Trillium HEALTH RESOURCES

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Clinical Communication Bulletin 87

To: All Providers

From: Dr. Paul Garcia, Vice President of Utilization Management and Benefits

Date: October 31, 2025

Subject: Comprehensive Clinical Assessment Requirements (CCA)

COMPREHENSIVE CLINICAL ASSESSMENT REQUIREMENTS

Read the NC DHHS Announcement Comprehensive Clinical Assessment Requirements

A psychiatric diagnostic interview (Current Procedural Terminology 90792) may qualify as a Comprehensive Clinical Assessment if it meets all requirements.

This bulletin applies to NC Medicaid Direct and NC Medicaid Managed Care. An assessment may qualify as a Comprehensive Clinical Assessment (CCA) if it is:

- Conducted by an appropriate psychiatric clinician, and
- Consistent with a Psychiatric Diagnostic Interview Examination (Current Procedural Terminology (CPT) 90792) or other appropriate new patient evaluation and management service, such as:
  - CPT 99202-99205, or
  - CPT 99221-99223

To meet the requirements of a CCA under certain NC Medicaid behavioral health Clinical Coverage Policies, the evaluation must incorporate and document the elements of a CCA as outlined in Clinical Coverage Policy 8C 7.3.3.2 (a) through (i).

The initial Psychiatric Diagnostic Interview Examination can be updated as clinically necessary by a physician or physician extender performing the service during subsequent evaluations that meet the criteria for the corresponding appropriate CPT codes (e.g., 99212-99215 in the outpatient setting and/or 99231-99233 in the inpatient setting) if the full assessment can't be completed.

If certain required elements of CCAs, or comparable new patient evaluations cannot be completed due to:

- A beneficiary's or collateral's inability or refusal to participate, or
- Due to being clinically contraindicated (e.g., a detailed trauma history for a beneficiary unable to tolerate reviewing specific traumas)

The refusal or contraindication should be documented in the beneficiary's record accordingly. Any reasonable subsequent efforts to complete any missing, refused or initially clinically contraindicated required elements of assessments should also be documented.

DOCUMENTATION

The required CCAs, or abbreviated assessments as applicable, do not necessarily need to be contained in a single document in a beneficiary's health record. Required elements can be contained across one or more entries in the beneficiary's record.

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be answered as quickly as possible