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Origination	02/2017	Owner	Leonard Rosen: Psychiatrist PT Crisis
Last Approved	N/A	Policy Area	Medical
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Last Revised	03/2026		
Next Review	1 year after approval		

Psychiatric Assessments Protocol

PROTOCOL

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that all persons engaging in services within the DWIHN network shall be screened for the need of psychiatric services, and when necessary, a psychiatric evaluation will be completed by qualified professionals. All psychiatric evaluations and reassessments must meet Michigan Medicaid medical necessity, documentation, provider qualification, and coding/billing requirements, and must be integrated into the person's Individual Plan of Service (IPOS) to support recovery-oriented, person-centered care.

PURPOSE

This protocol establishes the standards and procedures to assure that psychiatric assessments are completed as appropriate to the needs of each person referred for services delivered through DWIHN provider networks. To establish clear standards and procedures ensuring psychiatric assessments:

1. Are completed timely and thoroughly, matching clinical needs and access standards.
2. Meet Medicaid Provider Manual documentation and coding rules.
3. Incorporate best-practice risk assessments, medication safety monitoring, telehealth requirements, and care coordination.
4. Are auditable with measurable performance indicators for continuous quality improvement.

APPLICATION

This policy shall apply to all directly-operated, and contracted network providers of the DWIHN across all specialty behavioral health service lines.

KEY WORDS

1. **Evaluation and Management (E/M) Services:** The American Medical Association has established a standard Current Procedural Terminology (CPT) code set that describes surgical, medical and diagnostic services. The evaluation and management (E/M) codes are CPT codes (99xxx) that can be used by all physicians to describe general medical services. There are specific documentation requirements that substantiate the level of code used.
2. **Medication Review:** The previously used 908xx codes have been eliminated, replaced by the E/M codes for pharmacologic management visits.
3. **Psychiatric Evaluation:** A comprehensive evaluation performed face-to-face by a psychiatrist, psychiatric mental health nurse practitioner, or appropriately trained clinical nurse specialist that investigates a beneficiary's clinical status, including the presenting problem; the history of the present illness; previous psychiatric, physical, and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination. This examination concludes with a written summary based on a recovery model of positive findings, a biopsychosocial formulation and diagnostic statement, an estimate of risk factors, initial treatment recommendations, estimate of length of stay when indicated, and criteria for discharge (Medicaid Manual).

ACCESS AND TIMELINESS STANDARDS

1. A Psychiatric Evaluation (PE) shall be completed as an integral component of the assessment process for the development of the Individual Plan of Service (IPOS) when identified as indicated from the initial screening and/or biopsychosocial assessment. The PE will identify the need for ongoing psychiatric services, including psychotropic medications, identify treatment goals and further assessments needed, as well as general medicine recommendations.
 - a. An initial psychiatric evaluation should ideally be completed within 14 days of the intake assessment where clinically necessary.
 1. Routine clinical need: completed within 14 calendar days of intake/ biopsychosocial assessment identifying psychiatric need.
 2. Urgent need: scheduled within 48 hours; crisis evaluation within 24 hours (includes crisis residential/inpatient admissions) and within 3 hours for Crisis Stabilization Units.
 - b. A psychiatric evaluation completed within the last 30 days by Michigan Community Mental Health contracted provider which meets the above definition may suffice as long as the psychiatrist reviews the content with the person served/supports, notes any concurrence or divergence from that content in the assessment documentation, and that evaluation is included in the current record.
 - c. Subsequent comprehensive evaluations are indicated if:
 1. The person served/guardian requests a second opinion; or
 2. The person served formally notes disagreement with the findings, diagnoses and treatment recommendations of the most recent PE.

- d. Coding shall reflect the most recent Michigan Medicaid Manual.
2. Additional Assessments: There is no set time interval nor limit for psychiatric reassessments unless specified by a particular protocol, such as Assertive Community Treatment (ACT). Subsequent PEs should be conducted as clinically appropriate.
 - a. Examples include: significant change in clinical symptoms; change in level of care; lack of, or incomplete response to a course of treatment; or presenting in crisis (e.g. hospital or crisis residential level of care).
 - b. Either the appropriate E/M code or the specific psychiatric evaluation code may be utilized for the reassessments, as per the Michigan Medicaid Manual.
 1. The PE code is not required to note changes in clinical presentation, diagnosis, level of care, program nor provider change.
 2. The PE code, if available, is more appropriate when a second opinion is being rendered.
 3. Medication Reviews are scheduled as clinically appropriate and as mandated by MDHHS. A person-served prescribed psychotropic medications receiving specialty behavioral health services should be seen at least quarterly or more frequently in case of controlled substances and/or multiple psychotropic medications/comorbidities/complexities. Person-served on ACT teams should be assigned to psychiatrists at least 15 minutes per member per week in a capacity that allows for immediate access to the physician so that emergency, urgent or emergent situations may be addressed. The expectation is that some members will need more physician time and some members will need less time during any given week.
 4. ~~Person-served getting~~ Patients discharged from ~~the~~ inpatient psychiatric ~~hospital~~ care should preferably ~~ideally~~ be seen by a psychiatrist ~~be seen~~ within ~~1-2 weeks of discharge~~ 7 days, and no later than 30 days ~~of, post~~-discharge. ~~Any~~ Address all urgent needs ~~such as~~ and medication refills ~~should be addressed~~ prior to or immediately upon discharge.
 5. Psychiatric Assessments should follow best practice evidence. Adult as well as Child and Adolescent psychiatric assessment standards from reliable resources are attached as guidelines and to be modified based on clinical needs.
 6. Psychiatric appointments are scheduled as clinically appropriate. For Medication Review/ Monitoring:
 - a. Quarterly minimum for individuals on psychotropics; more frequent for controlled substances, polypharmacy, complex comorbidity, or active medication changes.

