

Crisis Intervention (Service Code 70)

The following guide will assist in a greater understanding of what is to be included when documenting a Crisis Intervention service.

Crisis Intervention, or Service Code 70, is a response to an unplanned event that focuses on helping the client to cope with a crisis and maintain them in the community. Crisis intervention may include assessment or evaluation of client's current level of risk to themselves or others, contacting collaterals, or providing therapeutic interventions to deescalate the client. Keep in mind that Service Code 70 bills at a very high rate, so the standard for documenting the service code is very high. Your documentation must clearly indicate that the client was in a crisis which there was a safety risk of Danger to self or others, therefore requiring a crisis intervention on your part. Service Code 70 should only be used when there is a safety risk for the client or for others. The intervention you provide should be focused on getting the client to return to their baseline. If the intervention doesn't produce the intended outcome, the client is then referred to a higher level of care in order to maintain their safety or the safety of others. Remember, not all agitated states equal a crisis. Crisis situations are usually an unscheduled event but could also occur during a scheduled appointment. Once the crisis is over, if services are still being provided, the service would change to the applicable service code.

For example, if PERT was contacted and assesses the client with you present, you were an observer and not actively providing crisis intervention during that time. Due to this, you would not bill Service Code 70 for the time spent observing the client's PERT assessment. If PERT was contacted and while waiting for them to arrive, client became calm and returned to baseline, the time spent waiting for PERT to arrive would not qualify as a Service Code 70. However, if you were actively participating in the assessment with PERT, you may still be able to claim Service Code 70. For example, if you were providing them with CLT information or assisting the CLT in communicating with PERT, you need to ask yourself "What service am I providing while I am waiting with the client?" "Am I providing a service to de-escalate the client and help them return to baseline? Or am I providing a supportive presence by waiting with the CLT until PERT or a clinician arrive to assess further?" You will need to determine which part of the situation was truly a crisis intervention, and which part was not. Paying close attention to which part of the service was restoring the CLT to baseline or referring to a higher level of care. If some of the time spent with the client does not meet criteria for crisis intervention, you should then determine if that time can be captured in another billable service code. Evaluate if you were providing a Specialty Mental Health Service intervention or simply waiting with the client. If you were simply waiting with the client for PERT or a clinician to arrive for further assessment, this is considered a non-billable Supportive Service and may capture with Service Code 815.

Also consider, if the client is deescalated with successfully practicing their coping skills it may be more appropriately captured as a SC 34. Alternatively, if the client becomes overwhelmed and the server works to decrease increased symptoms by reviewing progress towards goals or connecting them to another service provider/resource this may be a SC 50 (targeted case management or linkage).

For more detail on Service Codes, follow the link below to view the Progress Note and Service Code Webinar:

<https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs/pnwebinar.html>.

This Webinar contains the expanded explanation of this and many other service code definitions along with helpful scenarios.