

*North Carolina*  
**State Health Plan**

for Teachers and State Employees and  
NC Health Choice for Children

[www.shpnc.org](http://www.shpnc.org)

**CRISIS EVALUATION AND STABILIZATION SERVICES**  
**POLICY NUMBER: IN0560**

**Definition:**

Crisis evaluation and stabilization (CES) is typically a hospital-based comprehensive assessment and treatment plan development for a patient experiencing a crisis. Emphasis is on crisis intervention services necessary to stabilize and return the patient to a safe level of functioning, or to refer the patient for hospitalization as necessary. Twenty-three hours is generally considered the maximum amount of time for CES services. At any point during the twenty-three hours or at the end of twenty-three hours, an appropriate level of care should be determined by the treatment team. This service is not appropriate for patients who by history or clinical presentation require services of an acute care setting.

**Coverage:**

1. CES care rendered in a hospital not accredited by JCAHO is not covered, as outlined in N.C.G.S. 135-45.9(b)(1) a.
2. CES is covered in a facility based crisis setting which is owned and operated by the Local Management Entity (LME) formerly known as Area Mental Health Developmental Disability and Substance Abuse Authorities.
3. Hospitals or free-standing facility-based crisis settings (as noted in 2 above) may be reimbursed for more than 23-hours of CES when it is medically necessary to stabilize a patient in crisis to prevent the need for inpatient hospitalization, and when pre-certified by the Mental Health Case Manager (see Approval).

**Approval:**

1. Certification for CES is required by the Mental Health Case Manager which will conduct a clinical review with the treating provider(s) to determine the medical necessity of crisis evaluation and stabilization.
2. Pre-certification by the Mental Health Case Manager is required for the psychological testing if utilized during CES:

3. Pre-certification by the Mental Health Case Manager is also required prior to the patient being transitioned to either inpatient, partial hospitalization, or an IOP program. If the patient is transitioned to outpatient services, pre-certification must be obtained from the Mental Health Case Manager when the patient has already exhausted the 26 outpatient office visits allowed without case management.
4. Rationale for admission must support:
  - a. An established psychiatric or chemical dependency diagnosis (current edition of ICD or DSM).
  - b. That further assessment and immediate intervention are required for careful management of the patient's condition and to determine the level of care most appropriate for treatment.

**Limitations and Exclusions:**

1. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
2. See <http://www.shpnc.org> for a complete listing of all medical policies.

**Authority:**

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

**Revised:**

September 2008

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**Effective:**

November 18, 2008