**Service Definition:** Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.

For pharmacologic management, including prescription use and review of medication with no more than minimal medical psychotherapy, use CPT code 90862.

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>HSD/MAD</th>
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<tbody>
<tr>
<td>Target Population</td>
<td>Individuals (children or adults) with mental illness and/or substance abuse issues</td>
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**Program Requirements**

- **Medication Monitoring**
  - Includes the ongoing review of symptoms, side effects, effectiveness, compliance, and lab reports/results. Also included is prescription renewal and adjustment of medications.
  - Medication Management services must be provided face-to-face.
  - Medication monitoring is justified by the recipient’s need and/or prescribed in their treatment plan.

**Provider Requirements**

- The provider must be a legally recognized entity in the United States, qualified to do business in New Mexico, and must meet standards established by the State of NM or its designee, and requirements of the funding source.

**Staffing Requirements**

- **Authorized practitioners**
  - Licensed or board eligible Psychiatrist
  - Clinical Psychiatric Nurse Specialist
  - Licensed psychologist with prescription authority
  - The practitioner must act within the scope and authority of their state licenses.

**Documentation Requirements**

- The purpose of consumer related documentation is to provide a written, legal record of the course of treatment and the delivery of services.

- Documentation provides evidence that consumer’s needs have been assessed and prioritized; outcomes identified and discharge criteria established; treatment planned; appropriate interventions and services selected and provided; consumer response and progress towards desired outcomes monitored; reassessments occurred on an ongoing basis; new services designed and implemented to facilitate progress when needed; need for medical necessity supported; and clear evidence that the services billed were the services provided.

**Service Exclusions**

**Admission/Service Criteria**

**Continuing Service Criteria**
<table>
<thead>
<tr>
<th>Discharge Criteria</th>
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<tbody>
<tr>
<td>Service Authorization Period</td>
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<tr>
<td>Service Authorization Unit</td>
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<tr>
<td>Benefit Limits</td>
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