Service: Crisis Intervention

Service Definition

Services directed toward the support of a child who is experiencing an abrupt and substantial change in behavior which is usually associated with a precipitating situation and which is in the direction of severe impairment of functioning or a marked increase in personal distress. Crisis Intervention is designed to prevent out of home placement or hospitalization. Often, a crisis exists at such time as a child and/or his or her family/responsible caregiver(s) decide to seek help and/or the individual, family/responsible caregiver(s), or practitioner identifies the situation as a crisis. Crisis services are time-limited and present-focused in order to address the immediate crisis and develop appropriate links to alternate services. Services may involve the youth and his/her family/responsible caregiver(s) and/or significant other, as well as other service providers.

The current family-owned safety plan, if existing, should be utilized to help manage the crisis. Interventions provided should honor and be respectful of the child and family's wishes/choices by following the plan as closely as possible in line with appropriate clinical judgment. Plans/advanced directives developed during the Assessment/IRP process should be reviewed and updated (or developed if the individual is a new individual) as part of this service to help prevent or manage future crisis situations.

Some examples of interventions that may be used to de-escalate a crisis situation could include: a situational assessment; active listening and empathic responses to help relieve emotional distress; effective verbal and behavioral responses to warning signs of crisis related behavior; assistance to, and involvement/participation of the individual (to the extent he or she is capable) in active problem solving planning and interventions; facilitation of access to a myriad of crisis stabilization and other services deemed necessary to effectively manage the crisis; mobilization of natural support systems; and other crisis interventions as appropriate to the individual and issues to be addressed.

Admission Criteria

1. Treatment at a lower intensity has been attempted or given serious consideration; **and #2 and/or #3 are met:**
2. Youth has a known or suspected mental health diagnosis or substance related disorder; **or**
3. Youth is at risk of harm to self, others and/or property. Risk may range from mild to imminent; and one or both of the following:
    a. Youth has insufficient or severely limited resources or skills necessary to cope with the immediate crisis; or
    b. Youth demonstrates lack of judgment and/or impulse control and/or cognitive/perceptual abilities.

Continuing Stay Criteria

This service may be utilized at various points in the youth's course of treatment and recovery; however, each intervention is intended to be a discrete time-limited service that stabilizes the individual and moves him/her to the appropriate level of care.

Discharge Criteria

1. Youth no longer meets continued stay guidelines; and
2. Crisis situation is resolved, and an adequate continuing care plan has been established.

Clinical Exclusions

Severity of clinical issues precludes provision of services at this level of care

Clinical Operations

In any review of clinical appropriateness of this service, the mix of services offered to the individual is important. The use of crisis units will be looked at by the Administrative Services Organization in combination with other supporting services. For example, if an individual present in crisis and the crisis is alleviated within an hour but ongoing support continues, it is expected that 4 units of crisis will be billed and then some supporting service such as individual counseling will be utilized to support the individual during that interval of service.

Staffing Requirements

1. 90839 and 90840 are only utilized when the content of the service delivered is Crisis Psychotherapy. Therefore, the only practitioners who can do this are those who are recognized as practitioners for Individual Counseling in the Service X Practitioner Table A. included herein.
2. The practitioner who will bill 90839 (and 90840 if time is necessary) must devote full attention to the individual served and cannot provide services to other individuals during the time identified in the medical record and in the related claim/encounter/submission.

Service Accessibility

1. All crisis service response times for this service must be within 2 hours of the individual or other constituent contact to the provider agency.
2. Services are available 24-hours/ day, 7 days per week, and may be offered by telephone and/or face-to-face in most settings (e.g. home, school, community, clinic etc.).
3. Demographic information collected shall include a preliminary determination of hearing status to determine referral to DBHDD Office of Deaf Services.
4. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
    a. The use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
    b. The use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

    Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference.

Additional Medicaid Requirements

The daily maximum within a CSU for Crisis Intervention is 8 units/day.

Billing & Reporting Requirements

1. Any use of a telephonic intervention must be coded/reported with a U6 modifier as the person providing the telephonic intervention is not expending the additional agency resources in order to be in the community where the person is located during the crisis.
2. Any use beyond 16 units will not be denied but will trigger an immediate retrospective review.
3. Psychotherapy for Crisis (90839, 90840) may be billed if the following criteria are met:
    a. The nature of the crisis intervention is urgent assessment and history of a crisis situation, assessment of mental status, and disposition and is paired with psychotherapy, mobilization of resources to defuse the crisis and restore safety and the provision of psychotherapeutic interventions to minimize trauma; **and**
    b. The practitioner meets the definition to provide therapy in the Georgia Practice Acts; **and**
    c. The presenting situation is life-threatening and requires immediate attention to an individual who is experiencing high distress.
4. Other payers may limit who can provide 90839 and 90840 and therefore a providing agency must adhere to those third-party payers' policies regarding billing practitioners.
5. The 90839 code is utilized when the time of service ranges between 45-74 minutes and may only be utilized once in a single day. Anything less than 45 minutes can be provided either through an Individual Counseling code or through the H2011 code above (whichever best reflects the content of the intervention).
6. Add-on Time Specificity:
    a. If additional time above the base 74 minutes is provided and the additional time spent is greater than 23 minutes, an additional encounter of 90840 may be billed.
    b. If the additional time spent (above base code) is 45 minutes or greater, a second unit of 90840 may be billed.
    c. If the additional time spent (above base code) is 83 minutes or greater, a third unit of 90840 may be billed.
    d. If the additional time spent (above base code) is 113 minutes or greater, a fourth unit of 90840 may be billed.
7. 90839 and 90840 cannot be submitted by the same practitioner in the same day as H2011 above.
8. 90839 and 90840 cannot be provided/submitted for billing in the same day as 90791, 90792, 90833, or 90836.
9. Appropriate add-on codes must be submitted on the same claim as the paired base code.
10. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.