

COMPLEX MEDICATION SUPPORT SERVICE

(To be used by MD/DO and NP and students of these disciplines)

For use with clients not yet stable on medication which requires detailed history, assessment and decision-making for prescribing medication.

Date: _____ Rendering Provider Face-to-Face/Other Time* (Hrs:Mins): _____
Procedure Code: Office Visit New** Client 99203 Established Client 99213 *All travel and documentation time must be recorded as "Other"
Home Visit New** Client 99343 Established Client 99349
** New Client is a client who has not been seen at this Billing Provider/Reporting Unit by an MD/DO/NP within the past three years

To meet all payor documentation standards, the note must include detailed information for **BOLDED** elements:

Chief Complaint/Presenting Problem/ Client Goals:

History (Family and Social) [Include any changes or additions to the [Initial Assessment](#) or [Initial Medication Support Service \(MH 657\)](#)]:

Treatment Response/Medication Side Effects:

Adherence to Medication:

Current/Changes in Medical Status:

Mental Status:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

