

## **Service: Behavioral Health Clinical Consultation**

### Service Definition

This service includes an inter-professional telephone consultation between physicians (practitioner level 1) and/or physician extenders (practitioner level 2) in which the physician/extender with the enrolled DBHDD agency provides or receives specialty expertise opinion and/or treatment advice to/from another treating physician/extender regarding an individual who is enrolled receiving DBHDD services/supports. The physician/extender colleagues collaboratively confer to:

- Request/receive a clinical/medical opinion related to the behavioral health condition; and/or
- Assist the behavioral health/medical provider with diagnosing; and/or
- Support/manage the diagnosis and/or management of an individual's presenting condition without the need for the individual's face-to-face contact with the other practitioner; and/or \
- Consult about alternatives to medication, medication combined with psychosocial treatments and potential results of medication usage; and/or
- Identify and plan for additional services; and/or
- Coordinate or revise a treatment plan; and/or
- Understand the complexities of co-occurring medical conditions on the individual's behavioral health recovery plan (e.g. kidney failure, diabetes, high blood pressure, etc.); and/or
- Reviewing the individual's progress for the purposes of collaborative treatment outcomes.

### Admission Criteria

1. Individual must meet the Admission Criteria elements as defined in the Psychiatric Treatment definition herein; and
2. Individual must be a registered recipient of DBHDD services (in the Georgia Collaborative ASO system); and
3. Individual must have a condition or presentation of symptoms that require the advice, opinion, and/or coordination with a supporting physician/extender.

### Continuing Stay Criteria

1. Individual continues to meet the admission criteria; or
2. Individual exhibits acute disabling conditions of sufficient severity to bring about a significant impairment in day-to-day functioning; or
3. Individual continues to present symptoms that are likely to respond to pharmacological interventions; or
4. Individual continues to demonstrate symptoms that are likely to respond or are responding to medical interventions; or
5. Individual continues to require management of pharmacological treatment in order to maintain symptom remission.

### Discharge Criteria

Individual no longer meets criteria defined in the admission criteria above.

### Clinical Exclusions

Individuals are inappropriate for medical consultation when the physician/extender needs more information than can be provided telephonically by the health provider.

#### Required Components

1. A consultation request from a physician/extender seeking the specialty opinion or guidance of a physician/extender while treating an individual with a co-morbid medical condition; and
2. This service may be utilized at various points in the individual's course of treatment and recovery; however, each intervention is intended to be a discrete time limited service that stabilizes the individual and moves him/her to the appropriate course of treatment/level of care.

#### Staffing Requirements

1. The practitioner must be employed by a DBHDD enrolled Tier I or Tier II agency.
2. Practitioners able to provide consultation are those who are recognized as levels 1-2 practitioners in the Service X Practitioner Table A included herein; and
3. The practitioner must devote full attention to the individual served and cannot provide services to other individuals during the time identified in the medical record and in the related claim/encounter/submission.

#### Clinical Operations

1. When the treating physician or other qualified health providers asks for a consultation, the consultant should establish the urgency of the consultation (e.g., emergency, routine, within 24 hours).
2. When engaging in a consultation, the practitioner should be prepared to provide:
  - a. Individual demographics;
  - b. Date and results of initial or most recent behavioral health evaluation;
  - c. Diagnosis and/or presenting behavioral health condition(s);
  - d. Prescribed medications; and
  - e. Supporting health providers' name and contact information.
3. The consultant providing medical guidance and advice should have the following credentials and skillset:
  - a. Licensed and in good standing with the Georgia Composite Medical Board;
  - b. Ability to recognize and categorize symptoms;
  - c. Ability to assess medication effects and drug-to-drug interactions;
  - d. Ability to initiate transfers to medical services; and
  - e. Ability to assist with disposition planning.
4. The advice and/or guidance of the consultant should be considered during treatment/recovery and discharge planning, and clearly documented in the individual's medical record.

#### Service Accessibility

1. Services are available 24-hours/day, 7 days per week, and offered by telephone; and
2. Demographic information collected shall include a preliminary determination of hearing status to determine referral to DBHDD Office of Deaf Services

### Documentation Requirements

1. Requests between the practitioners (or their representatives) may be written or verbal. Either type of request shall be documented in the individual's medical record and noted as an administrative note (i.e. no charge).
2. In addition to all elements defined in this provider manual for the documentation of an encounter, for this service additional elements required are as follows:
  - a. The DBHDD enrolled agency physician/extender who requests a consultation from an external provider should clearly document:
    - i. The External Physician/Extender name and specialty practice area; and
    - ii. A justification of signs, symptoms, or other co-morbid health interactions that reflect why the consultation was requested; and
    - iii. Advice, guidance, and/or result of the consulting behavioral health provider consultation.
  - b. When a practitioner external to the DBHDD enrolled agency requests a consultation from the DBHDD enrolled agency physician/extender, the practitioner should clearly document the following:
    - i. The External Physician/Extender name and specialty practice area; and
    - ii. The requesting reason for the consultation, medical advice and/or guidance provided to the healthcare provider; and
    - iii. Any collaborative outcome/plan which will impact the overall IRP

### Billing & Reporting Requirements

1. The only practitioners who can bill this service are Physicians and Physician Extenders who work for a Tier I or Tier II provider who is approved to deliver Physician Assessment services through the DBHDD.
2. The DBHDD enrolled provider must consult with an external Physician/Extender (e.g., emergency department, primary care, etc.). In other words, billing for internal consultations are not permitted through this code.