Sentara Health Plans

Medicaid

23-Hour Crisis Stabilization, BH 33

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Department of Medical Assistance Services. Provider Manual Title: Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 18

23-Hour Crisis Stabilization provides short-term assessment, observation and crisis intervention services for individuals experiencing a behavioral health crisis who require a safe environment for initial assessment and intervention. 23-Hour Crisis Stabilization services are provided for a period of up to 23 hours and may co-locate with RCSUs as part of a continuum of crisis care.

23-Hour Crisis Stabilization is appropriate for individuals who have urgent behavioral health needs including but not limited to significant emotional dysregulation, disordered thought processes, substance use and intoxication resulting in behavioral crisis and environmentally de-stabilizing events that require multi-disciplinary crisis intervention and observation to stabilize the immediate crisis and determine the next appropriate step in the plan of care.

The goals of this service include but are not limited to:

- Opportunity for thorough assessment of crisis and psychosocial needs and supports throughout the full 23 hours of service to determine the best resources available for the individual to prevent unnecessary hospitalization.
- **Assessment:**
  - Psychiatric evaluation
  - Further diagnostic testing (drug screens, lab tests and monitoring for emergent medical needs),
  - Level of care determination

- **Care Coordination:**
    - Screening and referral for appropriate behavioral health services and community resources.
- **Crisis Intervention:**
    - Improvement of acute symptoms,
    - Resolution of acute intoxication,
    - Safety planning
- **Health Literacy Counseling:**
    - Provision of medication and monitoring of response
    - Targeted education concerning diagnosis and treatments

Covered Service Components of 23-Hour Crisis Stabilization include:

- Assessment
- Care Coordination
- Crisis Intervention
- Health Literacy Counseling
- Individual and Family Therapy
- Peer Recovery Support Services
- Skills Restoration
- Treatment Planning

Required Activities:

Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p19:

In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to 23-Hour Crisis Stabilization:

Assessment:

- At the start of services, a LMHP, LMHP-R, LMHP-RP or LMHP-S must conduct an assessment for determining medical necessity criteria and the individual's appropriateness for the service. See the Assessment Requirements section for details.
- A psychiatric evaluation must be completed at admission by a psychiatrist, nurse practitioner or physician assistant or nurse practitioner working under the psychiatrist.
    - The 23-Hour Crisis Stabilization provider may use a psychiatric evaluation completed within 24 hours prior to admission by a psychiatrist or nurse practitioner to meet this requirement. Documentation that the 23-Hour Crisis Stabilization psychiatrist, nurse practitioner or physician assistant has reviewed and updated (as clinically necessary) the evaluation at admission must be in the clinical record.

Nursing: 23-Hour Crisis Stabilization providers must have 24 hour in-person nursing. A nursing assessment meeting the requirements of 12VAC35-105-1890 must be completed at the time of admission. Nursing can be shared among co-located programs.

Care Coordination:

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
- Coordination of withdrawal management services with a medical provider is required as necessary
- Appropriate transition to the next level of care shall be required. Documentation must include a demonstration of active transitioning from 23-hour crisis stabilization to an appropriate level of care which includes care coordination with the individual's MCO or FFS service authorization contractor, service providers and other collateral contacts.
- The provider shall establish and maintain referral relationships with step-down programs appropriate to the population served;

- The provider shall collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists, and substance use disorder providers.

Crisis Intervention: A safety plan is required. See the Safety Plan and Crisis ISP section for additional information.

The following components must be available to individuals in the treatment program and provided in accordance with the individual's assessed needs

- Individualized treatment planning;
- Individual and family therapy
- Nursing on-site 24/7;
- Skills restoration and health literacy counseling;
- Assessment and evaluation as well as additional clinically indicated psychiatric and medical consultation services;
- Medical, psychological, psychiatric, laboratory, and toxicology services available on-site or by consult or referral;
- Crisis intervention and safety planning support available 24/7;
- Peer recovery support services, offered as an optional supplement for individuals;
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports.

