



### Crisis Unit (H2011) Request Form

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. Crisis intervention services must be provided by a crisis intervention trained QMHP-CS. 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. This request for authorization must be submitted within 24 hours of the service.

**Demographics:**

Member Name \_\_\_\_\_ NorthSTAR ID \_\_\_\_\_  
Provider: \_\_\_\_\_ Provider Number \_\_\_\_\_

Date of service \_\_\_\_\_ Service Start Time: \_\_\_\_\_  
Service End Time: \_\_\_\_\_

Was member an **urgent** referral from ACS Mobile Crisis?  
 Yes       No

**Description of crisis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of intervention (include medications given):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provisional Diagnosis:  
Axis I \_\_\_\_\_ Axis V \_\_\_\_\_

Person completing form : \_\_\_\_\_ (Phone) \_\_\_\_\_

**Please fax form to 972-906-2789**