

# **GUIDE TO PROCEDURE CODES FOR SPECIALTY MENTAL HEALTH SERVICES**



**County of Los Angeles – Department of Mental Health  
Quality Assurance Division**

**Jonathan E. Sherin, M.D., PhD**  
Director of Mental Health

September 3, 2019

# TABLE OF CONTENTS

<b>Content</b>	<b>Page</b>	<b>Last Changed</b>
Introduction	3	9/3/19
Structure of Guide	3	9/3/19
Abbreviations	5	9/3/19
Disciplines	6	9/3/19
<b>Community Outreach Services (COS)</b>		
Community Outreach Services	7	9/3/19
<b>Medi-Cal Administrative Activities (MAA)</b>		
Medi-Cal Administrative Activities	7	9/3/19
<b>Never Billable Codes</b>		
Non Billable	8	9/3/19
<b>Mental Health Services (MHS)</b>		
Mental Health Assessment	8	9/3/19
Plan Development	8	9/3/19
Psychological Testing	9	9/3/19
Psychotherapy	10	9/3/19
Rehabilitation	11	9/3/19
Collateral	11	9/3/19
Other Mental Health Services	11	9/3/19
Services to Special Populations	11	9/3/19
Non-Billable to Medi-Cal Mental Health Services	12	9/3/19
<b>Targeted Case Management (TCM)</b>		
Targeted Case Management	13	9/3/19
Services to Special Populations	13	9/3/19
Non-Billable to Medi-Cal TCM	13	9/3/19
<b>Crisis Intervention (CI)</b>		
Crisis Intervention	13	9/3/19
Non-Billable to Medi-Cal Crisis Intervention	13	9/3/19
<b>Medication Support Services (MSS)</b>		
Medication Support Services – E&M Office	14	9/3/19
Medication Support Services – E&M Home	15	9/3/19
Medication Support Services – E&M Domiciliary, Rest Home, or Custodial Care	16	9/3/19
Other Medication Support Services	17	9/3/19
Non-Billable to Medi-Cal Medication Support Services	17	9/3/19
<b>Crisis Stabilization</b>		
Crisis Stabilization	18	9/3/19
Non-Billable to Medi-Cal Crisis Stabilization	18	9/3/19
<b>Day Treatment Intensive</b>		
Day Treatment Intensive	18	9/3/19
<b>Day Rehabilitation</b>		
Day Rehabilitation	18	9/3/19
<b>Socialization &amp; Vocational Services</b>		
Socialization Services	19	9/3/19
Vocational Services	19	9/3/19
<b>Case Management Services</b>		
Case Management Support	19	9/3/19
<b>Other Special Contract</b>		
Community Partner	19	9/3/19

# TABLE OF CONTENTS

Content	Page	Last Changed
<b>Therapeutic Foster Care</b>		
Therapeutic Foster Care	20	9/3/19
<b>Residential &amp; Supported Living Services</b>		
Residential Services	20	9/3/19
Non Billable to Medi-Cal Residential Services	20	9/3/19
Non Billable to Medi-Cal Support Living Services	20	9/3/19
<b>Inpatient Services</b>		
Non Bilable to Medi-Cal Inpatient Services	21	9/3/19
Non Billable to Medi-Cal Institutions for Mental Disease	21	9/3/19
Non Billable to Medi-Cal Mental Health Rehabilitation	21	9/3/19
Psychiatric Health Facility	22	9/3/19
Acute Inpatient Facility Services	22	9/3/19
<b>Appendix</b>		
Evaluation and Management Criteria	23	9/3/19
Procedure Code Modifiers	24	9/3/19
Place of Service Codes	25	9/3/19

# INTRODUCTION

This Guide, prepared by DMH, lists and defines the compliant codes that DMH believes reflects the services it provides throughout its system, whether by directly-operated, contracted organizational providers, or individual/group network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with DMH should they believe differences exist.

## Brief History

Since the inception of the DMH's first computer system in 1982, DMH directly-operated and contract staff have reported services using Activity Codes. These Activity Codes were then translated into the types of mental health services for which DMH could be reimbursed through a variety of funding sources. On April 14, 2003, health care providers throughout the Country implemented the HIPAA Privacy rules. This brought many changes to DMH's way of managing Protected Health Information (PHI), but did not impact the reporting/claiming codes. On October 16, 2003, all health care providers throughout the USA are required to implement the HIPAA Transaction and Codes Sets rules or be able to demonstrate good faith efforts to that end. These rules require that providers of health care services anywhere in the USA must use nationally recognized Procedure Codes to claim services.

