Clinical Policy: Adult Crisis Stabilization (CS)

Reference Number: LA.CP.MP.513 Coding Implications
Date of Last Revision: 08/2022 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Adult Crisis Stabilization (CS) services are short-term bed-based non-medical crisis treatment and support services delivered by appropriately trained staff that provide safe 24-hour crisis relieving/resolving intervention and support, medication management, observation, and care coordination for members 21 years of age or older who have received a lower level of crisis services, are at risk of hospitalization or institutionalization, including nursing home placement, and voluntarily agree to the services. This service is designed to reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need temporary 24/7 support and is not intended to be a housing placement. The goal is to support members in ways that will mitigate the need for higher levels of care, further ensuring the coordination of a successful return to community placement at the earliest possible time.

Adult Crisis Stabilization services follow referral from initial crisis intervention, i.e., referral from the Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), Community Brief Crisis Support (CBCS) providers or ACT teams. Adult CS services are available twenty-four (24) hours a day, seven (7) days a week.

The service must be provided under the supervision of a licensed mental health professional (LMHP) with experience regarding this specialized behavioral health service. The LMHP or physician must be available at all times to provide back up, support and/or consultation from assessment of risk and through all services delivered during a crisis.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that initial *Adult Crisis Stabilization (CS)* service is medically necessary for the following indications:

A. Member is 21 years of age or older
B. Referral has been made ~~from~~ by MCR[AD1], BHCU~~C~~C, CBCS Providers, or ACT Team.
C. Member self identifies as experiencing a psychiatric crisis or acute symptoms of mental illness, and is medically stable, ~~i.e. does not have a co-morbid physical condition requiring nursing or hospital level of care.~~ Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care. Members who have a co-morbid physical condition that requires nursing or hospital level of care or who are a threat to themselves or others and require an inpatient level of care are not eligible for crisis stabilization services.
D. Member agrees to the voluntary admission for 24/7 temporary support & actively participating in crisis resolution, self-help skills, peer support services, social skills, medication support, and co-occurring substance use disorder treatment services through individual and group interventions.

II. It is the policy of Louisiana Healthcare Connections that continued *Adult Crisis Stabilization (CS)* service is medically necessary for the following indications:

A. Member's current crisis[JR2] is not resolved- orand is not sufficiently stabilized to safely &and effectively be treated at a less restrictive level of care. Member's treatment record must reflect progress towards relief, resolution and problem solving of the identified crisis.
B. Member, their support system, and care team are involved to the best of their ability in the treatment and discharge planning process.

III. It is the policy of Louisiana Healthcare Connection that the member meets *Discharge Criteria* if any of the following applies:
A. The member's current crisis has been stabilized or no longer considered a mental health crisis and can safely and & effectively continue treatment at a less restrictive level of care. Member's treatment record must reflect relief, resolution and problem solving of the identified crisis, or referral to an alternate provider.
B. The member requires a higher level of care.

Background

Crisis Stabilization Components:

- The psychiatric diagnostic evaluation of risk, mental status and medical stability must be conducted by a licensed mental health professional (LMHP) or physician with experience regarding this specialized mental health service, practicing within the scope of their professional license. This evaluation should build upon what is learned by previous crisis service providers or the Assertive Community Treatment (ACT) provider and should include contact with the member, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of the evaluation and/or referral to and coordination with other alternative behavioral health services at an appropriate level. If the member expressly refuses to include family or other collaterals sources, it must be documented in the member record. If a psychiatric diagnostic evaluation was completed within thirty (30) days, another does not need to be completed at this time, but an update to capture the member's current status must be added to the previous evaluation.
- A registered nurse or licensed practical nurse practicing within the scope of their license performs a medical screen to evaluate for medical stability.
- The intervention is driven by the member and is developed by the LMHP or non-licensed staff, in collaboration with the LMHP, building on and updating the strategies developed by the mobile crisis intervention response(MCIR), behavioral health urgent careBehavioral Health Crisis Care (BHCCBHUC), and/or community brief crisis support (CBCS) service providers. Through this process, set short-term goals which are intended to ensure stabilization, symptom reduction and restoration to a previous level of functioning. The intervention should be developed with input from the member, family, and other collateral sources. Strategies are developed for the member to use post current crisis to mitigate risk of future incidents until the member engages in alternative services, if appropriate.
- The service will include brief interventions using person centered approaches, such as, crisis resolution, self-help skills, peer support services, social skills, medication support, and co-occurring substance use disorder treatment services through individual and group interventions. The service must be provided under the supervision of an LMHP with experience regarding this specialized behavioral health service.
- Substance use should be recognized and addressed in an integrated fashion, as it may add to the risk, increasing the need for engagement in care.

- Service coordination and care planning includes:
    - Coordinating the transfer to alternate levels of care when warranted, including but not limited to:
        - Primary medical care - when the member requires primary medical care with an existing provider.
        - Community based behavioral health provider - when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. The member should return to existing services as soon as indicated and accessible.
        - CBCS - when the member requires ongoing support at home or in the community, if the member does not have an existing behavioral health provider who can meet their current critical needs as defined in the discharge plans.
        - Inpatient treatment – when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent.
        - Residential substance use treatment - when the member requires ongoing support outside of the home for a substance use disorder.
    - Coordinating contact through a warm handoff with the member's Managed Care Organization to link members with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated.
- Provide follow up to the member and authorized member's caretaker and/or family up to 72 hours to ensure continued stability post crisis for those not accessing CBCS or higher levels of care, including but not limited to:
    - Telephonic follow-up based on clinical individualized need.
    - Additional calls/visits to the member following the crisis unless the member indicates no further communication is desired as documented in the member's record; and
    - ~~Alternate modes of communication (e.g. texts)~~ [AD3][JR4]~~are allowed if preferred by the member and documented in the member's record. This would be included in the rate and not billed separately~~

Note: Crisis care should continue until the crisis is resolved and the member no longer needs crisis services. Readiness for discharge is evaluated on a daily basis.

Limitations/Exclusions
The following services shall be excluded from Medicaid coverage and reimbursement:

- Services rendered in an institute for mental disease;
- Crisis stabilization shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost;
- The cost of room and board; and
- The minimum daily rate on file is an all-inclusive rate.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included

for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
None	

HCPCS Codes	Modifier	Description
H0045	TG	CRISIS STABILZATION - INDIVIDUAL Effective 7/1/22

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	8/22	

References

1. LDH Behavioral Health Provider Manual.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.