

Medical Necessity Criteria for Behavioral Health Crisis Stabilization

How to Use this Document

Blue Cross Blue Shield of Massachusetts has developed this document to provide you with the clinical criteria used to determine coverage for crisis stabilization services. Please be sure to check member benefits and eligibility before rendering services.

Description

Crisis Stabilization Unit (also known as Crisis Stabilization Bed) is a 24 hour observation facility, commonly located in the hospital setting or community based program. The Crisis Stabilization Unit provides a short term psychiatric treatment, in most cases 3 days or less, designed to stabilize a member in crisis while preventing an unnecessary hospital admission.¹

Coverage Guidelines

BCBSMA may authorize Crisis Stabilization Unit when all the following criteria are met:

Admission Criteria (All of the following):

1. Member has a DSM 5 diagnosis.
2. The member is currently unable to manage self in the community. Given the member's symptoms, less intensive supports will not provide the structured setting the member currently requires for stabilization to occur.
3. The member's symptoms/behaviors do not require a locked facility and/or 24 hour nursing care.
4. The member is voluntary and willing to accept treatment.²

1. Multi-Systemic Therapy vs. Hospitalization for Crisis Stabilization of Youth: Placement Outcomes 4 Months Post Referral: Schoenwald, Ward, Henggeler, and Rowland. Mental Health Services Research. March 2009: Vol 2: Issue 1: pp 3-12.

2. Patient Outcome After Treatment in a Community-Based Crisis Stabilization Unit: Adams and El-Mallakh. The Journal of Behavioral Health Services and Research. July 2009: Vol 36: Issue 3: pp 396-399.

Concurrent Review (All of the following):

1. Member continues to meet admission criteria and if were discharged, the member would likely require re-admission or admission to a higher level of care.
2. Treatment at the Crisis Stabilization Unit level of care is still necessary to stabilize symptoms and functioning or to step down to a lower level of care, per discharge planning.
3. The family/guardian(s)/caregiver(s) are participating in treatment.³

Discharge (Must meet one of the following):

1. Member no longer meets admission criteria and/or meets criteria for a different level of care (either more or less intensive).
2. Member withdraws consent for treatment.
3. Member is not participating in treatment plan.
4. Member is not making progress toward treatment goals.
5. Member's individual treatment plan and goals have been reached.⁴

How to Submit a Notification Request

Prior notification is required for all Crisis Stabilization Unit services. To provide notification, please call the behavioral health telephone number listed on the back of the member's ID card.

Claims payment is based on eligibility at the time of service, availability of benefits when we receive you claim, and medical necessity. All covered services, even those that do not require authorization, are subject to the plan's medical necessity requirement and may be subject to audit or review, even after the service has been performed or the claim has been paid.

Document History

Review Date: June 15, 2015; June 17, 2016; May 30, 2017; May 29, 2018

Last Review Date: May 29, 2019

3.Ibid.

4.Ibid.

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711). ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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