## HIPAA Objectives and Compliant Coding Systems

One of the objectives of HIPAA is to enable providers of health care throughout the country to be able to be conversant with each other about the services they were providing through the use of a single coding system that would include any service provided. In passing HIPAA, Legislators were also convinced that a single national coding system would simplify the claims work of insurers of health. Two nationally recognized coding systems were approved for use: the Current Procedural Terminology (CPT) codes and the Level II Health Care Procedure Coding System (HCPCS). The CPT codes are five digit numeric codes, such as 90804 and the HCPCS are a letter followed by four numbers, such as H2012.

Definitions found in this Guide are from the following resources: CPT code definitions come from the CPT Codes Manual; HCPCS codes are almost exclusively simply code titles absent definition so these definitions were established either exclusively or in combination from one of these sources – 1) Title 9 California Code of Regulations, Chapter 11, Specialty Mental Health Services, 2) State Department of Health Care Services (DHCS) Letters and Informational Notices, or 3) DHCS State Plan Amendments.

# STRUCTURE OF GUIDE

**Activity:** Title of the procedure code which defines the activity the practitioner provided.

**Method of Delivery:** Identifies the allowable ways in which the practitioner may conduct the activity.

- ✓ In person
- ✓ Telephone
- ✓ Telepsych
- ✓ N/A

**Service Contact:** Identifies the allowable person or persons for whom the practitioner may claim their time of contact. The Service Contact may or may not be the client, but all claimed services must ultimately be directed toward serving the client.

- ✓ Client
- ✓ Significant Support Person
- ✓ N/A

**Service Function Code (SFC):** Utilized for Cost Report information systems, identifies the specific type of service provided under a Mode of Service. Service Function Codes are necessary for classifying services provided and service cost data at a specific level.

**Allowable Discipline(s):** Identifies the disciplines permitted to use the procedure code. Not all staff listed in the Allowable Discipline(s) column may claim to Medicare and/or other private insurance.

**Other Items:**

- Except for those services funded entirely by CGF or Mental Health Services Act (MHSA), there are no codes that identify payer information, such as PATH. Payer information will be maintained by funding plan/funding source.
- Medicare does not reimburse for travel and documentation time, so in order to appropriately claim to both Medicare and Medi-Cal total service time for the Practitioner must be broken out into face-to-face and other time for most services. Face-to-face time is the time spent providing a service directed towards the client with the client present.
  - ✓ Only the psychotherapy codes are selected based on face-to-face time.
  - ✓ Psychological Testing, Evaluation & Management Medication Support Services and Group Services (with the exception of Collateral Group) all require face-to-face time.
  - ✓ No other Mental Health, Medication Support, or Targeted Case Management Services require face-to-face time, but if it occurs, it should be indicated.
  - ✓ Collateral and No-Contact – Report Writing should always be reported with “0” face-to-face time.
  - ✓ Face-to-face time is always “0” for telephone contacts.
  - ✓ Telemental health services are considered face-to-face given that the client is visually present.
- Roll-Up Procedure Codes: DHCS only accepts a limited set of Procedure Codes. Los Angeles County Department of Mental Health “rolls-up” the Procedure Codes submitted by Providers to the more generic HCPCS Procedure Codes allowable by DHCS/Medi-Cal. Refer to the IBHIS Addendum Guide to Procedure Codes for a crosswalk between each procedure code and the roll-up procedure code.

## ABBREVIATIONS

- **CGF** – County General Funds
- **CPT** – Current Procedural Terminology; codes established by the American Medical Association to uniquely identify services for reporting and claiming purposes.
- **DMH** – Los Angeles County Department of Mental Health or Department; also known as the Local Mental Health Plan (LMHP)
- **ECT** – Electroconvulsive Therapy
- **HCPCS** – Health Care Procedure Coding System
- **IMD** – Institutions for Mental Disease
- **IBHIS** – Integrated Behavioral Health Information System
- **LMHP** – Local Mental Health Plan (in Los Angeles County, the Department of Mental Health)
- **PHI** – Protected Health Information
- **SD/MC** – Short-Doyle/Medi-Cal (*Terminology carried forward from pre-Medi-Cal Consolidation: Medi-Cal Organizational Providers who can be reimbursed for a full range of rehabilitation staff*)
- **SFC** – Service Function Code
- **STP** – Special Treatment Patch
- **TCM** – Targeted Case Management

# DISCIPLINES

Rendering Providers/Practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description. All disciplines must minimally have a high school diploma or equivalent.

