

**Psychiatric Assessment/Intervention
Medicare Local Coverage Determination L33252 Checklist**

Patient Name:

MR:

GENERAL REQUIREMENTS		
Provider	<input type="checkbox"/>	Psychotherapy services performed by a person licensed in Florida, with relevant training and scope of practice
Visit Duration	<input type="checkbox"/>	Documentation of visit duration in minutes including start and stop times
Coding	<input type="checkbox"/>	CPT codes for Psychiatric services are not reported in addition to Health and Behavior codes (96150-96155) on the same date <i>Note: When both Psychiatry services and Health and Behavior services are provided during the same visit, only the predominant service performed is reported /coded per documentation.</i>
	<input type="checkbox"/>	CPT code for Psychiatric Diagnostic Assessment (90791) and codes for Psychotherapy (90832-90840) are not reported on the same day <i>Note: 90791 does not include Psychotherapy services. Psychotherapy codes include ongoing assessment and adjustment of psychotherapeutic interventions.</i>
	<input type="checkbox"/>	ICD-10 diagnosis code(s) reflecting psychiatric illness or emotional/behavioral symptoms to cause inappropriate behavior or maladaptive functioning
ASSESSMENTS		
<p><u>Psychiatric Diagnostic Assessment</u> is an integrated biopsychosocial assessment that includes the elicitation of a complete medical and psychiatric history, a complete mental status exam, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the Psychiatric Diagnostic Evaluation and Psychotherapy Services. Information may be obtained from the patient, other physicians, other clinicians or community providers, and/or family members or other sources.</p> <p style="text-align: center;">Coverage Indications/Limitations</p> <p>The Psychiatric Diagnostic Assessment IS considered medically reasonable and necessary for the patient when:</p> <ul style="list-style-type: none"> • The patient has a psychiatric illness and /or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior patterns or maladaptive functioning in personal or social settings, which may be suggestive of a psychiatric illness; or • The baseline functioning is altered by suspected illness or symptoms; e.g. dementia patients who experience a sudden and rapid change in behavior. <p><u>Frequency</u></p> <ul style="list-style-type: none"> • The patient may be assessed initially or re-assessed after 6 months from the last treatment for psychiatric condition, for admission to inpatient status for psychiatric illness, or after significant changes in mental status, or second opinion or diagnostic clarification is necessary. <p>The psychiatric diagnostic evaluation is NOT considered medically reasonable and necessary when:</p> <ul style="list-style-type: none"> • Medical/neurological condition such, e.g. dementia, have produced a severe cognitive defect preventing effective communication with the patient and the ability to assess the patient; or • The patient with previously established diagnosis of a neurological condition or dementia is not amenable to the evaluation and therapy, unless there has been an acute and/or marked mental status change, a request for second opinion, or diagnostic clarification is necessary to rule out additional psychiatric or neurological processes, which may be treatable; or • The patient is referred with an organic diagnosis and a mental health diagnosis is established (the mental health diagnosis should be billed); or • Routine/ additional psychiatric diagnostic evaluation is performed for patients with chronic conditions. 		
Medical Record Requirements		
CPT 90791 Psychiatric Diagnostic Assessment	<input type="checkbox"/>	Referral
	<input type="checkbox"/>	The reason for the evaluation/patient's chief complaint
	<input type="checkbox"/>	History of present mental illness, including length of existence of problems/symptoms/conditions
	<input type="checkbox"/>	Past history (psychiatric)
	<input type="checkbox"/>	Significant medical history and current medications
	<input type="checkbox"/>	Social and family history
	<input type="checkbox"/>	Mental status exam
	<input type="checkbox"/>	Strengths/liabilities
	<input type="checkbox"/>	Multi-axis diagnosis or diagnostic impression list-including problem list
	<input type="checkbox"/>	Treatment plan including methods of therapy, anticipated length of treatment to the extent possible, and a description of the planned measurable and objective goals related to expected changes in behavior or thought processes
	<input type="checkbox"/>	In rare event when family or other sources are interviewed in lieu of the patient, reasons for not evaluating patient and notation who provided patient history
	<input type="checkbox"/>	Billing limitation: 1 CPT unit on the day of assessment. <i>Note: 90791 may be reported more than once for the patient (different day) when separate diagnostic assessment is conducted with other informant(s).</i>

