

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## ***CLINICAL PROCEDURE***

**NUMBER: DC1004**

**NAME: AUTHORIZATION OF SERVICE BY DOCTOR OR LICENSED PRACTITIONER**

INITIAL APPROVAL DATE:	03/21/2001	BY: Administrative Committee
(LAST) REVISION DATE:	05/25/2023	BY: Policy Committee
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATE:	NA	REPLACED BY: NA

### **I. PURPOSE**

To establish a uniform practice relative to appropriate signature required for authorization of services.

### **II. APPLICATION**

Populations: **ALL**

Programs: **Direct - ALL**  
**Contracted - ALL**

### **III. PROCEDURE**

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) that services be authorized in compliance with all applicable standards and funding guidelines.

### **IV. DEFINITIONS**

Doctor: The Sanilac CMH Medical Director and the physician(s), psychiatrist(s) in the agency or those designated by contract agencies to oversee individual care for those services provided under contract with Sanilac CMH.

Licensed Practitioner of the Healing Arts: A physician or MA level clinical supervisor, clinical coordinator, or director who is licensed or certified by the State of Michigan in a human services field typically associated with mental health or developmental disabilities services. Those appropriately licensed individuals privileged by the Sanilac CMH Privileging and Credentialing Committee for this action.

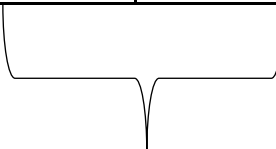
### **V. STANDARDS**

- The following documents/services must be authorized by a doctor's signature:
  - All IPOS
  - Activities provided by an OT and PT must be prescribed by a doctor. See Medicaid and Medicare Provider Manual for OT and PT services requirements, as well as the definition of "Prescription" to determine what must be specified.
  - Periodic Review, amendments, assessments as indicated on Attachment A
- For all individuals receiving services, the Bio-psychosocial Assessment, Periodic Review, IPOS, discharge summary, amendments and Clinical Assessments need to be approved by a Licensed Practitioner of the Healing Arts.
- For Psychological Assessments to be conducted, in addition to Supervisory Approval, the Chief Operating Officer's Approval must also be obtained for any Psychological Assessments requested that are not required for program participation (Eligibility IQ testing, Autism Assessments are exempt/Exploratory Assessments/Guardianship Psychological are not exempt).

### **VI. ATTACHMENTS – DC1004 Attachment Non-MD Signature Requirements**

### **VI. REFERENCES – None**

## Psychiatrist Signature Requirements by Payer When Non-Physicians Provide Service

Service Code	(A) <b>Blue Cross</b> MD Signature <i>required</i> on below documents	(B) <b>Other Ins.</b>	(C) <b>M'Care</b>	(D) <b>M'Caid</b>
H0031/ 90791	Mental Health Assessment (by non-MD)	 <p><i>MD signature is <u>not</u> required, unless person also has BCBS. If BCBS also insures individual, MD sig. <u>is</u> required on docs in Column A if they receive any services listed in BCBS Note #3.</i></p>		<p><i>MD signature is <u>not</u> required unless person:</i></p> <ul style="list-style-type: none"> <li>• <i>Receives Crisis Resid. Services; or</i></li> <li>• <i>Receives ACT services; or</i></li> <li>• <i>Receives Home Based services.</i></li> </ul> <p><i>MD signature needed on IPOS, Amend, Per. Reviews</i></p> <ul style="list-style-type: none"> <li>• <i>Has BCBS. If BCBS also insures individual, MD sig. <u>is</u> required on docs in Column A if they receive any services listed in BCBS Note #3.</i></li> </ul>
H0032	Mental Health Serv Plan Dev (by non-MD) IPOS; Periodic Reviews; Amendments <i>Note: BC requires MD certify Dx and Tx plan within 10 days of Intake</i>			
T1017	Supports Coordination/Targeted Case Mgt: IPOS; Periodic Reviews; Amendments			

### Blue Cross Notes:

1) Per the BCBS Medical Director (Calmeze H. Dudley, MD) on 8/10/09, the staff psychiatrist must “personally supervise and evaluate the condition of all Blue Cross clients, including their progress toward treatment goals and any changes in their therapeutic plans...the psychiatrist’s signature on the medical record without documentation of his or her involvement is not sufficient. It is the psychiatrist who must certify the diagnosis and treatment plan within 10 days of the intake. The psychiatrist is also obliged to evaluate client progress at least quarterly, or possibly monthly, depending on the frequency and intensity of treatment...” To adhere to these BCBS requirements, a CMH psychiatrist cannot sign documents if he or she is not involved in the person’s case. A referral must be made for a Psychiatric Evaluation.

2) If no BCBS billable/payable services are proved to an individual (see Note #3), MD signature is **not** required.

3) BCBS pays for these services when all BCBS rules are followed (i.e., provided in a direct run CMH office (not DTNW or Contract Agency offices), provided by billable providers, and providers obtain prior authorization from BCBS when required by person’s policy.)

BCBS pays for 90801, 90804, 90806, 90808, 90846, 90847, 90853, 90862, 96101.