



Policy Name	23-Hour Observation - 2024
Policy Number	20.5.003
Issued By	Chief Medical Officer
Approved By	Corporate Quality Improvement Committee
Original Effective Date	01/23
Revision Dates	
Review Dates	09/23

Purpose

To provide authorization parameters for benefit approval of 23-hour Observation so that benefit decisions are applied in a consistent and relevant fashion.

Definitions

N/A

Scope

This policy applies to all Workforce Members of Lucet involved in clinical services, and Providers that service Lucet’s Members. This policy applies to benefits administered in plan year 2024.

Policy

A. Expectations of Care Delivery

1. On-site Registered Nursing care with full capabilities for intervention in behavioral health emergencies that occur on the unit is available 24 hours per day.
2. The hospital or inpatient unit is appropriately licensed.
3. There must be a reasonable expectation that the presenting symptoms, behavior, or crisis can be resolved or stabilized within 23 hours. If the presenting symptoms, behavior, or crisis cannot be or are not resolved/stabilized within 23 hours, the member must be referred to an appropriate acute inpatient facility for continued treatment.
4. There is documentation of evaluation within 23 hours of the entrance to the observation bed.
5. There is documentation of drug screens and other relevant lab results.
6. Treatment provided is timely, appropriate, and evidence-based (where available), and includes medication adjustments, where appropriate. Documented rationale is required if no medication is prescribed. Treatment

interventions should be focused to resolve the immediate crisis within the 23-hour setting.

B. Initial Authorization Request

1. **Must meet a – c and at least one of d, e, f or g:**

- a. A DSM diagnosis is the primary focus of active treatment.
- b. There is a reasonable expectation that the severity of the current condition and behaviors will adequately resolve or stabilize sufficiently to initiate treatment at a lower level of care within 23 hours.
- c. The treatment is not primarily social, interpersonal, domiciliary or respite care.
- d. Emerging imminent risk of self-harm due to one of the following:
 - i. Current threat that includes a plausible plan in the absence of the specific means and/or intent to enact said plan
 - ii. Current/recent attempt that included a non-lethal plan and intent with ongoing risk due to lack of remorse, poor impulse control, or inability to reliably plan for safety
 - iii. Acute psychotic symptoms with disorganized or bizarre behaviors
 - iv. Violent, unpredictable, uncontrollable, and destructive behavior
- e. Emerging imminent risk of harm to others due to one of the following:
 - i. Current threat that includes identified victim(s) in the absence of the specific means and/or intent to enact said plan
 - ii. Current/recent attempt that included a non-lethal plan and intent with ongoing risk due to lack of remorse, poor impulse control, or inability to reliably plan for safety
 - iii. Acute psychotic symptoms with disorganized or bizarre behaviors
 - iv. Violent, unpredictable, uncontrollable, and destructive behavior
- f. Acute intoxication with medical, emotional, or behavioral disturbance requiring 24-hour medical management and intervention.
- g. Presence or likelihood of adverse reactions to psychiatric interventions requiring 24-hour medical monitoring and management to prevent or treat serious, severe and/or imminent deterioration in the member's medical or psychiatric condition.

Exceptions

Exceptions to this policy must be approved by the Chief Medical officer or their designee.

References

Substance Abuse and Mental Health Services Administration (2020). *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit*. [National Guidelines for Behavioral Health Crisis Care \(samhsa.gov\)](https://www.samhsa.gov/behavioral-health-crisis-care)

Related Documents

POLICIES

N/A

PROCEDURES

N/A

FORMS

N/A