Physician’s Role in RSPMI Services & Psychiatric Diagnostic Assessment

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Physician’s Role
RSPMI providers are required to have a board-certified or board-eligible psychiatrist who provides:

- appropriate supervision and oversight for all medical and treatment services provided by the agency

A physician will:

- Supervise and coordinate all psychiatric and medical functions as indicated in treatment plans

Medical responsibility shall be vested in a physician licensed in Arkansas (preferably one specializing in psychiatry). If not vested in a psychiatrist, then psychiatric consultation must be available.
Medical Responsibility shall include, but is not limited to:

- **Initial Psychiatric Diagnostic Assessment**
  - Within 45 days of the beneficiary entering care OR
  - Within 45 days from the effective date of certification of serious mental illness/serious emotional disturbance

- **Continuing Care Diagnostic Assessment**
  - Within one year after the date of the Initial Psychiatric Assessment
  - At least every year thereafter

*Not required if services are discontinued prior to calendar day 45*
Physician’s Role – Non-SMI/SED

Physician may determine through review of the records and consultation with treatment staff that it is not necessary to assess and interview the beneficiary.

- Must be documented in the record by calendar day 45

If the beneficiary continues in care for more than six months after program entry, the following is required:

- Initial Psychiatric Diagnostic Assessment
  - By the end of six months

- Continuing Care Diagnostic Assessment
  - Within one year after the date of the Initial Psychiatric Assessment
  - At least every year thereafter
Medicaid will not cover any RSPMI service without a current prescription signed by a psychiatrist or physician. Prescriptions shall be based on consideration of the RSPMI Assessment and proposed master treatment plan and an evaluation of the enrolled beneficiary (directly or through review of the medical records and consultation with the treatment staff). The prescription of the services will be documented by the psychiatrist’s or physician’s written approval of the RSPMI master treatment plan. Subsequent revisions of the patient’s RSPMI master treatment plan will also be documented by the psychiatrist’s or physician’s written approval in the enrolled beneficiary’s medical record. Approval of all updates or revisions to the Master treatment plan must be documented within 14 calendar days by the physician’s dated signature on the revised document.
Physician’s Role

- Review, approve/modify, and prescribe enrolled beneficiary’s treatment plan
- Approve changes within 14 calendar days
  - As indicated by dated signature on revised plan.

216.000 Scope E, 2

The physician’s signature is not valid without the date signed.
Psychiatric Diagnostic Assessment
Purpose:

• Determine the (continuing for Continuing Care) existence, type, nature and most appropriate treatment for a mental illness or emotional disorder as defined by DSM-IV or ICD-9

• Must be conducted by:
  
  • Arkansas licensed physician, preferably with specialized training and experience in psychiatry (child and adolescent for those under 18)
  
  • Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)
Initial Psychiatric Diagnostic Assessment must include:

- Interview with the beneficiary which covers these areas:
  1. Beneficiary’s understanding of the factors leading to referral
  2. Presenting problem (symptoms and functional impairments)
  3. Relevant life circumstances and psychological factors
  4. History of problem/s
  5. Treatment history
  6. Response to prior interventions
  7. Medical history (and examination as indicated)

May build on information obtained through other assessments reviewed by the MD or PMHNP-BC and verified through the interview. Interview should obtain or verify 1-7 above.
Continuing Care Psychiatric Diagnostic Assessment must include:

- Interview with the beneficiary which covers these areas:
  1. Psychiatric assessment including current symptoms and functional impairments
  2. Medications and responses
  3. Response to current treatment interventions
  4. Medical history (and examination as indicated)

May build on information obtained through other assessments reviewed by the MD or PMHNP-BC and verified through the interview. Interview should obtain or verify 1-4 above.
Initial and Continuing Care Psychiatric Diagnostic Assessment must include:

- Mental status evaluation (a developmental mental status evaluation for beneficiary’s under 18)
- A complete mental health diagnosis including conditions that impact treatment
Areas to be covered on Mental Status Examination

