

DIAGNOSIS-BASED TREATMENT GUIDELINES ADHERENCE INDICATORS

DIAGNOSIS	INDICATOR
MAJOR DEPRESSION 296.2 or 296.3 Series	Mood symptoms and suicidality are assessed at every visit.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	If substance abuse is identified in the initial evaluation, a comprehensive substance abuse evaluation has been performed or recommended.
	If a substance abuse diagnosis is confirmed, then an active substance abuse treatment plan is developed or a documented referral is made for treatment.
	Has a medication evaluation or referral taken place within 30 days of the diagnosis if not initially diagnosed by a psychiatrist?
	If medication is prescribed, there should be a minimum of three follow-up visits in the first 12 weeks. (A least one of these being with the prescriber.)
	If a secondary antidepressant is prescribed, it must be from another class of antidepressants.
SCHIZOPHRENIA 295 Series	There is evidence of an assessment of positive signs of psychosis, e.g., delusions and/or hallucinations.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	Has a medication evaluation taken place within 14 days of the diagnosis if not initially diagnosed by a psychiatrist?
	When anti-psychotic medications are prescribed, there is evidence of observation for side effects including EPS such as dystonic reactions akathisia ("can't sit still") or akinesia.
ADHD 314.00; 314.01; 314.9	The record reflects the active involvement of the family/primary caretakers in the assessment and treatment of the enrollee, unless contraindicated.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	The record reflects education about ADHD.
	Has a medication evaluation taken place within 60 days of the diagnosis if not initially diagnosed by a psychiatrist?
	When medication is prescribed, there is evidence of an evaluation of the patient's response to medication and adjustments as needed.
	Documented history of symptoms/onset of symptoms prior to age seven.
	Demonstrated evidence of impairment in at least two areas. (social, academic, or occupational)
BIPOLAR 296.0x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.89 Series	Mood symptoms and suicidality are assessed at every visit.
	Co-morbid problems are assessed upon initial evaluation by the MD for substance abuse, medical conditions, or other psychiatric diagnoses.
	Has a medication evaluation taken place within 14 days of the diagnosis if not initially diagnosed by a psychiatrist?
	When lithium is prescribed, there is a lithium level measurement in evidence of thyroid test measures.
	If Depakote is prescribed, there is evidence of a valproic acid blood level and liver function tests.
CO-OCCURRING DISORDERS (for co-occurring licensed providers)	Treatment plan includes identification of barriers to adherence and interventions that address these barriers.
	Treatment plan includes relapse plan, including identification of relapse triggers, skills needed to deal with triggers, and contingency plan for difficult instances.
	Treatment plan includes both SA and psychiatric issues and interventions.