



# AMERICAN ACADEMY OF PEDIATRICS

## Committee on Hospital Care

### Medical Necessity for the Hospitalization of the Abused and Neglected Child

Denial of payment for services rendered to some children hospitalized with the diagnosis of child abuse or neglect has been called to the attention of the Committee on Hospital Care (COHC) of the American Academy of Pediatrics. Specifically, peer review organizations have denied that such admissions are medically required, regarding child abuse as a social rather than a medical problem. Refusals are particularly common if the final diagnosis does not identify a fracture or other physical problem.

The COHC believes that, in most areas of the country and for most children, the hospital remains the proper place for initial diagnosis and treatment of suspected child abuse and neglect. It is often the only facility available. Often, the diagnosis of the extent of injury is unclear and diagnostic tests that cannot be performed immediately on an outpatient basis are indicated. Monitoring of parent-child interactions by nursing, social service, and other staff cannot be accomplished in an outpatient setting. Attending physicians, who often may be unacquainted with the parents, will acquire information most rapidly and efficiently by working in conjunction with the hospital team. Accurate diagnosis and disposition are facilitated speedily. Refusal of payment could seriously interfere with the prompt and adequate investigation of suspected child abuse cases.

In addition, the hospital provides a haven during the diagnostic workup in which to ensure the patient's safety. Physicians may admit a child not only for medical evaluation but also to ensure that the all-important social evaluation takes place. Because abusive parents may not comply with the need to keep scheduled appointments, hospitalization is usually the only way to complete an assessment. Because admissions may come at night, on holidays, or on weekends, hospitalization is necessary for proper and timely intervention.

The effects of the out-of-home placement necessary for the diagnosis of nonorganic failure to thrive are of particular concern. Recent pressures by payors have resulted in more of these evaluations being

done in shelters or emergency foster care facilities. For those families whose infants are found to have organic disease, the experience is devastating and unnecessary.

In the absence of an outpatient facility with a well-developed, specialized team of providers associated with an emergency shelter, hospitalization is the best and often the only mechanism for the initial evaluation of suspected child abuse. Although more ambulatory facilities may become available in the future, in most areas of the country hospitalization is the only option for physician caretakers faced with this serious problem.

Physicians are obliged to report, upon reasonably founded suspicion, the possibility of child abuse. Correlated with this is a moral, if not legal, responsibility to protect the well-being of the child, mandating hospitalization.

The COHC recommends hospitalization as a matter of medical necessity for cases of suspected child abuse and believes that both institutions and physicians caring for potentially abused children must be compensated for services provided to these children.

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