

## Clinical Policy: Mental Health Rehab Medical Necessity Criteria (MNC) Policy for Crisis Intervention (CI)

Reference Number: LA.CP.MP.504c

Date of Last Revision: 1/23

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

Mental Health Rehabilitation (MHR) Crisis Intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, through a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of CIs are symptom reduction, stabilization, and restoration to a previous level of functioning.

Louisiana Healthcare Connections will determine if services are medically necessary based upon the preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services as well as supplemental information provided by the treating practitioner.

### Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that initial admission for *MHR Crisis Intervention (CI)* is **medically necessary** when ALL the following is met:
  - A. Member/enrollee self-identifies as experiencing a seriously acute psychological/emotional change, which results in a marked increase in personal distress, and which exceeds the abilities and the resources of those involved to effectively resolve it.
  - B. Member/enrollee has a primary psychiatric DSM-5 diagnosis
  - C. Crisis plan developed by the non-licensed professional, in collaboration with the treatment team and LMHP, must be provided under the supervision of an LMHP with experience regarding the member/enrollee's specific crisis.
  - D. A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services includes but is not limited to the following:
    - i. Contact with the member/enrollee, family members/enrollees, Wraparound Agency, or other collateral sources (i.e., caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or
    - ii. 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/or
    - iii. Referral to other alternative mental health services at an appropriate level may be considered.
- II. It is the policy of Louisiana Healthcare Connections that continued stay for *MHR Crisis Intervention (CI)* is **medically necessary** when ALL the following is met:

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- A. The member/enrollee continues to meet admission criteria only when the member/enrollee cannot be referred to non-crisis treatment to address the member/enrollee's crisis related behaviors and symptoms;
- B. Despite reasonable therapeutic efforts, the clinical evidence indicated the need for at least one of the following:
  - i. Short-term CI, including crisis resolution and debriefing with the member/enrollee or
  - ii. Follow up with the individual and, as necessary, with the individual's caretaker and/or family members/enrollees or
  - iii. Consultation with a physician or with other qualified providers to assist with the member/enrollee's specific crisis.

**Background**

*Crisis Intervention Components:*

All mental health rehabilitation services must be medically necessary and are subject to prior authorization, except CI Emergent services. 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 his/her best age-appropriate functional level.

CI Service Utilization

- A. CI-Emergent
  - 1) Allowed without the requirement of a prior authorization in order to address the emergent issues in a timely manner.
  - 2) If Crisis continues as a CI-Emergent episode after one day, additional units may be requested with prior authorization.
- B. CI-Ongoing
  - 1) Prior authorization is required for CI-Ongoing.
  - 2) Authorized until the current crisis is resolved or the member/enrollee has been accepted into a level of care appropriate to address presenting symptoms and behaviors.
  - 3) The member/enrollee's treatment record must reflect resolution of the crisis, or the member/enrollee's transition into appropriate level of care that will address presenting symptoms and behaviors. This will mark the end of the current crisis episode.

Service Criteria

- A. A member/enrollee in crisis may be represented by a family member/enrollee or other collateral contact that has knowledge of the member/enrollee's capabilities and functioning. The member/enrollee's family representative or other collateral contact may initiate the CI in the interest of the member/enrollee's safety.
  - Members/enrollees in crisis who require CI may be using substances during the crisis, and this will not in and of itself, disqualify them for eligibility for the services.
- B. The crisis plan developed by the non-licensed professional, in collaboration with the treatment team and Licensed Mental Health Professional (LMHP), must be provided

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under the supervision of an LMHP with experience regarding this specialized mental health service. The LMHP must be always available to provide back up, support and/or consultation from assessment of risk and through all services delivered during a crisis.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	7/20	7/20
Added continued stay criteria	03/21	
Format change. Reviewed criteria. Changed Date to Revision Date in Revision Log. Changed Last Revision Date to Date of Last Revision in Header. Changed member to member/enrollee in all instances.	1/23	<u>4/3/23</u>

**References**

1. Louisiana Department of Health Behavioral Health Services Provider Manual
2. Magellan Healthcare Medical Necessity Criteria Version 1.1 Revision Date July 9, 2019
3. Louisiana Behavioral Health Partnership Service Authorization Criteria 2012

**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.

## **CLINICAL POLICY**

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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/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees 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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