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This section provides monthly critical reminders in relation to CYS documentation standards.

Reminders for Billing Medication Services to Medi-Cal:

- When a psychiatrist is completing an evaluation that involves assessing without prescribing, a correct CPT code to use would be <u>90899-6 Assessment</u>, but <u>90899-8 Comp Med Svc W or W/O Pt Present</u> is also acceptable. Given that 90899-8 is a treatment code, the MD would need to make sure that "Med Support Services" is updated/listed on the MTP and CSP otherwise the service could not be billed to MediCal.
- If at the conclusion of an evaluation session the psychiatrist does prescribe, then the billing must reflect a Medication Service (e.g., 90862 Comp Med Svc Pharm Mgmt or 90899-8) code and the medication consents must be signed by the client and filed in the chart as of that date authorizing each of the medications being prescribed.
- If the CSP is updated by adding "Med Support Services" then the CSP must be presented to the client or legal guardian for their review and approval (initials by the client or legal guardian on the CSP is okay along with a progress note in the chart indicating this update was done with the collaboration of the client or legal guardian).
- In the event that psychiatric services **involving the prescription of medications** is required prior to the completion of the 60-day assessment, a "Mini CSP" (AKA: Medical Necessity During Assessment form) **must** be in place in the client's chart to authorize the med support services.
- In order for medication support services to be provided once the 60-day assessment is completed, Medication Services and the name of the treating psychiatrist **must** be indicated on the client's Master Treatment Plan (MTP). In addition, the frequency of medication support services to be provided and the "psychiatrist" listed as the responsible party for those services **must** be indicated on the Client Service Plan (CSP).
- The treating psychiatrist must obtain NEW medication consents whenever the following occurs:
 - 1. New medications are being prescribed for an existing client's symptoms or condition.
 - 2. New <u>client</u> arrives already on medications being prescribed by another MD outside of the clinic.
 - 3. JV 220A does not need to be updated if current one is valid.
- Medication billing codes <u>90862 Comp Med Svc Pharm Mgmt</u> and <u>90862-1 Initial Psychiatric Eval & Pharm Mgmt</u> are essentially the same and should only be used when the psychiatric evaluation is completed on the initial meeting with the client **and** the evaluation results in the prescription of medications. Again, if no medications are prescribed or if the client should refuse pharmacological treatment, then the appropriate billing code would simply be 90899-6 Assessment.