Recovery Support Navigator Services | Behavioral Health Crisis Evaluation and Management Services: Billing Analysis and Recommendations

Policy Question: *Can Recovery Support Navigator services (RSN, a paraprofessional or peer specialist who supports patients in engagement and connection to treatment and recovery resources) be billed in a hospital setting in addition to crisis evaluation/ management services (clinical support specifically for individuals who demonstrate an acute behavioral health crisis)?*

Executive Summary

For many individuals, a hospital or emergency department visit can come at a time of crisis and deep vulnerability. In these moments, skilled and compassionate healthcare professionals can help identify behavioral health and substance use needs, offer immediate intervention and support, and connect them with treatment and community resources. Ensuring behavioral health crisis and RSN services are clearly defined, supported, and fully optimized for billing allows hospitals and healthcare professionals to continue providing high quality and appropriate care that can significantly improve outcomes for individuals, families and communities.

The RY2025 Acute Hospital Request for Applications (RFA) is issued by the Massachusetts Executive Office of Health and Human Services (EOHHS)/MassHealth. The RFA serves as the governing document outlining hospital participation requirements, covered services and reimbursement methodologies, billing and documentation expectations, compliance requirements and audit standards, and program specific requirements related to behavioral health and crisis services.

As outlined in the RY2025 Acute Hospital RFA, hospitals must ensure all billed behavioral health crisis services are clearly defined, documented and do not duplicate other reimbursable services. Within that broader framework, RSN and behavioral health crisis evaluation/management services are explicitly identified as separate billable services when the activities provided are distinct and clearly differentiated. It is vital to ensure RSN and behavioral health crisis services are documented as separate interventions with no overlap in activities or objectives. MassHealth has specifically highlighted the risk of recoupment when services are

not sufficiently distinguishable, as outlined in the RY2025 Acute Hospital RFA (which can be referenced at the end of this analysis).

RSN may be billed in addition to Behavioral Health Crisis services when:

✓ The RSN provides services that are distinct from Behavioral Health Crisis Evaluation or Management.

✓ Activities are separately documented.

✓ The RSN addresses recovery navigation rather than clinical crisis stabilization.

✓ Documentation clearly demonstrates that services are not duplicative.

RSN generally should NOT be billed separately when:

- The crisis team already performs the same SUD navigation activities.
- RSN documentation repeats Behavioral Health Crisis documentation.
- There is no identifiable additional service beyond Behavioral Health Crisis Evaluation or Management.

Difference between Recovery Support Navigator and Behavioral Health Crisis Evaluation/ Crisis Management Services

Based on review of available MassHealth guidance, the following are key distinctions between Behavioral Health Crisis Services and Recovery Support Navigator (RSN) services. These distinctions can help determine when RSN services may be separately billable and when they may overlap with Behavioral Health Crisis Evaluation or Crisis Management.

Staffing

Behavioral Health Crisis Evaluation/Management

- Services are led by qualified behavioral health professionals and require the availability of a complex behavioral health care clinician (see Service Definitions for staffing requirements).
- Behavioral Health Crisis services may be delivered by a multidisciplinary team, which can include Recovery Coaches, RSNs, or other support staff.

Recovery Support Navigator (RSN)

- RSNs are paraprofessional staff and are **not** qualified behavioral health clinicians.
- RSNs may participate as members of a multidisciplinary team but are **not** responsible for conducting Behavioral Health Crisis Evaluations or Crisis Management services.

Primary Activities

Behavioral Health Crisis Evaluation/Management

- Focuses on clinical assessment, stabilization, and disposition planning for individuals experiencing a behavioral health crisis.
- Activities may include behavioral health crisis intervention, determination of the appropriate level of care, discharge planning, and coordination with community behavioral health providers (e.g., HC follow-up).

Recovery Support Navigator (RSN)

- Focuses on substance use disorder (SUD)-specific recovery support and navigation.
- Activities may include SUD-specific disposition planning, navigation of the SUD treatment system, education on treatment and recovery resources, motivational support, and connections to treatment providers and recovery supports.

