

Medication Support Services

Medication support services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Services may include evaluation of the need for medication, as well as providing detailed information about: how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication as clinically appropriate even if symptoms improve or disappear; how a medication may improve the effectiveness of other services a client is receiving; possible side effects of medications and how to manage them; information about medication interactions or possible complications of using medications with certain substances; and the potential impact of choosing to not take medications. Medication support services assist beneficiaries in taking an active role in making choices about their behavioral health care, and help them make informed decisions about their treatment options.

Lockout Clarification:

Medication Support Services are not reimbursable on days when Psychiatric Inpatient Services or Psychiatric Health Facility Services are reimbursed, except for the day of admission to either service. The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.

Who Can Use These Codes?

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
Medication Evaluation	Y	Y*	Y	N	N	N	N	N	N	N	N
Psychiatric Plan Development	Y	Y*	Y	N	N	N	N	N	N	N	N
Comprehensive Medication Service	Y	Y*	Y	N	N	N	N	N	N	N	N
Medication Refill	Y	Y*	Y	N	N	N	N	N	N	N	N
Medication Education and Support	N	N	N	Y	Y	Y	N	N	N	N	N

* Per specific licensing board requirements, co-signature may be necessary

Medication Evaluation

Service Code: MEDEVAL

This service code is used for clients who are new to the system of care, or for clients who have been closed to the system for more than 3 months and have been referred to the clinic for a new intake. This service code is used for the initial face-to-face psychiatric appointment to evaluate the client's need for medication to treat symptoms of mental illness. Note: for existing clients being transferred to a new doctor or clinic, use the Comprehensive Medication Service code.

This service code is also used when a psychiatric provider completes a Medical Necessity Re-Evaluation.

Billable Services Include:

- ✓ Evaluation of the need for medication
- ✓ Formulation of mental health diagnosis
- ✓ Providing information about potential side effects of medication(s)
- ✓ Prescribing medication
- ✓ Obtaining informed consent for any new medication prescribed
- ✓ Medication education
- ✓ Collaboration on and development of the Psychiatric Services Plan
- ✓ Completion of a periodic Medical Necessity Re-Evaluation

Non-Billable Activities Include:

- ✗ Any activity that is focused primarily on substance abuse treatment. The focus of services MUST be the mental health impairment but can include some linkage to how substance use exacerbates mental health symptoms

A Good Medication Evaluation Note Includes:

- Documentation of informed consent
- Description of current symptoms, functional impairment, and included mental health diagnosis
- Documentation of the clinical need for medication
- Instruction in the use, risks, and benefits of and alternatives to medication
- Mental Status Exam

Comprehensive Medication Service

Service Code: H2010

This service code is used for ongoing, routine follow-up psychiatry appointments for medication management. The service can be provided in-person, by phone contact directly with the client, or via telepsychiatry videoconferencing.

Billable Services Include:

- ✓ Evaluation of the clinical effectiveness of a medication

- ✓ Gathering information about side effects of current medication(s)
- ✓ Prescribing medication
- ✓ Obtaining informed consent for any new medication prescribed
- ✓ Medication education
- ✓ Treatment planning activities
- ✓ Collateral and plan development related activities related to the delivery medication services and/or assessment of the client. These activities can include obtaining information from caregivers, teachers, other providers working with the client, etc. to assess the need for medication, the effectiveness of medications prescribed, and to elicit information regarding side effects

Non-Billable Activities Include:

- ✗ Services provided that are not clearly related to client’s mental health, symptoms, or functional impairment (i.e. focused on substance abuse or medical issues)

A Good Comprehensive Medication Service Note Includes:

- Documentation of Medication consent
- Description of current symptoms and diagnosis
- Documentation of the clinical need for medication
- Evaluation of the clinical effectiveness and side effects of medication
- Instruction in the use, risks, and benefits of and alternatives to medication
- Mental Status Exam
- Documentation of ongoing medical necessity

Medication Refill

Service Code: MEDREFILL

This service code is used by a psychiatric provider when authorizing refills of psychiatric medications or biologicals. This is not a face-to-face service.

Billable Services Include:

- ✓ Providing and authorizing medication or biological refills
- ✓ Time spent reviewing client’s medical record for the purpose of ensuring that a medication refill for specific medication is indicated

Non-Billable Activities Include:

- ✗ Support staff calling in a prescription on behalf of psychiatric provider

A Good Medication Refill Note Includes:

- Documentation of medical necessity for authorizing the medication refill
- Evidence of reviewing relevant information that justifies prescription refill, including allergies, adverse reactions and/or medication combinations, diagnosis, and/or side effects
- Plan for next face-to-face appointment

Medication Education and Support

Service Code: H0034

This service code is used primarily by nursing staff for administering, dispensing, and monitoring psychiatric medications or biologicals.