PROCEDURES

DOCUMENTATION

1. ~~Psychiatric appointments are scheduled as clinically appropriate.~~
2. Validated risk assessment should be documented with indication of safety plan.
3. Diagnostic impression with ICD-10-CM codes and biopsychosocial formulation (include cultural/linguistic considerations).
4. Medical necessity statement and least restrictive setting rationale.

5. IPOS integration (link findings to measurable goals, services, and responsible team members).
6. Care coordination (primary care, specialty medical, therapy, case management, pharmacy; obtain/record releases of information, 42 CFR Part 2 compliance for SUD).
7. Informed consent for medication initiation/change documented.
8. Signatures/credentials/date/time of rendering provider; co-signature if required. All levels of assessments must be documented legibly, in a timely fashion, and signed by the rendering clinician.
9. Assessments are expected to reference reviews of pertinent chart documents, including other behavioral health assessments, laboratory results, and records from other treating clinicians.
10. Quality Assurance monitoring and reviews should occur at the provider level and DWIHN levels in the form of chart reviews and audits.

QUALITY ASSURANCE/IMPROVEMENT

TELEHEALTH

1. Telepsychiatry is permitted when clinically appropriate and must:
 - a. Use HIPAA-compliant platforms; document patient location, provider location, consent for telehealth, and any emergency plan.
 - b. Meet MDHHS telemedicine coverage/coding rules and parity requirements when applicable.
 - c. Ensure privacy, safety, and ability to conduct a clinically sufficient mental status exam (MSE) and risk assessment; convert to in-person if the virtual visit is inadequate for clinical needs.

CODING AND BILLING

Coding must reflect the most current Michigan Medicaid Provider Manual, MDHHS bulletins, and CPT/HCPCS updates. Providers must remain current with updates.

MEDICATION SAFETY & MONITORING

1. PDMP (MAPS) check prior to prescribing/renewing controlled substances; document findings and clinical rationale.
2. Metabolic monitoring for antipsychotics: baseline and periodic weight/BMI, BP, fasting glucose/A1c, lipids; assess EPS/Tardive Dyskinesia (e.g., AIMS).
3. Informed consent for initiation/change of psychotropics with discussion of risks (e.g., black box warnings), benefits, alternatives, and monitoring plan.

CULTURAL & LINGUISTIC COMPETENCE

1. Provide assessments that are culturally responsive and language-accessible (qualified interpreters, translated materials).

2. Document the use of interpreters and culturally relevant factors in diagnostic formulation.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of Providers and their subcontractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

DWIHN will seek input from the system's psychiatrists via the Tri-County Medical Director's group, which meets quarterly. Updates to the policy will be shared through this group; with contracted agencies via contract meetings and emailings; and through our website and posted policy manual.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Providers, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services, Medicaid Provider Manual [current version and as amended].
2. Michigan Department of Health and Human Services, Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes [current version and as amended]. <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

RELATED POLICIES

1. [Assessment Policy](#)
2. ASAM-PPC-2R: American Society of Addiction Medicine, Patient Placement Criteria, Second Edition, Revised Protocol
3. BIOPSYCHOSOCIAL ASSESSMENT: DWIHN's Integrated Health Assessment Tool Protocol
4. [Children Diagnostic Treatment Services \(CAFAS, DECA and PECFAS\)](#)
5. [Nursing Assessment Protocol](#)
6. OCCUPATIONAL THERAPY ASSESSMENT Protocol
7. PSYCHOLOGICAL TESTING Protocol
8. LOCUS: Level of Care Utilization System Protocol
9. SIS: American Association on Intellectual and Developmental Disabilities (AAIDD) Supports Intensity Scale Protocol

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

EXHIBIT(S)

None

Attachments



[american-psychiatric-association-2015-the-american-psychiatric-association-practice-guidelines-for-the-psychiatric.pdf](#)



[psychiatric assessment in CAP.pdf](#)



[SFY_2024_Behavioral_Health_Code_Charts_and_Provider_Qualifications \(1\).xlsx](#)

Approval Signatures

Step Description	Approver	Date
NCQA Committee	Tania Greason: Quality Administrator	Pending
NCQA Committee	Allison Smith: Director of Strategic Operations	03/2026
NCQA Committee	Margaret Keyes: Strategic Planning Administrator	03/2026
NCQA Committee	Justin Zeller: Project Manager	03/2026
CMO Approval	Shama Faheem: Chief Medical Officer	03/2026
Unit Review and Approval	Leonard Rosen: Psychiatrist PT Crisis	03/2026

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document

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