Clinical Indications for Procedure:

Department of Medical Assistance Services. Provider Manual Title: Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p21

23-Hour Crisis Stabilization is considered medically necessary for **ALL** of the following *:

- 1. The individual must be experiencing an active behavioral health crisis;
- 2. Documentation indicates evidence that the individual currently meets criteria for a primary diagnosis consistent with the most recent version of the International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates with the Diagnostic and Statistical Manual; **and**
- 3. The individual or collateral contact reports at least **one** of the following:
  - a. suicidal/assaultive/destructive ideas, threats, plans or actions; **or**
  - b. an acute or increasing loss of control over thoughts, behavior and/or affect that could result in harm to self or others; **or**
  - c. functional impairment or escalation in mood/thought/behavior that is disruptive to home, school, or the community or impacting the individual's ability to function in these settings; **or**
  - d. the symptoms are escalating to the extent that a higher level of care will likely be required without intervention; **or**
  - e. Acute stress reaction that threatens to lead to significant emotional and/or behavioral deterioration without rapid intervention, evaluation, and treatment **and**
- 4. There is evidence of at least **1 or more** of the following:
  - a. Indication that the symptoms will adequately resolve or stabilize within a 23 hour period at which time a less restrictive level of care will be appropriate or
  - b. The presenting clinical problem requires a safe, contained environment wherein observation and assessment can be conducted to determine next steps in the individual's care **and**
- 5. Without urgent intervention, the individual will likely decompensate which will further interfere with their ability to function in at least one of the following life domains: family, living situation, school, social, work, or community.

*The medical necessity for individuals admitted under a Temporary Detention Order (TDO) issued pursuant to section §37.2-800 et. seq. and §16.1-335 et seq. of the Code of Virginia is established and DMAS or its contractor cannot limit or deny services specified in a TDO (see the Temporary Detention Order Supplement to the Psychiatric Services Manual for additional details).

Discharge Guidelines:

Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p 22

Regardless of the individual's clinical status, the service requires that individuals are discharged within 23 hours. The point at which that discharge occurs within that time frame may depend on **1 or more of** the following:

- Whether the individual no longer meets admission criteria or meets criteria for a less or more intensive level of care
- Determination and availability of the service or natural supports to which the individual is to be discharged into the care of

Exclusions and Service Limitations:

Mental Health Services. Revision Date: 11/15/2024 Appendix G: Comprehensive Crisis Services, p22

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV of the DMAS manual, the following exclusion criteria and service limitations apply:

- The individual is not appropriate for this service if there is a presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care.
- Temporary housing shall not be conditioned upon an individual receiving any crisis service and housing (including temporary housing) is not a reimbursable component of this service. If an individual meets admission criteria for this service and housing is an assessed need, this should be noted as a need on the registration to support coordination of resources for the individual. While loss or lack of housing may contribute to a behavioral health crisis, the solution to the housing need must be addressed through non-Medicaid funding or services related to housing. 23-hour Crisis Stabilization should address the behavioral health crisis triggered by the stressor of a housing problem using interventions and a plan directed explicitly at the behavioral health needs and symptoms. Providers are prohibited from using Medicaid reimbursement to cover housing costs for an individual and any funds used for this purpose will be retracted.
- Services may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010

Document History:

Revised Dates:

- 2025: June – Implementation date of August 1, 2025. Cut and paste policy updated to match DMAS manual revision date 11.15.2024. Updated to new format.
- 2024: June - DMAS manual updated No criteria changes.
- 2023: June
- 2022: June, September

Reviewed Dates:

- 2026: May – Implementation date of September 1, 2026. No changes to criteria. DMAS Manual unchanged.

Origination Date: December 2021

Coding Information:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

S9485	Crisis intervention mental health services, per diem

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products:
  - This guideline is applicable to all Sentara Health Plan Virginia Medicaid products
- Authorization Requirements: Initial registration is required by the Plan.
  - There is no continued stay for this service, the service is a total maximum of 23 hours per episode.
  - MHS - Appendix G (updated 11.15.24)_Final.pdf: Comprehensive Crisis Services, p21:
    - **Additional Service Requirements p20:**
      - At a minimum, required components of 23-Hour Crisis Stabilization include: assessment (psychiatric, nursing and LMHP), crisis intervention, and care coordination. Providers must have the capacity to provide any of the above components for up to 23 hours based on the individual's needs.
      - Services must be provided in-person with the exception of the psychiatric evaluation and care coordination.
      - Service delivery must be individualized. Group delivery of service components is not appropriate for this service.
      - Services must be accessible 24 hours a day, 7 days a week.
    - Service Authorization p24:
      - Providers must submit a registration for one 23-hour episode/one unit to the individual's MCO or FFS service authorization contractor within one business day of admission.
      - Consecutive registrations from the same or different provider are not permitted.
      - Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at http://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/. Information on the FFS service authorization contractor's processes is located at Acentra Health/DMAS Reference Info | MES (virginia.gov).
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not

constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/15/2024. Appendix G: Comprehensive Crisis Services. Retrieved 4.30.2025. https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-11/MHS%20-%20Appendix%20G%20%28updated%2011.15.24%29_Final.pdf

Keywords:

SHP 23-Hour Crisis Stabilization, SHP Behavioral Health 33