Example Scenarios and Findings

Day of Initial Behavioral Health Crisis Evaluation- Example 1

- A hospital contracts with a community provider to deliver Behavioral Health Crisis services in the ED.
- The crisis team evaluates patients with behavioral health and substance use needs. For patients requiring intensive SUD interventions, the crisis team consults the hospital's Addiction Consult Service (ACS).
- The ACS includes a multidisciplinary team (e.g., physician, behavioral health clinician, social worker, RSN, and other recovery staff).

Patient Example

- A patient presents to the ED in behavioral health crisis with co-occurring mental health and substance use needs.
- The crisis team completes the Behavioral Health Crisis Evaluation, including clinical assessment, stabilization, and disposition planning.

- The ACS team works with the patient after conferring with the Behavioral Health Crisis team. The RSN on the ACS team provides SUD-focused interventions, including treatment education, recovery planning, connections to OTPs or other treatment providers, bed finding, and community-based recovery support navigation.

Recommended Billing Approach

- **Behavioral Health Crisis Evaluation:** Bill if all BH Crisis Evaluation requirements are met.
- **RSN:** May also be billed in addition to the Behavioral Health Crisis Evaluation if the RSN provides separately identifiable SUD recovery navigation services that are distinct from the BH Crisis Evaluation and are separately documented.

Rationale

In this example, the Crisis Evaluation and RSN services are provided by separate teams with different clinical objectives. Assuming all billing and documentation requirements are met, we believe billing both services is consistent with current MassHealth guidance.

Day of Initial Behavioral Health Crisis Evaluation- Example 2

- A hospital provides Behavioral Health Crisis Evaluation services through an in-house crisis team.
- The crisis team has expertise in both mental health and substance use disorders and performs crisis stabilization, SUD assessment, and disposition planning.
- RSNs are members of the multidisciplinary crisis team supporting patient care.

Patient Example

- A patient presents to the ED with co-occurring mental health and substance use needs.
- The in-house crisis team performs the Behavioral Health Crisis Evaluation and addresses both behavioral health and SUD-related needs as part of the evaluation, including disposition planning to meet the SUD needs.

Recommended Billing Approach

- **Behavioral Health Crisis Evaluation:** Bill if all Behavioral Health Crisis Evaluation requirements are met.
- **RSN:** We do **not** recommend separately billing RSN when the services provided are already incorporated into the Behavioral Health Crisis Evaluation and do not represent distinct, separately identifiable interventions.

Rationale

In this example, the RSN activities appear to overlap with services already included within the Behavioral Health Crisis Evaluation. Separate billing may increase the risk of duplicate billing.

Day after the Behavioral Health Crisis Evaluation: Example 3

- A hospital contracts with a community provider to deliver Behavioral Health Crisis services.
- Patients with intensive SUD needs are referred to the hospital's Addiction Consult Service.
- The ACS includes physicians, behavioral health clinicians, social workers, RSNs, and other recovery staff.

Patient Example

- Following a Behavioral Health Crisis Evaluation, a patient is admitted to a med/surge unit within the hospital.
- The patient continues to require behavioral health stabilization while also needing assistance navigating SUD treatment and recovery resources.

Recommended Billing Approach

If a qualified behavioral health professional provides Behavioral Health Crisis Management services:

- Bill **Behavioral Health Crisis Management** if all service and documentation requirements are met.

If the RSN separately provides SUD recovery navigation:

- RSN services may also be billed if they represent distinct recovery-focused interventions, are separately documented, and are not duplicative of Behavioral Health Crisis Management activities.

If the RSN participates as part of the Behavioral Health Crisis Management team:

- We recommend billing **Behavioral Health Crisis Management only**, as the RSN activities would generally be considered part of the Crisis Management service rather than a separately identifiable RSN service.

