Clinical Policy: Adult Crisis Stabilization (CS)

Reference Number: LA.CP.BH.513c
Date of Last Revision: 02/25

Coding Implications
Revision Log

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

Description

Crisis Stabilization (CS) for adults is a short-term bed-based crisis treatment and support service for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement. CS is utilized when additional crisis supports are necessary to stabilize the crisis and ensure community tenure in instances in which more intensive inpatient psychiatric care is not warranted or when the member's needs are better met at this level. CS operates 24 hours a day, seven days a week as short-term mental health crisis response, offering a voluntary home-like alternative to more restrictive settings, such as the emergency departments, or coercive approaches, such as Physician Emergency Certificates (PECs), law enforcement holds, or Orders of Protective Custody (OPCs). This voluntary service is designed to ameliorate a psychiatric crisis and/or reduce acute symptoms of mental illness and to provide crisis relief, resolution, and intensive supportive resources for adults who need intensive temporary support and is not intended to be a housing placement. CS assists with deescalating the severity of a member's level of distress and/or need for urgent care associated with a mental health disorder. 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. Short-term crisis bed-based stabilization services include a range of resources that can meet the needs of the member with an acute psychiatric crisis and provide a safe environment for care and recovery. Care coordination is a key element of crisis services, coordinating across the services and beyond depending on the needs of the member. Services are provided in an organized bed-based non-medical setting, delivered by appropriately trained staff that provide safe 24-hour crisis relieving/resolving intervention and support, medication management, observation and care coordination in a supervised environment where the member is served. While these are not primary substance use treatment facilities, the use of previously initiated medication assisted treatment (MAT) may continue.

LA.CP.MP.517c Assertive Community Treatment (ACT)
LA.CP.MP.510c Community Brief Crisis Support (CBCS)

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. The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level.
C. Referrals to CS must be completed by the MCR, BHCC, CBCS providers or ACT teams.
    1. Other referrals will be considered on a case by case basis. This service is intended for any member in mental health crisis, needing immediate intervention to stabilize the situation and needing help now but is whose

needs do not meet a higher level of care (examples include not at medical risk or currently violent).

D. While medical clearance will not be required, members admitted to this level of care should be medically stable.

*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 CS services.

Background

Crisis Stabilization Components:

Assessment

- The psychiatric diagnostic evaluation of risk, mental status and medical stability must be conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service and practicing within the scope of their professional license. This assessment should build upon what is learned by previous crisis response 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 30 days, another evaluation 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; and
- A registered nurse (RN) or licensed practical nurse (LPN) practicing within the scope of their license performs a medical screen to evaluate for medical stability.

Interventions

- The intervention is driven by the member and is developed by the LMHP, psychiatrist, or non-licensed staff in collaboration with the LMHP or the psychiatrist building on and updating the strategies developed by the mobile crisis response (MCR), behavioral health crisis care (BHCC), and/or community brief support service (CBCS) service providers. Through this process, short-term goals are set to ensure stabilization, symptom reduction and restoration to a previous level of functioning.
  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. Service must be provided under the supervision of an LMHP or psychiatrist 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; and
- Support, education, and consultation is provided to the member, family, and collateral supports.

Care Coordination

CS providers shall coordinate care for the member following the crisis event as needed. Care coordination includes the following activities:

- Coordinating the transfer to alternate levels of care within 24 hours when warranted, including but not limited to:
    - Primary medical care - Member requires primary medical care with an existing provider;
    - Community based behavioral health provider - 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;
    - Community Brief Crisis Support (CBCS) - 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 – Member is in medical crisis, experiencing severe intoxication or withdrawal episodes, or is actively suicidal, homicidal, gravely disabled, or currently violent; and
    - Residential substance use treatment - Member requires ongoing support outside of the home for a substance use disorder.

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.

- Coordinating contact through a warm handoff with the member's managed care organization (MCO)managed care entity (MCE) to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated;
- Coordinating contact through a warm handoff with the member's existing or new behavioral health provider; and
- Providing any member records to the existing or new behavioral health provider or to another crisis service to assist with continuing care upon referral.

Follow-Up

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; and
- 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.

Service Utilization

CS requires concurrent review after the initial 24-hour period, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The CS provider must immediately notify the MCE of the member's admission. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider.

The LMHP or psychiatrist must be available at all times to provide back up, support and/or consultation through all services delivered during a crisis.

NOTE: Such encounters will be subject to retrospective review. In this way, IF it is determined that the available/reviewed documentation does not support the crisis, the payment may be subject to recoupment.

Service Delivery

All mental health services must be medically necessary in accordance with the Louisiana Administrative Code 50:I.1101. The medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law. There shall be member involvement throughout the planning and delivery of services.

Services shall be:

- Delivered in a culturally and linguistically competent manner;
- Respectful of the individual receiving services;
- Appropriate to individuals of diverse racial, ethnic, religious, sexual or gender identities and other cultural and linguistic groups; and
- Appropriate for age, development; and education.

Limitations/Exclusions

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

- Services rendered in an institute for mental disease;
- Cost of room and board

Crisis stabilization shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost;

The per diem rate for CS and BHCC cannot be billed on the same day.

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 2024, 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

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Original approval date	8/22	12/9/22	
Annual Review. Removed ICD-10 Table. Updated Reference number. Added policy reference 510c and 517c in description. Reviewed and updated references. Changed policy name to LA.CP.BH.513c Adult Crisis Stabilization	10/23	1/5/24	
Annual Review. Description updated. Criteria updated to provide clear communication and language from LDH Behavioral Health Provider Manual. Added Service Utilization and Service Delivery section to Background Reformatted for clarification. References reviewed and updated.	3/25	5/13/25	6/14/25

References

1. LDH Behavioral Health Provider Manual. Chapter 2: Behavioral Health Services. Section 2.2 Bed Based Services. Crisis Stabilization for Adults. Issued: 02/05/24. Replaced: 08/03/22.

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.

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