



## B3 Service Definition

<b>Title:</b>	<b>Physician Consultation</b>	<b>Codes:</b>	<b>99241U4 (Physician Consultation, Brief)</b>
<b>Type:</b>	<b>B3</b>		<b>99242U4 (Physician Consultation, Intermediate)</b>
<b>Effective Date:</b>	<b>11/1/2014</b>		<b>99244U4 (Physician Consultation, Extensive)</b>
<b>SERVICE DESCRIPTION</b>			
<p>Physician Consultation services provide an avenue for communication between a primary care provider and a psychiatrist for a patient specific consultation that is medically necessary for the medical management of psychiatric conditions by the primary care provider.</p> <p>Physician Consultation is provided at three different levels as follows:</p> <ul style="list-style-type: none"> <li>▪ 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. <i>This level is typically provided in 15 minute increments.</i></li> <li>▪ 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. <i>This level is typically provided in 16 – 30 minute increments.</i></li> <li>▪ Extensive – Complex or lengthy communication, such as prolonged discussion between the psychiatrist and the primary care provider regarding a seriously ill patient, 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 findings and discuss treatment recommendations, including medication regimen. <i>This level is typically provided in 31 – 60 minute increments.</i></li> </ul>			
<b>PROGRAM REQUIREMENTS</b>			
<p>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 NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Providers must also meet the requirements of 10A NCAC 27G.</p>			
<b>STAFFING REQUIREMENTS</b>			
<p>Physician Consultation is provided by a primary care physician or a board certified adult or child psychiatrist. Providers of this service must hold a current license in the State of North Carolina.</p>			
<b>POPULATIONS ELIGIBLE</b>			
<p>Individuals must be under the care of a primary care provider and require consultation between a psychiatrist and the primary care provider for appropriate medical or mental health treatment.</p> <p>Individuals must also meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Adult ages 18 and older with Serious Mental Illness (SMI) and/or Severe and Persistent Mental Illness (SPMI) and a LOCUS level of 0 (basic level) or greater</li> <li>▪ Children ages 3 – 21 with Serious Emotional Disturbance (SED) and a CALOCUS level of 0 (basic level) or greater.</li> </ul>			
<b>UTILIZATION MANAGEMENT</b>			

This service does not require prior approval. Justification, including the amount, duration and frequency of the service must be included in the Individual Support Plan for person’s using Innovations waiver services or the Person Centered Plan / Treatment Plan for individuals with SMI / SPMI.

- 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 – 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, 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 findings and discuss treatment recommendations, including medication regimen. *This level is typically provided in 31 – 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 at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

**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.