Resources

MassHealth Resources:

- https://www.mass.gov/info-details/behavioral-health-crisis-management-billing-faqs
- https://www.mass.gov/doc/managed-care-entity-bulletin-107-updates-to-policies-pertaining-to-members-behavioral-health-needs-in-acute-medical-settings-and-inpatient-psychiatry-settings-corrected-0
- https://www.mass.gov/doc/acute-hospital-billing-grid-table
- https://www.mass.gov/info-details/fee-for-service-billing-instructions-for-moud-and-rsn-services-in-acute-medical-settings
- https://www.mass.gov/doc/acute-hospital-billing-grid-table-0
- https://www.mass.gov/doc/masshealth-recovery-coach-and-recovery-support-navigator-services-listening-session-0/download

Masshealth MCE Bulletins + RY2025 Acute Hospital RFA:

RY 2025 Acute Hospital RFA:
https://www.commbuys.com/bso/external/bidDetail.sda?docId=BD-25-1039-EHS01-ASHWA-107272&external=true

MCE Bulletin: https://search.mass.gov/?q=MCE+110

MBHP RSN Performance Specifications: https://providers.masspartnership.com/pdf/PerfSpec-RSN.pdf

Service Definitions

Recovery Support Navigator – A paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder (SUD) or other addictive disorders and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the SUD treatment system through activities that can include care coordination, case management, and motivational support.

Behavioral Health Crisis Evaluations – An evaluation provided in an Emergency Department or on a medical/surgical floor by qualified clinical professionals to members experiencing a

Behavioral Health Crisis during the first calendar day of their readiness to receive such an evaluation. The evaluation includes the initial comprehensive assessment of risk, diagnosis, and treatment needs, the initial crisis interventions, the initial determination and coordination of appropriate disposition, and required reporting and community collaboration activities.

- Staffing Composition: Behavioral Health Crisis Evaluations shall be provided by members of a multidisciplinary team that shall minimally include the availability of the following:
    - A qualified behavioral health professional.
    - A complex behavioral health care clinician.
    - Multidisciplinary staff. In addition to staff listed above the behavioral health crisis evaluation team may include other staff, including certified peer specialists and recovery coaches, with appropriate training and experience to provide a welcoming, supportive, responsive, and recovery-oriented encounter.

Behavioral Health Crisis Management Services – A set of services provided in an Emergency Department or on a medical/surgical floor by qualified clinical professionals to members experiencing a Behavioral Health Crisis in need of ongoing supports on days subsequent to receiving the initial Behavioral Health Crisis Evaluation. The crisis management services include ongoing crisis interventions, ongoing determination and coordination of appropriate disposition, and ongoing required reporting and community collaboration activities.

- Behavioral Health Crisis Management Services shall be provided by members of a multidisciplinary team that shall minimally include the availability of the following:
    - A qualified behavioral health professional.
    - A complex behavioral health care clinician.
    - Multidisciplinary staff. In addition to staff listed above, the behavioral health crisis evaluation team may include other staff, including certified peer specialists and recovery coaches, with appropriate training and experience to provide a welcoming, supportive, responsive, and recovery-oriented encounter.

Qualified behavioral health professionals, shall include, but not be limited to, a: (i) licensed physician who specializes in the practice of psychiatry; (ii) licensed psychologist; (iii) licensed independent clinical social worker; (iv) licensed certified social worker; (v) licensed mental

health counselor; (vi) licensed physician assistant who practices in the field of psychiatry (vii) advanced practice registered nurses who practice in the field of psychiatry, including but not limited to licensed nurse practitioners and licensed psychiatric clinical nurse specialists; or (viii) healthcare provider qualified within the scope of the individual's license, or advanced education pre-licensure, to conduct an evaluation of a behavioral health condition, including an intern, resident or fellow pursuant to the policies and practices of the hospital and medical staff.

- Our understanding and guidance is the list above is not exclusive or comprehensive. For example, LADCs can provide Behavioral Health Crisis Evaluation based on qualified behavioral health professional definition documented in the RFA.

Complex behavioral health care clinician: shall include appropriately experienced psychiatrists or advanced practice providers (Advanced Practice Registered Nurses or Physician Assistants).