- **Speech** – including rate, volume, articulation, coherence, and spontaneity
- **Thought process** – including rate of thoughts, content of thoughts – logical, tangential.
- **Associations** – loose, circumstantial, intact
- **Abnormal psychotic thoughts** – hallucinations, delusions, preoccupation with violence, Homicidal or suicidal ideation, and obsessions)
- **Mood and affect** (depression, anxiety, agitation, hypomania, lability)
- **Judgment** (concerning everyday activities and social situations) and **insight** (concerning psychiatric condition)

Source: CMS 1997 Guidelines for Documentation
Areas to be covered on Mental Status Examination

Complete MSE may also include:

- **Orientation** to time, place, and person
- Recent and remote **memory**
- **Attention** span and concentration
- **Language** (naming objects, repeating phrases)
- **Fund of knowledge** (current events, past history, vocabulary)

Source: CMS 1997 Guidelines for Documentation
Areas to be covered on Mental Status Examination

Other systems/body areas and elements of examination for psychiatric examination

Constitutional**
- Sitting or standing BP
- Supine BP
- Pulse rate and regularity
- Respiration
- Temperature
- Height
- Weight

Musculoskeletal
- Assessment of muscle strength and tone
- Examination of Gait and station

** Measure any three of the seven constitutional vital signs

Source: CMS 1997 Guidelines for Documentation
“Developmental Mental Status Evaluation” for BNFs Under 18

• Performing the components of the traditional mental status evaluation while remaining cognizant of the beneficiary’s developmental stage

• The following components will naturally be different in a 5 year old vs. a 17 year old:
  • Language
  • Insight and Judgment
  • Attention Span
  • Memory
  • Abstracting ability and Intellectual Functioning
Psychiatric Diagnostic Assessment
Initial Requirements

For beneficiaries under age 18 must include:

- An interview of a parent, the guardian (DCFS caseworker), and/or the primary caretaker (e.g., foster parents) in order to:
  1. Clarify reason for referral (Required for Initial PDA Only)
  2. Clarify the nature of current symptoms and functional impairments
  3. Obtain a detailed medical, family and developmental history
224.201 Must contain sufficient detailed information to substantiate:

- All diagnoses specified in the assessment and treatment plan
- All functional impairments listed on the SED or SMI certification
- All problems or needs to be addressed in the treatment plan

May be completed with new beneficiary only
Psychiatric Diagnostic Assessment – Initial

Direct face-to-face service contact between the MD/PMHNP-BC and the beneficiary for the purpose of evaluation.

• Includes:
  • History
  • Mental status examination
  • Disposition

• May include:
  • Communication with family or other sources
  • Ordering and medical interpretation of laboratory and other medical diagnostic studies
Psychiatric Diagnostic Assessment – Initial

• Billed one time at the beginning of treatment.

• Allowable places of service:
  • Office
  • Beneficiary’s home
  • School
  • Homeless shelter
  • Assisted living facility
  • Group Home
Psychiatric Diagnostic Assessment – Initial

• Documentation Requirements
  • Date of service
  • Start and stop times
  • Place of service
  • All 5 axes
  • Diagnostic impression
  • Psychiatric assessment
  • Functional assessment
  • Discharge criteria
  • MD/PMHNP-BC signature indicating medical necessity
    • Credentials
    • Date of signature
224.202 Must contain sufficient detailed information to substantiate:

- All diagnoses specified in the continuing care assessment and updated treatment plan
- All functional impairments listed on the SED or SMI certification
- All problems or needs to be addressed in the treatment plan

Must be performed every 12 months.
Direct face-to-face service contact between the MD/PMHNP-BC and the beneficiary for the purpose of evaluation.

