

Medical Necessity Criteria

Outpatient Services

Psychiatric Consultation on an Inpatient Medical Unit or ED

Consultation-liaison (C-L) psychiatry is the subspecialty of psychiatry concerned with medically and surgically ill patients. Consults may be obtained on Members hospitalized on medical/surgical units or those presenting to emergency departments (EDs).

In general, the aims of psychiatric consultation are:

1. To ensure the safety and stability of Members within the medical/emergency environment.
2. To collect sufficient history and medical data from appropriate sources to assess the Member and formulate the problem.
3. To conduct a mental status examination.
4. To initiate an active treatment plan that could include medication, as deemed appropriate.

Criteria

Admission Criteria

The following criterion is necessary for admission to this level of care:

1. The Member is an inpatient on a medical/surgical unit or in the ED.

One of the following criteria (2-7) is also necessary for admission to this level of care:

1. The Member has a suspected psychiatric or behavioral disorder, a significant psychiatric history, or current or recent use of psychotropic medications.
2. The Member has a high risk for psychiatric problems by virtue of serious medical illness (e.g., organ transplantation).
3. The Member displays acute agitation as a result of psychosis, intoxication, withdrawal, dementia, delirium, or other etiologies (e.g., toxic metabolic disturbances, cardiopulmonary, endocrine, neurologic disorders).
4. The Member expresses suicidal or homicidal ideation or a wish to die, including a request for hastened death, physician-assisted suicide, or euthanasia.
5. The Member's care involves a medico-legal situation (e.g., where there is a question of a patient's capacity to consent to or refuse medical or surgical treatment).

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors should be considered when making level-of-care decisions.

Exclusion Criteria

The following criterion is sufficient for exclusion from this level of care:

1. The Member can be safely maintained and effectively treated without psychiatric consultation.

Continued Stay Criteria

One of the following criteria (1-2) is necessary for continuing consultation:

1. There is a need for ongoing data collection, systems interventions, psychopharmacological monitoring, prevention of behavioral or psychiatric relapse, or increased compliance with treatment recommendations.
2. The Member needs restraints or is on constant observation, remains psychotic, agitated, potentially violent, psychiatrically unstable or suicidal, or a delirium has not resolved.

Discharge Criteria

1. The Member no longer requires psychiatric consultation services.

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