

Crisis Stabilization Unit

The following service codes are used when clients are at the Crisis Stabilization Unit (CSU). Only direct service staff of the CSU may use these codes. When clients are at the CSU, this is considered a lockout situation. During this time, all other providers would use MHSVCLOCK for any service that would otherwise be billable, except Targeted Case Management.

Who Can Use These Codes?*

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPCCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
Crisis Stabilization	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CSU Medication Visit	Y	Y^	Y	N	N	N	N	N	N	N	N

*Only Crisis Stabilization Unit Direct Service Staff may use these codes

^ Per specific licensing board requirements, co-signature may be necessary

Crisis Stabilization

Service Code: S9484

Crisis Stabilization is a service lasting less than 24 hours for a client's urgent condition that requires more timely response than a regularly scheduled visit. This is an unplanned service involving actual or potential threats of danger to self, danger to others, or grave disability (inability to care for themselves, including provision/utilization of food, clothing, and shelter) due to a perceived mental disorder. Crisis Stabilization can only be provided at sites certified by the MHP to perform Crisis Stabilization.

Billable Services Include:

- ✓ Assessment of client's physical and mental health
- ✓ Collateral contacts with significant support persons
- ✓ Case management to coordinate care with current providers
- ✓ Medication evaluation and management
- ✓ Ongoing risk assessment
- ✓ Discharge planning and referral services, including inpatient placement efforts or referral to community resources

A Good Crisis Stabilization Note Includes:

- Description of the immediate emergency requiring crisis response
- Documentation demonstrating ongoing assessment of need for 5150 hold or crisis services at least once per 12 hour shift
- Interventions utilized to stabilize the crisis

- The client's response to interventions and the outcomes
- The safety plan that is developed
- Justification for discharge (e.g. the client no longer reporting or exhibiting safety/risk concerns)
- Rationale for the discharge plan and appropriate referrals that correspond with the client's needs (e.g. physical healthcare, substance abuse, housing, etc.)
- Progress notes do not need to be written in BIRP format but must be legible

CSU Medication Visit

Service Code: CSUMED

This service code is used for urgent psychiatry services for medication management and refills provided at the Crisis Services Unit (CSU) ONLY. The service can be provided in-person or via telepsychiatry videoconferencing.

Billable Services Include:

- ✓ Assessment and evaluation by a psychiatric provider to determine acute needs for medication to prevent deterioration and need for higher level of care
- ✓ Providing information about potential side effects of medication(s)
- ✓ Prescribing medication
- ✓ Obtaining informed consent for any new medication prescribed
- ✓ Medication education

Non-Billable Activities Include:

- ✗ Services provided that are not clearly related to client's mental health, symptoms, or functional impairment (i.e. focused on substance abuse or medical issues)

A Good CSU Medication Visit Note Includes:

- Documentation of informed consent
- Description of current symptoms, functional impairment, and included mental health diagnosis
- Documentation of the clinical need for medication
- Instruction in the use, risks, and benefits of and alternatives to medication
- Mental Status Exam
- Referral to outpatient clinic for ongoing medication services
- Appropriate referrals that correspond with the client's needs (e.g. physical healthcare, substance abuse, housing, etc.)