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PHYSICIAN BULLETIN PSYCHIATRISTS, PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS), PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS (PMHNP)

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PSYCHIATRIC SERVICES IN A NURSING HOME

Effective February 1, 2009, MO HealthNet will allow a Psychiatric Diagnostic Interview Examination, procedure code 90801, for participants in a Skilled Nursing Facility (nursing home) when performed by a Psychiatrist, Psychiatric Clinical Nurse Specialist (PCNS), or Psychiatric Mental Health Nurse Practitioner (PMNHP). The Psychiatric Diagnostic Interview Examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies.

PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION –CURRENT PROCEDURAL TERMINOLOGY (CPT) 90801

A Diagnostic Assessment (psychiatric diagnostic interview examination) service is for the purpose of identifying the treatment needs of the individual.

Psychiatric diagnostic interview examination (90801) *must* include direct patient contact with patient present at least 75% of time billed. MO HealthNet recognizes procedure code 90801 as a half hour unit. A maximum of 6 units (3 hours) per participant, per provider, per rolling year are allowable.

Documentation Requirements - Diagnostic Assessment

If a Diagnostic Assessment is performed by a MO HealthNet enrolled provider, documentation must be included in the patient's medical record. The documentation shall be in narrative form fully describing each session billed. A check-off list is not acceptable as sole documentation. The Diagnostic Assessment shall assist in ensuring an appropriate level of care, identifying necessary services, developing an individualized Treatment Plan, and documenting the following:

- A. Statement of needs, goals, and treatment expectations from the individual requesting services. The family's perceptions are also obtained, when appropriate and available;
- B. Presenting situations/problem and referral source;
- C. History of previous psychiatric and/or substance abuse treatment including number and type of admissions; documentation of prior/current counseling including date range, purpose, duration and provider
- D. Current medications and identifications of any medication allergies and adverse reactions;
- E. Recent alcohol and drug use for at least the past 30 days and, when indicated, a substance abuse history that includes duration, patterns, and consequences of use;
- F. Current psychiatric symptoms. These current symptoms must address the diagnostic criteria in support of the diagnosis being made;
- G. Family, social, legal, and vocational/educational status and functioning. The collection and assessment of historical data is also required unless short-term crisis intervention or detoxification is the only service being provided;
- H. Current use of resources and services from other community agencies;
- I. Personal and social resources and strengths, including the availability and use of family, social, peer and other natural supports; and
- J. Multi-axis diagnosis or diagnostic impression in accordance with the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD9-CM). The ICD9-CM is required on the Treatment Plan for billing purposes.

The Diagnostic Assessment must be signed and dated by the provider delivering the service. The date should reflect the date the service was provided. If the Diagnostic Assessment was completed over a span of days, each portion of the Diagnostic Assessment should reflect the date that portion of the service was delivered with the date at the end of the form reflecting the date the entire Diagnostic Assessment was completed. The dates billed shall reflect the dates each portion was delivered as documented in the Progress Note contained in the patient's file.

A Diagnostic Assessment should result in a determination that no further services are required **or** should be used in developing an individualized Treatment Plan. MO HealthNet does *not* cover psychological services, with the exception of the Diagnostics Assessment (90801) and Pharmacological Management (90862) when performed by a Psychiatrist, PCNS, or PMHNP, to nursing facility residents when those services are provided in a nursing home.

The Diagnostic Assessment must be current – within one year for adults and adolescents (age 13 to 20) or six months for children under 13. An update to the Diagnostic Assessment is required in occurrence of a crisis or significant clinical event.

Please refer to the Psychology/Counseling Provider Manual, Section 13.6.A(1) at http://manuals.momed.com/collections/collection_psy/Psychology_Counseling_Section13.pdf for further information regarding documentation requirements.

PHARMACOLOGICAL MANAGEMENT – CPT 90862

Pharmacological management refers to the in-depth management of psychopharmacological agents, which are medications with the potential for serious side effects.

Psychopharmacological management represents a skilled aspect of care for a patient who has been determined to have a mental illness. Pharmacological management is intended for use for patients who are being managed primarily by psychotropic medications or electroconvulsive therapy (ECT, procedure code 90870). Pharmacological management must be provided during a face-to-face visit with the patient and any psychotherapy must be less than 20 minutes.

The focus of a pharmacological management visit is the use of medication for relief of the patient's signs and symptoms of mental illness. When the patient continues to experience signs and symptoms of mental illness necessitating discussion beyond minimal psychotherapy in a given day, the focus of the service is broader and is considered psychotherapy rather than pharmacological management.

Documentation Requirements – Pharmacological Management

All documentation must support that the service was reasonable and medically necessary for the billed diagnosis.

The treating provider must document the medical necessity of the chosen treatment and list the diagnosis code that most accurately describes the condition of the patient that necessitated the need for the pharmacological management on the claim and in the patient's medical record. The medical record should be clear and concise, documenting the reason for the pharmacological management treatment and the outcomes. A check-off list is not accepted as sole documentation.

Documentation of medical necessity for pharmacological management (procedure code 90862) must address all of the following information in the patient's medical record in legible format:

- Date and time
- Diagnosis – update at least annually
- Interim Medication history
- Current symptoms and problems that include any physical symptoms
- Problems, reactions, and side effects, if any, to medications and/or ECT
- Current Mental Status Exam
- Any medication modifications
- The reasons for medication adjustments/changes or continuation
- Desired therapeutic drug levels, if applicable

- Current laboratory values, if applicable
- Anticipated physical and behavioral outcome(s)

Effective for dates of service on or after July 1, 2007, MO HealthNet requires providers to follow Medicare's Physician NCCI guidelines. Providers can find the current Physician NCCI edits and the current Mutually Exclusive Code (MEC) edits on the CMS Web site at: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp> As part of the NCCI editing, procedure code 90862 will be denied as part of any E/M service when billed on the same date of service by the same provider. If the predominant activity during the office visit is psychotherapy, then the specific psychotherapy procedure code should be billed. Procedure code 90862 will be denied as part of any psychotherapy service when billed for the same date of service by the same provider.

MO HealthNet has developed a sample template for use in documenting Pharmacological Management (90862) and Diagnostic Assessment (90801). The templates are available online at <http://www.dss.mo.gov/mhd/cs/psych/pages/templates.htm>. Providers may use the template if they wish but the specific template is not required. Utilizing the attached template will assist in ensuring all required elements are addressed.

Provider manuals, bulletins and templates are available at the MO HealthNet web site, www.dss.mo.gov/mhd.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

PHARMACOLOGICAL MANAGEMENT - 90862

Participant Name: _____ Provider name: _____
 Participant DCN: _____
 Date of Visit: _____ Location/Setting: _____
 Begin and End Time: _____

Current Diagnosis (should be updated annually, at a minimum): _____

Prescribed and/or Continued Medications:	Dose/Frequency:

Current Symptoms:

Mental Status:

Response to treatment/Side Effects:

Medication Changes/Adjustments:

Labs/Tests done or pending:

Recommendations/Plan:

Provider Signature _____ **Date** _____