

- Service: **PASRR-Discontinued Level II SV101(2): Valid procedure code if applicable. When DBHDID is payer source, apply "Case #1" on page AE-1.**
NTE02: 005
Unit of Service: 15 Minutes

Definition:

A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Discontinued Level II code shall be used when a Level II evaluation that could not be completed due to one of the following circumstances: the individual passed away, discharged from the nursing facility, the nursing facility withdraws the application, the nursing facility alters the Level I that causes the referral to go to the peer review organization, or any other situation that would prevent the completion of the full evaluation and determination. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

- Service: **PASRR – Level II Evaluation**
SV101(2): T2011 or valid procedure code
NTE02: 004
Unit of Service: 15 Minutes
Definition:
A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. **Level II code shall be used when the evaluation determined that the individual being evaluated does meet PASRR criteria and if they meet level of care and need specialized services for mental illness or intellectual disabilities or related condition. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual. The evaluation shall determine:- (a) whether the person needs nursing facility level of care and (b) if so, whether the person needs specialized services for mental illness or intellectual disabilities.- Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.**
- Service: **Consultation PASRR PASRR-Response to Referral**
SV101(2): Valid procedure code if applicable. When DBHDID is payer source, apply “Case #1” on page AE-1.
NTE02: 006
Unit of Service: 15 Minutes
Definition:
~~A consultation contact is a brief face-to-face or telephone conversation between the nursing facility and Center PASRR staff, that does not lead to a PASRR evaluation. Consultation contacts are designed to eliminate unnecessary referrals. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.~~ A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, ore related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Response to referral code shall be used when the evaluation determined that the individual being evaluated does not meet PASRR criteria, and therefore level of care will be determined by the peer review organization contracted by Medicaid. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.
- Service: **Residential Crisis Stabilization Services (RCSS) (Behavioral Health)**
SV101(2): S9485
NTE02:
138 (Adult)
139 (Child/Youth)
Units of Service: per diem
Definition:
Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual,

group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual, provide treatment for acute withdrawal, when appropriate, and re-integrate them back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven (7) days per week, 365 days a year **with at minimum 1 registered nurse (RN)**. The estimated length of stay for children is three (3) to five (5) days. The estimated length of stay for adults is seven (7) to ten (10) days. The component services of crisis stabilization units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, and peer support. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Residential crisis stabilization does not include, and FFP is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

- Service: **Community-Based Mobile Crisis Intervention Services ~~Mobile-Crisis~~ (Behavioral Health/Intellectual Disabilities)**

SV101(2): S9484 or other valid procedure code

NTE02: 176

Unit of Service: 1 Hour

Definition:

This code should be used for mobile for both adults and children.

~~Community-Based Mobile Crisis Intervention Services (MCIS) Mobile-Crisis Services~~ are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. ~~MCIS includes dispatch of the Mobile Crisis Team (MCT) at the individual's location. The intent is to provide crisis services at the client's location rather than requiring the client to leave his/her environment. The response may involve one or more staff members.~~ Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

~~MCIS provides services outside of a hospital or other facility. Mobile-Crisis provides the same services as crisis intervention, except the location for the service is not in the office.~~ Services are available 24 hours a day, seven (7) days a week, 365 days a year. This service is provided in duration of less than 24 hours and is not an overnight service. This service provides crisis response in home or community to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.

Special Note:

Requires completion of field "Place of Service" SV105 (FAO-07) which cannot be "in office".

- Service: **Crisis Intervention ~~Service~~ (Behavioral Health / Intellectual Disabilities)**

SV101(2): H2011, 90839, 90840, or other valid procedure code

NTE02: 200 (15 minutes) (H2011)

210 (first 60 minutes) (90839)

211 (each additional 30 minutes) (90840)

Unit of Service: 15 minutes

Definition:

Crisis Intervention Service (CIS) is an immediate short-term de-escalation, usually a single session, technique used to address an immediate behavioral health emergency, stabilize the individual in crisis, and create and implement a safe, appropriate plan for next steps and future treatment. CIS involves connecting to the person and talking them through specific steps to ensure their immediate safety as well as make appropriate plans for future care. ~~Crisis Intervention shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the client, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It must be followed by non-crisis service referral as appropriate. It must be provided in a face-to-face, one-on-one encounter between the provider and the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.~~

Appendix H - ICD 10 and ICD 9 Codes

This appendix reflects the Current Procedural Terminology (CPT) codes as published by the American Medical Association.

Data Dictionary

No changes for SFY2025