- Includes:
  - Psychiatric assessment
  - Mental status examination
  - Functional assessment
  - Medications
  - Disposition

- May include:
  - Communication with family or other sources
  - Ordering and medical interpretation of laboratory and other medical diagnostic studies
Psychiatric Diagnostic Assessment – Continuing Care

• Allowable places of service:
  • Office
  • Beneficiary’s home
  • School
  • Homeless shelter
  • Assisted living facility
  • Group Home
Psychiatric Diagnostic Assessment – Continuing Care

• Documentation Requirements
  • Date of service
  • Start and stop times
  • Place of service
  • A complete mental health diagnosis including conditions that impact treatment
  • Diagnostic impression
  • Psychiatric assessment
  • Functional assessment
  • Discharge criteria
  • MD/PMHNP-BC signature indicating medical necessity
    • Credentials
    • Date of signature
Example 1 of Poor Diagnosis Substantiation

**Initial PDA**

HPI: “I’m depressed & didn’t get treatment until about 2 years ago. I was molested for years until age 14 & left home.”

Psychiatric History: Multiple failed trials of medication.

Primary Behavioral Health Diagnoses: Bipolar I Disorder, Recent/Current Episode Depressed; Posttraumatic Stress Disorder
Example 1 of Good Diagnosis Substantiation

Initial PDA

HPI: “I’m depressed & didn’t get treatment until about 2 years ago. I was molested for years until age 14 & left home.” Ms. X reported a history of multiple, recurrent episodes of depression characterized by low mood, low energy, weight loss, poor sleep, and thoughts of suicide. She reported two episodes consistent with mania, characterized by high energy, grandiosity, increase in goal directed activity, and decreased need for sleep. Ms. X reported a history of vivid nightmares about the sexual abuse she suffered as a child, as well as efforts to avoid those memories. She reported chronically diminished interest in activities, a sense of estrangement from others, chronic irritability, and chronically feeling “on the edge.”

Psychiatric History: Multiple failed trials of medication. History of three psychiatric hospitalizations, two of them for mania and one after a suicide attempt by overdose. History of psychiatric treatment over the last two years, but compliance has been less than ideal.

Primary Behavioral Health Diagnoses: Bipolar I Disorder, Recent/Current Episode Depressed; Posttraumatic Stress Disorder
Initial PDA

HPI: anxiety, autism, obsessive-compulsive disorder - attention deficit hyperactivity disorder.

Psychiatric History: Long treatment history with multiple medication trials. Was doing well on regimen of Strattera, Invega, and Clonidine.

Primary Behavioral Health Diagnoses: GAD; ADHD; OCD; Autistic Disorder Current or Active State
Initial PDA

HPI: Y has a long history of mental health problems dating back to an early age. His development was delayed, especially in the area of language and social skills. He maintains poor eye contact during the interview and lacks emotional reciprocity. He exhibits stereotypical movements, especially hand flapping. He has a history of obsessively collecting baseball cards, spending hours each day arranging and re-arranging his collection. He exhibits other obsessive concerns, including highly ritualized routines surrounding his meals and hygiene. He develops severe anxiety if any deviation from these routines happen, including a history of at least two panic attacks requiring a visit to the ER. Y is homeschooled due to his severe anxiety outside of the house. According to his mother, he worries “about anything and everything.” He is irritable when anxious, and his sleep is poor. In addition to difficulty with anxiety, Y had poor academic performance in regular school. He was easily distracted, made careless mistakes, and had difficulty completing tasks. He actively avoids tasks requiring mental effort, and his mother describes him as very forgetful.
Initial PDA

Psychiatric History: Long treatment history with multiple medication trials. Was doing well on regimen of Strattera, Invega, and Clonidine. He has no history of psychiatric hospitalizations or suicide attempts. He underwent psychological testing 2 years ago, which confirmed the diagnoses of autism and ADHD.

Primary Behavioral Health Diagnoses: GAD; ADHD; OCD; Autistic Disorder Current or Active State
• Is the individual capable of participating in and have the ability to benefit from the treatment prescribed?

• Does the primary diagnosis and focus of treatment meet RSPMI requirements?

• Are the services to be provided medically necessary?