Billable Services Include:

- ✓ Completion of monthly nursing assessments
- ✓ Checking a client's vitals prior to a medication appointment with a psychiatrist
- ✓ Gathering information regarding medication clinical effectiveness and side effects
- ✓ Medication education
- ✓ Treatment planning services
- ✓ Educating collateral support persons about client's medication services

Non-Billable Activities Include:

- ✗ Filling medication wheels without client present
- ✗ Faxing or calling in refills
- ✗ Administering UA drug screens
- ✗ Accompanying clients to medication appointments
- ✗ Going to a pharmacy to pick up medication
- ✗ Consulting with a pharmacist

A Good Medication Education and Support Note Includes:

- Focus on mental health diagnosis and symptoms
- Documentation of ongoing medical necessity
- Client's report of clinical effectiveness of medication and any side effects
- Psychoeducation topics addressed with the client

Psychiatric Plan Development

Service Code: G8437

This service code is used by a psychiatric provider who is developing and creating a Psychiatric Services Plan with client and/or authorized representative. This service code is also used by a psychiatric provider when billing for review of client's progress toward service plan objectives with a provider involved in the client's care.

Billable Services Include:

- ✓ Development and completion of Psychiatric Services Plan with client and/or authorized representative

- ✓ When receiving a case as PSC or Ancillary program, up to 1 hour of Assessment or Psychiatric Plan Development can be billed for initial chart review of records, depending upon the service
 - The time billed must be warranted based upon the amount of incoming clinical documentation and need for review
 - 30 minutes billed for a new case, if appropriately documented, this will not be scrutinized in an audit or QI review. Up to 31-60 mins will be allowed for cases with significant documentation (e.g. recent hospital records, previous MH treatment, psychological reports, etc.) but will be scrutinized in an audit or QI review. Anything over 60 mins will be disallowed in an audit or QI review
 - Documents reviewed could include: prior or current Assessment and Client Service Plan, recent progress notes, hospital discharge paperwork, treatment summaries
- ✓ For a case receiving ongoing treatment and a provider reviews notes and other documentation in preparation for a MH service, Psychiatric Plan Development can be billed if it is a standalone service
 - For psychiatric providers who see clients once every 1-3 months, up to 30 minutes can be billed using the Psychiatric Plan Development service code
 - If medically necessary to bill more time than 30 minutes over a 1-3 month period for chart review (e.g. discharge from hospitalization), this increase in amount and/or frequency must be explained in progress note documentation. If the progress note does not demonstrate medical necessity of increased amount/frequency, additional chart review could be disallowed in an audit or QI review
 - Documents reviewed could include: current Client Service Plan or recent progress notes
 - If chart review occurs consecutively with another MH service, chart review time can be embedded into that service's progress note – see chart on last page for more details for billing for chart review

Non-Billable Activities Include:

- ✗ Any activity that is focused primarily on substance abuse treatment. The focus of services MUST be the mental health impairment but can include some linkage to how substance use exacerbates mental health symptoms

A Good Psychiatric Plan Development Note Includes:

- Clearly documented collaboration on development of the plan with client and/or authorized representative
- Documentation of a standalone chart review that shows continued meeting of medical necessity and a summary of information reviewed, including how this information will be used in work with client
- The date of the next scheduled appointment in which the chart review is in preparation for

Billing for Chart Review

TYPE OF REVIEW	RECEIVING A NEW CASE AS PSC OR ANCILLARY	REVIEWING IN PREPERATION FOR A MH SERVICE OF AN ONGOING CASE
EXAMPLES OF WHEN THIS TYPE OF REVIEW COULD OCCUR	<ul style="list-style-type: none"> - Transfer from CAT or another program - Program added as an Ancillary - Previous client in the MHP and reviewing past records 	<ul style="list-style-type: none"> - Case has been receiving services from a program - Psychiatric provider seeing the client periodically
TIME ALLOWED	Up to 1 hour	Up to 10 minutes per month*
DOCS TO POSSIBLY REVIEW	<ul style="list-style-type: none"> - Prior or current Assessment - Prior or current Client Service Plan - Recent progress notes - Hospital discharge paperwork - Treatment summaries 	<ul style="list-style-type: none"> - Current Client Service Plan - Recent progress notes
HOW TO BILL	<ul style="list-style-type: none"> - Could be embedded in billable MH service if review and service occur consecutively - Billed as Assessment or Plan Development by provider if standalone service** 	<ul style="list-style-type: none"> - Could be embedded in billable MH service if review and service occur consecutively - Billed as Plan Development by provider if standalone service**
HOW TO DOCUMENT	<ul style="list-style-type: none"> - Use accurate start and stop times - <u>Standalone chart review:</u> <ul style="list-style-type: none"> o Written in BIRP format o Provide a summary of information reviewed, including how this information will be used in work with client o If reviewed in preparation for a MH service, state the date of the scheduled service in the “Behavior” section of the note - <u>Chart review embedded in MH service:</u> <ul style="list-style-type: none"> o Chart review and service must be consecutive and both occur in the office, using the “Office” location (the only exception is “Telehealth”) o Clearly state the amount of time spent completing the chart review in the “Behavior” section of the note and the date of the scheduled service this was in preparation for (e.g. “In preparation for this afternoon’s individual therapy session, provider spent 8 minutes reviewing client’s CSP and previous progress notes”) - The time spent to review the chart in preparation for the client’s MH service appointment is reimbursable when a client “No Show”s in the following circumstances: <ul style="list-style-type: none"> o The provider documents the circumstances of the client’s no show with a “No Show” progress note o The review occurred prior to scheduled appointment in order to prepare for the service o Do not bill chart review after a client no shows to replace billable time 	

* For psychiatric providers who see clients less frequently (e.g. once every 2-3 months), up to 30 minutes can be billed

** Psychiatric providers should use the Psychiatric Plan Development service code when billing as a standalone service