



POLICY AND PROCEDURE MANUAL

Policy Number: PA.229.CC
Last Review Date: 11/17/2022
Effective Date: 12/01/2022

PA.229.CC- Crisis Intervention

CountyCare considers **Crisis Intervention** medically necessary for all of the following indications:

1. The member is currently undergoing a psychiatric emergency, defined as a change in behavior that severely impacts the member's ability to function in their environment and/or may lead to danger to self or danger to others,
AND
2. The member requires immediate and intensive intervention services which cannot be provided by customary community mental health services,
AND
3. The member exhibits difficulty in cognitive ability to identify personal danger or significant impairment in function,
AND
4. The member is at risk for psychiatric hospitalization or institutionalization.

CountyCare considers **Screening, Assessment, and Support Services (SASS)** in accordance with crisis intervention medically necessary for the following indications:

1. The member has been referred by a Crisis and Referral Entry Services (CARES) representative,
AND
2. The member is currently experiencing a psychiatric emergency and/or poses a danger to self or a danger to others,
AND
3. The Member cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources,
AND
4. The SASS screening and crisis assessment must be conducted face-to-face with the CARES-referred member experiencing the crisis. Screening must minimally include completion of the following:
 - The CSPI decision support instrument
 - A mental status evaluation

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- An evaluation of the extent of the child's ability to function in his/her environment and daily life
- An assessment of the child's degree of risk of harm to self, others or property.
- A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child.

Note: Member's may receive SASS services prior to a mental health assessment and/or prior to a diagnosis of a mental illness

Limitations

- SASS services are not authorized for members who are NOT a risk to self or others, and/or are NOT experiencing a psychiatric emergency
- Crisis intervention services must be performed by an actively licensed Mental Health Professional (MHP) with immediate access to a Qualified Mental Health Professional (QMHP)

Background

Crisis intervention services provide immediate care for members who are experiencing a psychiatric crisis. These services include crisis assessment, brief supportive therapy or counseling, and referral and linkage to appropriate community services in order to avoid more restrictive levels of treatment and symptom recidivation. Crisis intervention aims to provide symptom management and stabilization to a previous level of functioning.

Examples of Crisis Intervention Services include:

- Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services.
- Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment.
- Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff.
- Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.

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- Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis.
- Consultation with one's own provider staff to address the crisis.

Codes

Code	Description
H2011	Crisis intervention service, per 15 minutes

References

1. Berrino A, Ohlendorf P, Durlaugh S, Burnand Y, Lorillard S, Andreoli A. Crisis intervention at the general hospital: an appropriate treatment choice for acutely suicidal borderline patients. *Psychiatry Research* 2011;186(2-3):287-92. DOI: 10.1016/j.psychres.2010.06.018. <https://pubmed.ncbi.nlm.nih.gov/20667602/>
2. Fenton WS, Hoch JS, Herrell JM, Mosher L, Dixon L. Cost and cost-effectiveness of hospital vs residential crisis care for patients who have serious mental illness. *Archives of General Psychiatry* 2002;59(4):357-64. <https://pubmed.ncbi.nlm.nih.gov/11926936/>
3. MCG 21st Edition. Behavioral Health Care > Behavioral Health Level of Care Guidelines >Crisis Intervention Behavioral Health Level of Care (B-905-CI).
4. Murphy SM, Irving CB, Adams CE, Waqar M. Crisis intervention for people with severe mental illnesses. *Cochrane Database of Systematic Reviews* 2015, Issue 12. Art. No.: CD001087. DOI: 10.1002/14651858.CD001087.pub5
5. Optum 360. HCPCS Code Detail – H2011.
6. Practice guideline for the assessment and treatment of patients with suicidal behaviors. *American Journal of Psychiatry* 2003;160(11 Suppl):1-60. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf
7. State of Illinois. Community Mental Health Services. Service Definition and Reimbursement Guide. https://www2.illinois.gov/hfs/MedicalProviders/behavioral/sass/Documents/070507_cmhp_guide.pdf
8. State of Illinois. Community-Based Mental health Service Definitions and Professional Qualifications. Joint Committee on Administrative Rules. Title 89 Ill. Adm. Code 140.453. <https://www.ilga.gov/commission/jcar/admincode/089/089001400D04530R.html>

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine.

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The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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