

\*\*\*\*\***Provider Alert**\*\*\*\*\*

TO: SPN Providers  
FROM: Robin A. Cunningham  
Director, Consumer and Provider Relations  
DATE: April 21 2006

SUBJECT: H2011 – Outpatient Crisis
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As a follow-up to the “Crisis Meeting” held at ValueOptions on Friday, April 21, 2006, below is the process outlined during the meeting and attached is the form to be used.

**Why to provide/bill Crisis intervention services?**

CIS Crisis intervention services are interventions provided in response to a crisis in order to reduce the acute symptoms of severe and persistent mental illness or serious emotional disturbance and to prevent admission of an individual to a hospital or other restrictive environment. Individual crisis intervention services are necessary to address those situations when, because of a mental health condition: an individual presents an immediate danger to self or others; or an individual's mental or physical health is at risk of serious deterioration.

**Who can receive crisis intervention services?**

CIS units can be used when a member is not currently authorized for an RDM package, or when a member is authorized for adult package 1 or 2, or when a child or adolescent is authorized for package 1.2, 1.2, or 4. CIS units may be used in conjunction with an ERO enrollment or with a new member, during an urgent visit following an intervention by the mobile crisis team.

This code cannot be billed on persons admitted to an acute care facility because crisis intervention services are not appropriate for persons who require the more intensive services provided in an acute care facility.

**Who can render crisis services?**

Crisis intervention services must be provided by at least a crisis intervention trained QMHP-CS.

**How to obtain authorization?**

This request for authorization must be submitted to fax number 972-906-2789 within 24 hours of the crisis intervention.

Please note that this code goes into effect to correspond with the effective date of your executed performance amendment. If you have not sent in your performance amendment, please sign immediately and forward to me at:

1199 S. Beltline Road Suite 100  
Coppell, TX 75019

Should you have any questions about this form or process, please contact:

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Attachment