• Are the services provided for the personal convenience of the patient/family?
Using information from the Mental Health Evaluation/Diagnosis, the physician should determine and document how the beneficiary’s symptoms impact the beneficiary’s ability to function in their community/family (Functional Impairments)

- Activities of daily living
- Social functioning
- Concentration, persistence, or pace
- Episodes of decompensation
Check which apply. If A or B criterion set below is checked it is **not** necessary to check the C criterion set:

**(A)** At any point in life have met the diagnostic criteria for Schizophrenia, Schizoaffective Disorder or Bipolar I Disorder, **or**

**(B)** During the past year have met diagnostic criteria for Major Depression, Panic Disorder or Obsessive-Compulsive Disorder, **or** at any point in life have met diagnostic criteria for Bipolar II Disorder; **AND**, during the past year meet at least one of the following severity criteria: inpatient psychiatric hospitalization, psychotic symptoms, use of antipsychotic medications, **or**

**(C)** During the past year met at least one of the criteria listed below (Check all that apply):

- Either planned or attempted suicide during the past 12 months;
- Lacked any legitimate productive role;
- Had a serious role impairment in their main productive roles, for example consistently missing at least one full day of work per month as a direct result of their mental health;
- Had serious interpersonal impairment as a result of being totally socially isolated, lacking intimacy in social Relationships, showing inability to confide in others, and lacking social support;
- Had difficulties that substantially interfered with or limited role functioning in basic daily living skills (e.g. eating, bathing, dressing);
- Had difficulties that substantially interfered with or limited role functioning in instrumental living skills (e.g. maintaining a household, managing money, getting around the community, taking prescribed medication); and/or,
- Had difficulties that substantially interfered with or limited functioning in social, family or vocational/educational Contexts. **DESCRIBE:**

__________________________________________________________________________________________________________
Children with a serious emotional disturbance (SED) are persons (All boxes must be checked for a child to be certified as SED):

☐ from birth up to age eighteen (18);

☐ AND, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5)*, OTHER THAN “V” codes, substance use disorders or developmental disorders (including mental retardation) which are excluded unless they co-occur with another diagnosable serious emotional disturbance.

DSM Diagnoses (primary listed first):

________________________________________
________________________________________
________________________________________

☐ AND, this disorder resulted in functional impairment, which substantially interferes with or limits the child’s role or functioning in family, school, or community activities. The functional impairment must result primarily from the diagnosed mental, behavioral or emotional disorder, rather than being primarily the result of a substance abuse/dependence disorder, developmental disorder (including mental retardation) or medical disorder.
**Functional Impairment** is defined as:
Difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition. Functional impairments of episodic, recurrent, or continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Briefly list the functional impairments below, and indicate where in the patient record specific, descriptive documentation can be found regarding the functional impairments that result from the diagnosed mental, behavioral or emotional disorder.

________________________________________

________________________________________
Medicaid Regulations

https://www.medicaid.state.ar.us
RSPMI providers are required to have a board certified or board eligible psychiatrist who provides appropriate supervision and oversight for all medical and treatment services provided by the agency. A physician will supervise and coordinate all psychiatric and medical functions as indicated in treatment plans. Medical responsibility shall be vested in a physician licensed in Arkansas, preferably one specializing in psychiatry. If medical responsibility is not vested in a psychiatrist, then psychiatric consultation must be available. For RSPMI enrolled adults age 21 and over, medical supervision responsibility shall include, but is not limited to, the following:
A. For any beneficiary certified as being Seriously Mentally Ill (SMI), the physician will perform an initial Psychiatric Diagnostic Assessment during the earlier of 45 days of the beneficiary entering care or 45 days from the effective date of certification of serious mental illness. This initial evaluation is not required if the beneficiary discontinues services prior to calendar day 45. The SMI beneficiary must receive a continuing care Psychiatric Diagnostic Assessment within one year after the date of the initial Psychiatric Diagnostic Assessment and at least every year thereafter.
B. For beneficiaries not certified as having a Serious Mental Illness, the physician may determine through review of beneficiary records and consultation with the treatment staff that it is not medically necessary to directly see the enrolled beneficiary. By calendar day 45 after entering care, the physician must document in the beneficiary’s record that it is not medically necessary to see the beneficiary. If the beneficiary continues to be in care for more than six months after program entry, the psychiatrist/physician must conduct an initial Psychiatric Diagnostic Assessment of the beneficiary by the end of six months and perform a continuing care Psychiatric Diagnostic Assessment at least every 12 months thereafter.
C. The physician will review and approve the enrolled beneficiary’s RSPMI treatment plan and document approval in the enrolled beneficiary’s record. If the treatment plan is revised prior to each 90 day interval, the physician must approve the changes within 14 calendar days, as indicated by a dated signature on the revised plan.