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INTERVENTIONS

Psychotherapy is the treatment of mental illness and behavior disturbances, in which the provider establishes a professional contact with the patient and through therapeutic communication and techniques, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, facilitate coping mechanisms and/or encourage personality growth and development.
Family Psychotherapy is a specialized therapeutic technique for treating the identified patients' mental illness by intervening in a family system in such a way as to modify the family structure, dynamics, and interactions which exert influence on the patient's emotions and behaviors. *Note: Family member is any individual who spends significant amount of the time with the patient and provides psychological support to the patient which is not limited to caregiver or significant other.*

Services with Patient - Coverage Indications /Limitations

Psychotherapy IS considered medically reasonable and necessary:

- When the patient has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning; and
- When the patient is amenable to allowing insight-oriented therapy such as behavioral modification techniques, interpersonal psychotherapy techniques, supportive therapy, and cognitive/behavioral techniques to be effective, and
- Psychotherapy must be provided as an integral part of an active treatment plan for which it is directly related to the patient's identified condition/diagnoses.

The Psychotherapy is NOT considered medically reasonable and necessary when:

- Rendered to a patient with medical/neurological condition such as dementia, delirium or other psychiatric conditions, which have produced a severe enough cognitive deficit to prevent effective communication with interaction of sufficient quality to allow insight oriented therapy, e.g. behavioral modification techniques, or
- Therapy primarily includes the teaching of grooming skills, monitoring activities of daily living, recreational therapy (dance, art play), or social interaction.

Medical Record Requirements

<p>90832 90834 90837 Psychotherapy with patient</p>	<input type="checkbox"/> Patient's capacity to understand and participate <input type="checkbox"/> Benefit from psychotherapy <input type="checkbox"/> Estimated duration of treatment in terms of number of sessions required <input type="checkbox"/> The target symptoms, measurable and objective goals of therapy related to changes in behavior, thought processes and/or medications <input type="checkbox"/> Methods of monitoring outcome, and why the chosen therapy is an appropriate modality either in lieu of or in addition to another form of psychiatric treatment <input type="checkbox"/> For an acute problem, indication that the treatment is expected to improve the mental health status or function of the patient <input type="checkbox"/> For chronic problems, indication that stabilization of mental health status or function is expected <input type="checkbox"/> Adjustments in the treatment plan that reveals the dynamics of treatment <input type="checkbox"/> Patient present for majority of the service <input type="checkbox"/> Coding Guideline: Select CPT code based on duration of face-to-face service provided as follows: 0-15 mins. - do not report; 16-37 mins. -1 unit of 90832; 38-52 mins. - 1 unit of 90834; ≥ 53 mins. - 1 unit of 90837
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Services with Family - Coverage Indications/Limitations

Family Psychotherapy IS considered medically reasonable and necessary when:

- The patient has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning; and
- The primary purpose of such psychotherapy is the treatment/management of the patient's condition. Examples are as follows:
 - when there is a need to observe and correct, through psychotherapeutic techniques, the patient's interaction with family members; and/or
 - where there is a need to assess the conflicts or impediments within the family, and assist, through psychotherapeutic techniques, the family members in the management of the patient.

Family Psychotherapy is NOT considered medically reasonable and necessary when patient is unconscious or comatose.

Medical Record Requirements

<p>CPT 90846 Psychotherapy with family (patient not present) CPT 90847 Psychotherapy with family (patient present)</p>	<input type="checkbox"/> The patient has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning <input type="checkbox"/> The summary of themes addressed in the family psychotherapy session, including descriptive documentation of therapeutic interventions such as examples of attempted behavior modification, supportive interaction, and discussion of reality <input type="checkbox"/> The degree of patient participation and interaction with the family members and leader, the reaction of the patient to the group, the group's reaction to the patient and the changes or lack of changes in patient symptoms and/or behavior as a result of the family psychotherapy session <input type="checkbox"/> Patient has capacity to participate (only for 90847) <input type="checkbox"/> Billing limitation: 0-25 mins. - do not report; ≥ 26 mins. - 1 CPT unit
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Checklist completed by :

Date: