Crisis Stabilization Unit

The following service code is used when clients are at the Crisis Stabilization Unit (CSU). Only direct service staff of the CSU may use this code. 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 This Code?*

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI	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

*Only Crisis Stabilization Unit Direct Service Staff may use this code

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 this service.

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 in at least two of the three shift notes per day
- 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 need to be written in BIRP format