

Physician (Psychiatric) Consultation

99241 U4 - Physician Consultation - Brief

99242 U4 - Physician Consultation - Intermediate

99244 U4 - Physician Consultation - Extensive

SERVICE

Physician Consultation services refer to psychiatric consultation from a psychiatrist to a primary care provider or designee.

Physician Consultation provides an avenue for communication to a primary care provider and/or designee from a psychiatrist for a patient-specific consultation that is medically necessary for the medical management of psychiatric conditions by the primary care provider. The psychiatric consultant supports the primary care provider or designee in treating patients with behavioral health problems in diagnosis, treatment planning and recommendations about changes in treatment when the identified consumer is not at least 50 percent improved after 10-12 weeks on any given treatment plan. The Physician Consultant does not see the patient and does not prescribe medication.

A primary care designee would need to have either the appropriate extender licensure or a defined care coordination/management role within the practice that includes management of a registry of identified consumers and both systematic review of consumer needs/records and formal communication of consultation treatment recommendations to the responsible prescribing clinician within the practice.

In addition to primary care location, Physician Consultation may be provided in the following settings to the PCP or designee: FQHC, Rural Health Center (RHC) and urgent care centers. Physician Consultation may not be provided in inpatient psychiatric and facility-based crisis settings.

Physician Consultation is provided at three different levels as follows:

BRIEF:

Simple or brief communication to report tests and/or lab results, clarify or alter previous instructions, integrate new information into the medical treatment plan or adjust therapy or medication regimen. This level is typically provided in 15-minute increments and includes verbal communication by telephone or face-to-face between the consulting psychiatrist and the primary care physician or designee.

INTERMEDIATE:

Intermediate level of communication between the psychiatrist and the primary care provider/designee to coordinate medical management of a new problem in an established patient, evaluate new information and details and/or initiate a new plan of care, therapy or medication. This level is typically provided in 16- to 30-minute increments.

EXTENSIVE:

Complex or lengthy communication, such as prolonged discussion between the psychiatrist and the primary care provider/designee regarding a seriously ill patient or lengthy communication needed to consider lab results, response to treatment, current symptoms or presenting problems. Staffing of cases between psychiatrist and primary care provider considers evaluation and findings and includes a discussion of treatment recommendations, including medication regimen. This includes verbal communication by telephone or face-to-face between the consulting psychiatrist and the primary care physician or designee. This level is typically provided in 31- to 60-minute increments.

PROGRAM REQUIREMENTS

Physician Consultation is delivered by psychiatrists who are contracted with and credentialed by the LME/MCO. Providers must meet the qualification policies, procedures and standards established by the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Providers must also meet the requirements of 10A NCAC 27G.

STAFFING REQUIREMENTS

Physician Consultation is provided by a board-certified general or child/adolescent psychiatrist. Providers of this service must hold a current license in the state of North Carolina.

POPULATIONS ELIGIBLE

Individuals must be under the care of a primary care provider and require consultation between a psychiatrist and the primary care provider/designee for appropriate medical or mental health treatment. Member must be age 3 or older, with a DSM 5 diagnosis that is documented to have unresolved behavioral health needs or evidence of atypical prescribing practices warranting review and management for best practice.

UTILIZATION MANAGEMENT

This service does not require prior approval. The contents of the consultation must be maintained as a record by the psychiatrist and include patient name, justification of service need, including date and duration of service and treatment recommendations.

BRIEF:

Simple or brief communication to report tests and/or lab results, clarify or alter previous instructions, integrate new information into the medical treatment plan or adjust therapy or medication regimen. This level is typically provided in 15-minute increments.

INTERMEDIATE:

Intermediate level of communication between the psychiatrist and the primary care provider to coordinate medical management of a new problem in an established patient, evaluate new information and details and/or initiate a new plan of care, therapy or medication. This does not require face-to-face assessment of the patient. This level is typically provided in 16- to 30-minute increments.

EXTENSIVE:

Complex or lengthy communication, such as prolonged discussion between the psychiatrist and the primary care provider regarding a seriously ill patient or lengthy communication needed to consider lab results, response to treatment, current symptoms or presenting problems. Staffing of cases between psychiatrist and primary care provider considers evaluation and findings and includes a discussion of treatment recommendations, including medication regimen. This level is typically provided in 31- to 60-minute increments.

SERVICE ORDERS

Not required

CONTINUED STAY CRITERIA

The individual continues to meet eligibility criteria and continues to require the service.

DISCHARGE CRITERIA

The primary care provider no longer needs to consult with the psychiatrist about the individual's psychiatric needs.

DOCUMENTATION REQUIREMENTS

A daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found on the DHHS website.

SERVICE EXCLUSIONS

Total expenditures on **Physician Consultation** cannot exceed the 1915(b)(3) resources available in the waiver.

Physician Consultation may not be provided by family members.