



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
Robin Kay, PhD, Acting Director

REVISIONS TO A GUIDE TO PROCEDURE CODES

The Guide to Procedure Codes for Claiming Mental Health Services (Guide) has been updated to reduce redundancy with other documents, enhance clarity in content and format, remove inactive procedure codes and incorporate guidelines and best practices which have been communicated through the Quality Assurance (QA) Division. The following is a summary of the updates made:

Formatting/General Content Modifications:

- The “Rendering Provider” column, which indicated the disciplines allowed to use the specified code, is now entitled “Allowable Discipline(s).”
- Page 5: Added a definition for “Allowable Disciplines.”
- Page 6: The list of disciplines was modified to include Mental Health Worker (this discipline includes Substance Abuse Counselors, Community Workers, and Mental Health Advocates who minimally have a high school diploma or equivalent and are operating within their job description).
- Removed duplicative information that can be found in the SD/MC Organizational Provider’s Manual.
- Inactive procedure codes have been removed. In the future, a section will be added to the end of the Guide to identify inactive procedure codes and the date they were inactivated.

Procedure Code Modifications:

- Removed H0002 after determination by the QA Division that services to a client prior to the assessment are more appropriately claimed as an indirect service (e.g. Community Outreach Services-COS or Medi-Cal Administrative Activities-MAA).

Note: This makes the statement in QA Bulletin 09-07 related to use of triage prior to the face-to-face assessment contact no longer valid.

- Page 10: Added a note related to H0032 that as a best practice the code should only be claimed by practitioners providing direct services to the client. If a practitioner claiming for H0032 is not a practitioner providing direct services to the client, there must be detailed documentation that supports the practitioner’s involvement in the service.
- Page 14: Expanded description of 90887 to include the following additional activities:
 - Gathering information from family or other persons responsible for the client for the purpose of assessment.
 - Providing services (e.g., teaching skills, consultation) to family or other persons responsible for the client for the purpose of assisting the client in his/her mental health treatment.

- Page 16: Expanded the description of H2015 to include the following services:
 - Collecting assessment information from non-clients, non-collaterals (e.g., school teachers) for the purpose of determining a mental health diagnosis.
 - Collecting information related to a substance use/abuse assessment as part of the overall mental health assessment when done by a Substance Abuse Counselor.
 - Providing services to non-clients, non-collaterals (e.g., school teachers) for the purpose of assisting the client in his/her mental health treatment.
- Page 19: Modified description of 90885 to exclude use for transferred/new clients and added a caution that there must be clear documentation of how the review of records will inform the assessment, diagnosis and/or treatment plan for this code to be reimbursable (high risk code).

Please refer to the updated Guide to Procedure Codes for Claiming Mental Health Services for a complete listing and description of available procedure codes:

http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

If Contract or Directly-Operated agencies have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team
District Chiefs
Program Heads
Department QA staff
QA Service Area Liaisons

Judith Weigand, Compliance Program Office
Zena Jacobi, Central Billing Office
Pansy Washington, Managed Care
TJ Hill, ACHSA
Regional Medical Directors