D. Approval of all updated or revised treatment plans must be documented by the physician’s dated signature on the revised document. The new 90-day period begins on the date the revised treatment plan is completed.
RSPMI providers are required to have a board certified or board eligible psychiatrist who provides supervision and oversight for all medical and treatment services provided by the agency. A physician will supervise and coordinate all psychiatric and medical functions as indicated in treatment plans. Medical responsibility shall be vested in a physician licensed in Arkansas, preferably one specializing in psychiatry. If medical responsibility is not vested in a psychiatrist, then psychiatric consultation must be available on a regular basis. For RSPMI enrolled children, under age 21, medical supervision responsibility shall include, but is not limited to, the following:
A. For any beneficiary under age 18, certified as being Seriously Emotionally Disturbed (SED) or individuals age 18 through age 20 certified as Seriously Mentally Ill (SMI), the physician will conduct an initial Psychiatric Diagnostic Assessment of the beneficiary the earlier of 45 days of the individual’s entering care or 45 days from the effective date of certification of serious mental illness/serious emotional disturbance. This initial evaluation is not required if the beneficiary discontinues services prior to calendar day 45. The SMI/SED beneficiary must be evaluated again directly by the physician through the Psychiatric Diagnostic Assessment – Continuing Care within 12 months after the date of the initial examination and every 12 months after (at a minimum) during an episode of care.
B. For beneficiaries not certified as having a Serious Mental Illness or Serious Emotional Disturbance, the psychiatrist or physician may determine through review of beneficiary records and consultation with the treatment staff that it is not medically necessary to directly assess and interview the enrolled beneficiary. By calendar day 45 after entering care, the physician must document in the beneficiary’s record that it is not medically necessary to provide the beneficiary a physician assessment. If the beneficiary continues to be in care for more than six months after program entry, the psychiatrist/physician must conduct an initial Psychiatric Diagnostic Assessment of the beneficiary by the end of six months and perform a continuing care Psychiatric Diagnostic Assessment at least every 12 months thereafter.
C. The physician will review and approve the enrolled beneficiary’s RSPMI treatment plan and document the approval in the enrolled beneficiary’s record. If the treatment plan is revised prior to each 90 day interval, the physician must approve the changes within 14 calendar days, as indicated by a dated signature on the revised plan.

D. Approval of all updated or revised treatment plans must be documented by the physician’s dated signature on the revised document. The new 90-day period begins on the date the revised treatment plan is completed.
The purpose of this service is to determine the existence, type, nature and most appropriate treatment of a mental illness or emotional disorder as defined by DSM-IV or ICD-9. This face-to-face psychodiagnostic assessment must be conducted by one of the following:

- an Arkansas-licensed physician, preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18)
- an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)
The PMHNP-BC must meet all of the following requirements:

- Licensed by the Arkansas State Board of Nursing
- Practicing with licensure through the American Nurses Credentialing Center
- Practicing under the supervision of an Arkansas-licensed psychiatrist who has an affiliation with the RSPMI program and with whom the PMHNP-BC has a collaborative agreement. Prior to the initiation of the treatment plan, the findings of the Psychiatric Diagnostic Assessment – Initial conducted by the PMHNP-BC must be discussed with the supervising psychiatrist. The collaborative agreement must comply with all Board of Nursing requirements and must spell out, in detail, what the nurse is authorized to do and what age group they may treat.
- Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act
- Practicing within a PMHNP-BC’s experience and competency level
The initial Psychiatric Diagnostic Assessment must include:

A. An interview with the beneficiary, which covers the areas outlined below. The initial Psychiatric Diagnostic Assessment may build on information obtained through other assessments reviewed by the physician or the PMHNP-BC and verified through the physician’s or the PMHNP-BC’s interview. The interview should obtain or verify all of the following:
1. The beneficiary’s understanding of the factors leading to the referral
2. The presenting problem (including symptoms and functional impairments)
3. Relevant life circumstances and psychological factors
4. History of problems
5. Treatment history
6. Response to prior treatment interventions
7. Medical history (and examination as indicated)
B. The initial Psychiatric Diagnostic Assessment must include:

1. A mental status evaluation (a developmental mental status evaluation for beneficiaries under age 18)

2. A complete multi-axial (5) diagnosis
C. For beneficiaries under the age of 18, the initial Psychiatric Diagnostic Assessment must also include an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) in order to:

1. Clarify the reason for referral
2. Clarify the nature of the current symptoms and functional impairments
3. To obtain a detailed medical, family and developmental history
The initial Psychiatric Diagnostic Assessment must contain sufficient detailed information to substantiate all diagnoses specified in the assessment and treatment plan, all functional impairments listed on SED or SMI certifications and all problems or needs to be addressed on the treatment plan. The initial Psychiatric Diagnostic Assessment can only be provided at the start of an episode of care.
The purpose of this service is to determine the continuing existence, type, nature and most appropriate treatment of a mental illness or emotional disorder as defined by DSM-IV or ICD-9CM. This face-to-face psychodiagnostic reassessment must be conducted by one of the following:

- an Arkansas-licensed physician, preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18)
- an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)
The PMHNP-BC must meet all of the following requirements:

- Licensed by the Arkansas State Board of Nursing
- Practicing with licensure through the American Nurses Credentialing Center
- Practicing under the supervision of an Arkansas-licensed psychiatrist who has an affiliation with the RSPMI program and with whom the PMHNP-BC has a collaborative agreement. Prior to the initiation of the treatment plan, the findings of the Psychiatric Diagnostic Assessment – Continuing Care conducted by the PMHNP-BC must be discussed with the supervising psychiatrist. The collaborative agreement must comply with all Board of Nursing requirements and must spell out, in detail, what the nurse is authorized to do and what age group they may treat.
- Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act
- Practicing within a PMHNP-BC’s experience and competency level
The continuing care Psychiatric Diagnostic Assessment must include:

A. An interview with the beneficiary, which covers the areas outlined below. The continuing care Psychiatric Diagnostic Assessment may build on information obtained through other assessments reviewed by the physician or the PMHNP-BC and verified through the physician’s or the PMHNP-BC’s interview. The interview should obtain or verify all of the following:
1. Psychiatric assessment (including current symptoms and functional impairments)
2. Medications and responses
3. Response to current treatment interventions
4. Medical history (and examination, as indicated)
B. The continuing care Psychiatric Diagnostic Assessment must also include:

1. A mental status evaluation (a developmental mental status evaluation for beneficiaries under age 18)
2. A complete multi-axial (5) diagnosis
C. For beneficiaries under the age of 18, the continuing care Psychiatric Diagnostic Assessment must include an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) in order to:

1. Clarify the nature of the current symptoms and functional impairments

2. Obtain a detailed, updated medical, family and developmental history
The continuing care Psychiatric Diagnostic Assessment must contain sufficient detailed information to substantiate all diagnoses specified in the continuing care assessment and updated treatment plan, all functional impairments listed on SED or SMI certifications and all problems or needs to be addressed on the treatment plan. The continuing care Psychiatric Diagnostic Assessment must be performed every 12 months during an episode of care.
227.001 Prescription for RSPMI Services

