

# 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:**

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

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**Treatment Response/Medication Side Effects:**

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**Adherence to Medication:**

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**Current/Changes in Medical Status:**

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**Mental Status:**

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	<b>Agency:</b>	<b>Provider #:</b>
<b>Los Angeles County – Department of Mental Health</b>		

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Assessment/Clinical Impression:

Diagnosis:  Diagnosis remains the same  Diagnosis changed [complete [Diagnosis Information Form \(MH 501\)](#)]  
Intervention/Plan/Clinical Decision Making/Counseling/Recommended Consultations (Include explanation of changes in Plan and/or

Laboratory Tests Ordered:

- CBC  LFT  Electrolytes  Lipids  Glucose  HgbA1C  Tox Screen  Med Levels  TFTs  
 Other/Details:

Medication(s) Prescribed: [The Outpatient Medication Review Form \(MH556\)](#) must be completed by the MD/DO/NP annually and any time a new medication is prescribed or resumed following a documented withdrawal of the medication.

Name	Dosage	Frequency	Route of Administration	Amount	# of Refills

- Provided through the use of Telemental Health services. Client signed the [Consent for Telemental Health Services](#) and concerns were discussed.  
 Continued (Sign & complete information on [Medication Note Addendum](#))

Signature & Discipline

Date

Co-signature & Discipline

Date

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