

Medication Support Services

Service Definition

Medication Support Services are defined under 9 CCR §1810.225.

Medication support is a service that can include the prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Medication support activities may include evaluating the need for medication; evaluating clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks, benefits, and alternatives to medication.

This service is not duplicative of the drug counseling requirements described in [42 CFR 456.170](#).

Medication Support Services Scope of Practice

Consistent with scope of practice, Medication Support Services may be provided by the following staff:

1. Licensed Physician (MD/DO)
2. Certified Nurse Practitioner (NP)
3. Registered Nurse (RN)
4. Certified Nurse Specialist (CNS)
5. Licensed Vocational Nurse (LVN)
6. Licensed Psychiatric Technician (LPT)
7. Registered Pharmacist (PharmD, RPh)

Medication Consent Requirements

[Source: DPH SFHN-BHS Psychiatric Medication Consent in Policy](#) Medication Support Services prescribers must obtain and retain a current written medication consent form signed by the client or legal representative (e.g. parent or caregiver) agreeing to treatment with each prescribed medication. A new consent form must be completed and signed for each new

medication prescribed ([Source: 9 CCR §851](#)). Please see [DPH SFHN-BHS Medication Consent Form for A/OA Systems of Care](#) and [DPH SFHN-BHS Medication Consent Form for CYFSOC](#). These requirements apply to all clients.

Psychiatric medication consent forms must contain the following element (MHP Contract 2022-2027):

1. The reasons for taking such medications (e.g., the functional impairment(s)/condition(s), the diagnoses, the symptoms, and the likelihood that the medication(s) should reduce the symptoms and how likely the medication(s) will work;
2. Reasonable options or alternatives to taking the medication(s), if any
3. Name, type, range of frequency and amount (method oral or injection), and duration of taking medications.
4. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months or long-term;
5. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped; and
6. Any special instructions you should know about taking the medication(s). here must be documentation that clients and/or legal guardians have been counseled that medication consent, once given, may be withdrawn at any time. All required elements must be discussed with the client and/or parent/caregiver.

All client medication consent forms must include:

1. Date of service;
2. Signature of person providing the service (or electronic equivalent);
3. Person's type of professional degree AND licensure OR job title (see examples below);
4. The date the documentation was entered into the medical record; and
5. Client or legal representative's signature and date signed.

Examples for signing with "persons' type of professional degree AND licensure OR job title:

- Psychiatrist: signature, MD, psychiatrist
- Nurse Practitioner: signature, MSN, NP
- Pharmacist: signature, PharmD, clinical pharmacist

Note that "type of professional degree" is defined as your educational degree, not board certification and "licensure" is defined as the type of your license, not the license number.

Medication Support Services General Billing Rules

Service & Billing Privileges

See the *BHS Services and Billing Privileges Matrix* and BHS Policy 2.01-3 to determine when co-signatures are required on documents.

The following general billing rules apply to Medication Support Services:

1. Progress Notes: The client's progress notes should include the evaluation of the client's signs and symptoms, the client's adherence with the medication, the response to medication, consideration of drug interactions, adverse drug effects when applicable, and any changes in dose and medication(s) prescribed, when applicable (Source: Personal communication from BHS Office of Compliance 2012).
2. Non-Medication Support Billing: When providing a service that is not primarily medication support, medication support staff must use the relevant service code billing associated with the service provided (e.g. case management, therapy, collateral, etc.). Refer to current BHS Billing guidelines.
3. Phone Contact 9 CCR 1840.316(b)(4): In contrast to Medicare, for Medi-Cal billing, Medication Support Services allows services provided by phone contact or non-face to face. "Units of time may be billed regardless of whether there is face-to-face or phone contact with the beneficiary."
4. Multiple Providers: When Medication Support Services are provided to a client by a physician and nurse concurrently, the time of both staff should be claimed. If both staff provide the same services, then one note may be written that covers both staff and one claim submitted that includes the time of both staff. If two staff provide different services during the contact with the client (e.g. a medical doctor writes the prescription and a nurse gives an injection), two notes should be written with each staff submitting his or her own claim with his or her own time.
5. Medication Administration: For medication administration, the progress note needs to include:
 - a. Medication, dosage, frequency and route
 - b. Date and time of administration
 - c. Site/location of any injection

- d. The lot and/or vial number if medication was dispensed from a multi-dose container
- e. Any unusual or adverse response to the medication
- f. Best practice for injections: the date of the previous injection and the date of the next planned injection ([Source: DPH SFHN-BHS Clinic Medication Room Policy](#))

H0034 Medication Support Services Table

If an MD/DO/NP provides a service that cannot be billed with an E&M code, they will use H0034. RN/CNS/LVN/LPT/PharmD (when consistent with scope of practice) will always use H0034).