Medicaid will not cover any RSPMI service without a current prescription signed by a psychiatrist or physician. Prescriptions shall be based on consideration of the RSPMI Assessment and proposed master treatment plan and an evaluation of the enrolled beneficiary (directly or through review of the medical records and consultation with the treatment staff). The prescription of the services will be documented by the psychiatrist’s or physician’s written approval of the RSPMI master treatment plan. Subsequent revisions of the patient’s RSPMI master treatment plan will also be documented by the psychiatrist’s or physician’s written approval in the enrolled beneficiary’s medical record. Approval of all updates or revisions to the Master treatment plan must be documented within 14 calendar days by the physician’s dated signature on the revised document.
90792 HA,U1 Psychiatric Diagnostic Assessment- Initial

90792 U7 Psychiatric Diagnostic Assessment- Initial – Telemedicine

Definition: A direct face-to-face service contact occurring between the physician or the Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC) and the beneficiary for the purpose of evaluation. The initial Psychiatric Diagnostic Assessment 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. (See Section 224.000 for requirements.)
252.110 Service Definitions
Psychiatric Diagnostic Assessment- Initial

**DAILY MAXIMUM OF UNITS THAT MAY BE BILLED:** This service must be billed as 1 per episode.

**YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED:** 1

**ALLOWABLE PLACES OF SERVICE:** Office (11); Beneficiary's Home (12); School (03); Homeless Shelter (04); Assisted Living Facility (13); Group Home (14)

**AGE GROUP(S):** Ages 21 and over; U21
252.110 Service Definitions
Psychiatric Diagnostic Assessment- Initial

DOCUMENTATION REQUIREMENTS:

- Date of Service
- Start and stop times
- Place of service
- Diagnosis (all 5 Axes)
- Diagnostic Impression
- Psychiatric assessment
- Functional assessment
- Discharge criteria
- Physician's or Adult Psychiatric Mental Health Advanced Nurse Practitioner’s/Family Psychiatric Mental Health Advanced Nurse Practitioner’s signature indicating medical necessity/credentials/date of signature
T1023 Psychiatric Diagnostic Assessment- Initial

NOTES AND COMMENTS:

The initial Psychiatric Diagnostic Assessment can only be provided to a beneficiary at the start of an episode of care.
252.110 Service Definitions

90792 HA, U2 Psychiatric Diagnostic Assessment- Continuing Care

90792 U7, U1 Psychiatric Diagnostic Assessment- Continuing Care – Telemedicine

Definition: A direct face-to-face service contact occurring between the physician or the Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC) and the beneficiary during an episode of care for the purpose of evaluation. The continuing care Psychiatric Diagnostic Assessment includes a Psychiatric assessment, mental status examination, functional assessment, medications, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. (See Section 224.000 for requirements.)
252.110 Service Definitions
Psychiatric Diagnostic Assessment - Continuing Care

T1023 Psychiatric Diagnostic Assessment - Continuing Care

DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: This service must be billed as 1 per episode.

YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED: 1

ALLOWABLE PLACES OF SERVICE: Office (11); Beneficiary's Home (12); School (03); Homeless Shelter (04); Assisted Living Facility (13); Group Home (14)

AGE GROUP(S): Ages 21 and over; U21
T1023 Psychiatric Diagnostic Assessment - Continuing Care

DOCUMENTATION REQUIREMENTS:

- Date of Service
- Start and stop times
- Place of service
- Diagnosis (all 5 Axes)
- Diagnostic Impression
- Psychiatric assessment
- Functional Assessment
- Discharge criteria
- Physician's or Adult Psychiatric Mental Health Advanced Nurse Practitioner’s/Family Psychiatric Mental Health Advanced Nurse Practitioner’s signature indicating medical necessity/credentials/date of signature
The continuing care Psychiatric Diagnostic Assessment must be performed, at a minimum, at least every 12 months during an episode of care.
Questions?
Thank you
Please watch for a survey following this webinar. We appreciate your feedback.