



# Quality Assurance Bulletin

Quality Assurance Division

County of Los Angeles – Department of Mental Health

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## NEW “GUIDE TO PROCEDURE CODES FOR SPECIALTY MENTAL HEALTH SERVICES”

The Guide to Procedure Codes for Specialty Mental Health Services, hereafter referred to as the “Guide”, has been revised to address updates to policy, improve consistency with State Plan Amendment (SPA) definitions and federal usage of procedure codes, and increase procedure code specification. Major formatting revisions have also been made to simplify the Guide and allow users to quickly decide which procedure code to use. Changes described in this Bulletin are effective September 3, 2019; however, providers will have three (3) months to implement the changes.

### The following is a summary of the updates made:

- Major formatting changes including re-ordering of the procedure codes and the structure of the procedure code tables. Please refer to pages 4 and 5 for additional information related to the new structure.
- Removed Fee For Service Network Providers as well as all reimbursement instructions that are not pertinent to the use of the code. Providers should refer to the Organizational Provider’s Manual for information describing reimbursable services.
- Disciplines:
  - ✓ Removed the ‘authorized’ disciplines for nurses (RN, Clinical Nurse Specialist, Psychiatric MH Nurse Practitioner) consistent with revised DMH Policy 302.06: Registered Nurse Scope of Practice within DMH
  - ✓ Clarified and further defined the requirements for the MD and DO disciplines
- Assessment:
  - ✓ Removed the face-to-face client present requirement for 90791/90792 and expanded the definition to include gathering mental health assessment information from *all informants* not just the client consistent with the definition of Assessment in the Organizational Provider’s Manual  
*Note: The telephone modifier (SC) has also been added on to these procedure codes*
  - ✓ Added a new procedure code **T1001** (Nursing Assessment/Evaluation) to be used by nursing disciplines for the purpose of gathering assessment information (e.g. medical history, medication history, allergies). This includes gathering this information from *all informants*
  - ✓ Added a new procedure code **H2000** (Comprehensive Multidisciplinary Evaluation) to be used by disciplines not eligible for 90791, 90792, or T1001 (e.g., substance use counselors, parent partners) for the purpose of gathering information (e.g. substance use history, family history) to inform the mental health assessment. This includes gathering information from *all informants*  
*NOTE: This is NOT a Needs Assessment. Gathering information for the purpose of a Needs Assessment (e.g., using the Community Functioning Evaluation) is claimed as T1017 (assessment service component of TCM)*
- Collateral:
  - ✓ 90887 should now be utilized for only those services that meet the definition of Collateral as defined in the Organizational Provider’s Manual. Procedure code 90887 now includes *any* significant support person for the client including “paid” support persons such as school teachers and DCFS social workers

- Rehabilitation:
  - ✓ H2015 should now be utilized for those services that meet the definition of Rehabilitation as defined in the Organizational Provider’s Manual
  - ✓ Replaced On-going Support to Maintain Employment: H2025 which was limited to those already currently employed with Supported Employment - H2023 which may be used in any situation that is helping the client with employment
  
- Medication Support Services:
  - ✓ Added Medication Support Service Evaluation and Management procedure codes for services provided in Domiciliary, Rest Home or Custodial Care settings (99324-99328 and 99334-99337)
  - ✓ Added Transcranial Magnetic Stimulation procedure codes (90867, 90868, 90869) which are only available to Directly-Operated providers at this time
  
- Therapeutic Foster Care
  - ✓ Added Therapeutic Foster Care (S5145HE)

The below table summarizes the “old” and “new” procedure codes usage:

What you did	Old code	New code
Gathering information from family or significant support person(s) for the purpose of informing the mental health assessment	90887	90791 / 90792
Collecting assessment information from non-clients, non-collaterals for the purpose of determining a mental health diagnosis.	H2015	90791/90792
RN collecting information related to medical history, medication history, allergies, and vitals as part of the overall mental health assessment	H2015	T0001
Practitioners not within scope of claiming 90791/90792/T0001 collecting information (e.g., family history, substance use history) as a part of the overall mental health assessment	H2015	H2000
Providing services to non-clients, non-collaterals for the purpose of assisting the client in his/her mental health treatment.	H2015	90887
<i>NOTE: The new code will include school teachers/board &amp; care staff in the definition of collateral</i>		

Please refer to the updated Guide to Procedure Codes available on the DMH Internet.

If Legal Entities or Directly Operated providers have any questions related to this Bulletin, please contact the QA Division at [QualityAssurance@dmh.lacounty.gov](mailto:QualityAssurance@dmh.lacounty.gov).

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