H0034 Medication Support Service Description: <i>STAFF: All Medication Support Staff</i> <i>MD/DO/NP: when services provided cannot be billed with an E&M code</i> <i>RN/CNS/LVN/LPT/PharmD: when consistent with scope of practice</i>	
Service Description	Medication Support Service
Monitor and assess psychotropic medication adherence, tolerability, and response	Evaluation of clinical effects of medication
Adjust medication regimen including drug, dose, frequency, and time of day to optimize response and adherence to medications	Medication regimen adjustment
Inform client of medication risk and benefits. Discuss alternatives to psychotropic medications. Obtain signed informed consent.	Obtaining informed consent for medication (Source: DPH SFHN-BHS Psychiatric Medication Consent in Ambulatory Care Policy)
Provide client or significant support person education regarding the proper use, benefits, risks, and side effect management of medications.	Medication education
Develop medication related treatment plan goals. Assess client's progress toward medication related treatment plan goals.	Medication plan development
Review medication orders, confirm client identity, assess response and side effects, administer or dispense medications.	Medication administration or dispensing (Source: DPH SFHN-BHS Clinic Medication Room Policy)
Client specific consultations with providers or treatment team about client's medications.	Medication related consultation with providers
Contact client or significant support person by phone to discuss medications.	Phone calls to client and significant support persons about medications
Communicate with pharmacy, prepare prescription orders for transmission, authorize prescription refills, resolve issues related to client's prescriptions.	Phone calls to pharmacy and transmitting medication orders

Source: Created by the DPH SFHN-BHS multidisciplinary team (2012)

Medication-Mostly (“Meds-Mostly”): Treatment Guidelines

In order for a client to meet the criteria of “meds mostly,” the following guidelines should be met (Source: OCPA-BHSCO & BHS Medical Director):

1. Meets medical necessity: The client must meet access criteria and the services are considered medical necessary to address the client’s condition.
2. Clinically stable: The client’s mental health condition (impairment) and symptoms have been stabilized with psychiatric medication. The client’s mental health needs are met through periodic visits.
3. Functionally stable: The client has reached their recovery goals and their desired level of functioning in their community.
4. Prevention of deterioration: The client needs to receive psychiatric medications to maintain their improvements in community functioning and to prevent significant deterioration in functioning.
5. Complex and specialized medication regimen: The client’s medication regimen is sufficiently complex/specialized, and a Primary Care provider is unable to effectively prescribe and monitor the medication and the client’s mental health status.

Medication-Mostly (“Meds-Mostly”): Staffing, Services,

Documentation & Workflow For a meds-mostly client, the prescriber holds full case responsibility. The prescriber’s name should be used as the “Admitting Practitioner” field of Avatar, BHS’ current electronic health record.

Assessment:

- Initial Assessment: the outpatient assessment is due within 60 calendar days of the Episode Opening.
- Subsequent Assessments:
 - An E&M Level 3 Psychiatric Service must be conducted at a minimum every three years for the purposes of confirming the client’s current status and the medical necessity criteria (i.e., prevention of significant deterioration in functioning). This should occur within 30 days of the client’s anniversary of the Episode Opening.

- Note: Change in condition/needs: when any of the guidelines for meds-only are no longer met, the case must be re-evaluated for medical necessity, mental health needs, staffing, etc.

What activities are considered Medication Support services?

- 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 even if the symptoms improve or disappear (as determined clinically appropriate);
- How the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy);
- Possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances;
- The impact of choosing to not take medications.

What activities are not included as Medication Support services?

- Direct treatment

What to include in a progress note?

- Include evaluation of the need for medication
- Evaluation of the client's signs and symptoms
- Evaluation of clinical effectiveness and side effects
- Client's adherence with and response to medication
- Consideration of drug interactions, adverse drug effects when applicable
- Any changes in dose and medication(s) prescribed, when applicable
- The obtaining of informed consent
- Medication education
- Plans related to the delivery of the service and/or assessment of the youth.