



Division of Public and Behavioral Health
Technical Bulletin



Topic: Emergency Department Treatment

Contact: Martha Framsted, PIO

Date: May 25, 2017

To: All Nevada Hospitals

This is to remind hospitals of the need to stabilize emergency conditions under the EMTALA, which includes conditions and those on an involuntary hold (Legal 2000) status. The obligation to serve those with behavioral health conditions equals the obligation to serve any other emergency medical condition.

According to the Medicaid Services Manual, chapter 200, page 22.203.4A2 "Patients requiring mental health services while in the emergency room may receive such services if medically appropriate, but first must be stabilized. Every effort must be made to transfer the patient to a psychiatric hospital or unit, accompanied by a physician's order. Authorization from the DHCFP's QIO-like vendor is also required."
http://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C200/MSM_200_16_12_09.pdf

Treatments available in the ED should be implemented, such as evaluation(s), medication(s) and supportive care, like access to food, shower and/or contact with support systems, discharge planning and referral. This link provides guidance to outpatient hospital billing, per HP.
https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT12.pdf

If mental health providers are unavailable for evaluations, tele-psychiatry is an alternative mechanism to aid in diagnosis and recommended course of treatment. This may include medications and other interventions which will stabilize most psychiatric conditions, and may diminish the need for transfer to psychiatric inpatient care. Medical clearance should rule out any underlying medical conditions or intoxication presenting as psychiatric symptoms. Stabilization of those conditions will often prevent the need for transfer to a psychiatric hospital or unit.

Emergency Department services offered by the Managed Care Organizations (MCO), provide care management in the urban areas. Their role is to arrange for discharge placement and referral out of the ED, on behalf of their beneficiaries. More information on the MCO's, and a list of **contact phone numbers** and **factsheets** for all four providers, can be found at:
<http://dhcfnv.gov/Members/BLU/MCOMain/>

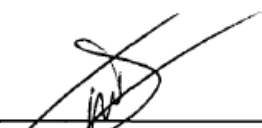
Fee-For-Service Medicaid beneficiaries may be care managed from the ED either by the Division of Health Care Financing and Policy (DHCFP) District Offices:
http://dhcfnv.gov/Contact/Contact_Home/ or the Healthcare Guidance Program, (HCGP),
<http://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/IHS/CMO-FAQsSheetFinal-Final.pdf?n=6462>

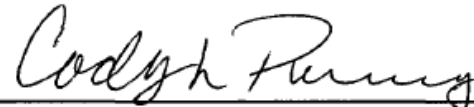
Medicaid, hospital, outpatient (Provider Type 12), behavioral health procedure codes are listed on the table on the next page, and a complete list can be found at:
<http://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Resources/Rates/PT%2012%20Outpatient%20Hospital%20-%20040417.pdf>

Behavioral health services are Medicaid eligible as medically-necessary. The medical clearance and any associated diagnostic testing are also eligible services for this population and billed under PT12.

Provider Type: 012- Hospital, Outpatient

Procedure Code	Description	Procedure Code	Description
90785	Psytx Complex Interactive	99201	Office/Outpatient Visit New
90832	Psytx Pt&/Family 30 Minutes	99201	Office/Outpatient Visit New
90847	Family Psytx w Patient	99212	Office/Outpatient Visit Est
90853	Group Psychotherapy	99213	Office/Outpatient Visit Est
90863	Pharmacologic Mgmt w Psytx	99214	Office/Outpatient Visit Est
90875	Psychophysiological Therapy	99215	Office/Outpatient Visit Est
90876	Psychophysiological Therapy	99217	Observation Care Discharge
90901	Biofeedback Train Any Meth	99219	Initial Observation Care
96150	Assess Hlth/Behave Init	99220	Initial Observation Care
96152	Intervene Hlth/Behave Indiv	99233	Subsequent Hospital Care
96154	Interv Hlth/Behav Fam w Pt	99235	Observ/Hosp Same Date
96372	Ther/Proph/Diag Inj Sc/Im	Q3014	Telehealth Facility Fee
Procedure Code	Description	Procedure Code	Description
G0378	Observation, per hour NTE 48 hrs.	G0503	Subsequent Psychiatric Care, 60 minutes
G0442	Annual, Alcohol Screen, 15 minutes	G0504	Initial/Sub Psychiatric Care, add 30 minutes
G0443	Brief Alcohol Misuse Counseling	G0505	Cognitive Function Assessment, Outpatient
G0444	Depression Screen, Annual	G0506	Comprehensive Assessment/ Care Plan/CCM SVC
G0445	High Intensity, Behavioral Counseling, standard 30 minutes	G0507	Care Management Services, minimum 20 minutes
G0502	Initial Psychiatric Care Management, 70 minutes		

Signed:  Date: 5/30/2017
 Dr. John DiMuro, DO, Chief Medical Officer, Division of Public and Behavioral Health

Signed:  Date: 5/30/17
 Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health