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|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PerformCARE <sup>®</sup>        |                                                                                                                                         | Policy and Procedure |
| <b>Name of Policy:</b>          | Psychiatric Evaluations                                                                                                                 |                      |
| <b>Policy Number:</b>           | CM-018                                                                                                                                  |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                      |
| <b>Primary Stakeholder:</b>     | Clinical Care Management Department                                                                                                     |                      |
| <b>Related Stakeholder(s):</b>  | All Departments                                                                                                                         |                      |
| <b>Applies to:</b>              | Associates                                                                                                                              |                      |
| <b>Original Effective Date:</b> | 06/20/02                                                                                                                                |                      |
| <b>Last Revision Date:</b>      | 05/22/26                                                                                                                                |                      |
| <b>Last Review Date:</b>        | 05/22/26                                                                                                                                |                      |
| <b>OMHSAS Approval Date:</b>    | N/A                                                                                                                                     |                      |
| <b>Next Review Date:</b>        | 05/01/27                                                                                                                                |                      |

**Policy:** To establish policy for payment of psychiatric evaluations.

**Purpose:** To establish a policy regarding psychiatric evaluations.

**Definitions:** Definitions from *PA Code Chapter 1153 "Outpatient Psychiatric Services"*

**Psychiatric Evaluation:** An initial mental status examination and evaluation provided only by a psychiatrist during a face-to-face interview with a Member. It shall include a comprehensive history and evaluation of pertinent diagnostic information necessary to arrive at a diagnosis and treatment plan as well as recommendations for treatment or further diagnostic studies or consultation. The history shall include individual, social, family, occupational, drug, medical and previous psychiatric diagnostic, and treatment information. Additional interviews with other staff may be included as part of the evaluation and shall be included in the evaluation fee.

**Acronyms:** None

**Procedure:**

1. Psychiatric evaluations including child psychiatric evaluations do not require prior authorization.
2. All Members under the age of 13 years will be referred to a board certified or board eligible child psychiatrist when a psychiatric evaluation is requested by a Member, parent, or guardian.

3. Members aged 13 through 17 may see a psychiatrist who is not board certified as a child/adolescent psychiatrist.
4. A Member aged 17 to 19 may see an adult psychiatrist unless the treatment team believes a child/adolescent psychiatrist is clinically indicated.
5. A Member 20 years and older will be referred to a psychiatrist whose scope of practice covers this age range.
6. A psychiatric evaluation should be completed following a face-to-face or telehealth session with the Member as soon as feasible but within time frame to meet Members treatment needs or per other Performcare authorization P&Ps or regulations.
7. PerformCare will follow *PA Code Chapter 1153 Outpatient Psychiatric Services*, and the following elements are required for a valid psychiatric evaluation:
  - 7.1. Comprehensive history that includes individual, social, family, occupational, substance use, medical, and previous psychiatric diagnostic and treatment information
  - 7.2. Current clinical presentation/rationale
  - 7.3. Current DSM diagnosis(es)
  - 7.4. Mental status examination
    - 7.4.1. Mental Health Inpatient, Partial and Residential Treatment Facilities are required to follow the same standards as indicated in this P&P.
8. The Provider should submit a claim for payment after submitting the psychiatric evaluation to PerformCare.

**Related Policies:** *CM-CAS-054 Authorization Requirements for RTF*

**Related Reports:** None

**Source Documents**

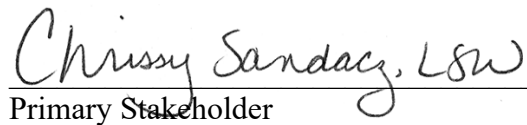
**and References:** *PA Code Chapter 1153 "Outpatient Psychiatric Services"*

**Superseded Policies**

**and/or Procedures:** None

**Attachments:** None

Approved by:

  
Primary Stakeholder