<b>DISCIPLINES</b>		
Code	Discipline	Requirements/Additional Information
AP Pharm	Advanced Practice Pharmacist	
CNS	Clinical Nurse Specialist	
DO	Doctor of Osteopathy	<ul style="list-style-type: none"> <li>• Completed a psychiatry residency program;</li> <li>• Be in a psychiatry residency program with appropriate supervision and co-signature; or</li> <li>• Be another qualified physician with written approval (site specific) from LACDMH</li> </ul>
SW	Social Worker	
LVN	Licensed Vocational Nurse	
PCC	Professional Clinical Counselor	
MD	Medical Doctor	<ul style="list-style-type: none"> <li>• Completed a psychiatry residency program;</li> <li>• Be in a psychiatry residency program with appropriate supervision and co-signature; or</li> <li>• Be another qualified physician with written approval (site specific) from LACDMH</li> </ul>
MFT	Marriage & Family Therapist	
MHRS	Mental Health Rehabilitation Specialist	Must have a BA degree and four years experience in a mental health setting (physical restoration, social adjustment, or vocational adjustment). Two years of graduate education may be substituted for years of experience; Two years of post-AA clinical experience may be substituted for educational experience.
MHW	Mental Health Worker	Under the DHCS State Plan Amendments, these are considered "Other qualified providers"; Must minimally have a high school diploma or equivalent
NP	Nurse Practitioner	Must be a Psychiatric Mental Health Nurse Practitioners
PhD	Doctor of Philosophy, Clinical Psychologist	Students of these disciplines completing 48 semester/72 quarter hours must obtain a State DHCS waiver in order to provide services requiring a license (see State DMH Letter 10-03 for additional information)
PsyD	Doctor of Psychology, Clinical Psychologist	
PA	Physician Assistant	Must be Licensed
Pharm	General Pharmacist	
PT	Psychiatric Technician	
RN	Registered Nurse	

# MODE 45: COMMUNITY OUTREACH SERVICES

- ✓ These services are claimed in IBHIS in minutes
- ✓ For more information, refer to the Community Outreach Services Manual

## COMMUNITY OUTREACH SERVICES (COS)

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Mental Health Promotion	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Community</li> <li>• Potential Client</li> </ul>	200	10	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
Community Client Services	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Community</li> <li>• Potential Client</li> <li>• Client</li> <li>• Significant Support Person</li> </ul>	231	20	

**Comments:** Directly-Operated providers in IBHIS can include the HK modifier on the procedure code when service is provided to a specific client/individual; These are indirect services and are neither Medicare nor SD/MC reimbursable

# MODE 55: MEDI-CAL ADMINISTRATIVE ACTIVITIES

- ✓ For directly-operated providers using IBHIS only; These services are claimed in IBHIS in minutes
- ✓ For more information, refer to the Medi-Cal Administrative Activities Manual

## MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
MAA Not Discounted Medi-Cal Outreach	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Potential Client</li> </ul>	1		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA Medi-Cal Eligibility Intake	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Potential Client</li> </ul>	4		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA Referral in Crisis for Non-Open Cases	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Potential Client</li> </ul>	11		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA Medi-Cal Mental Health Services Contract Administration	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal Admin</li> </ul>	10		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA Discounted Mental Health Services Contract Administration	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal Admin</li> </ul>	14		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA Non-SPMP Program Planning and Policy Development	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal Admin</li> </ul>	35		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
MAA SPMP Program Planning and Policy Development	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal Admin</li> </ul>	24		<ul style="list-style-type: none"> <li>• MD/DO (Licensed)</li> <li>• PhD/PsyD (Licensed)</li> <li>• RN</li> <li>• Social Worker (Licensed)</li> <li>• MFT (Licensed)</li> </ul>
MAA SPMP Case Management of Non-Open Cases	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Potential Client</li> </ul>	21		<ul style="list-style-type: none"> <li>• MD/DO (Licensed)</li> <li>• PhD/PsyD (Licensed)</li> <li>• RN</li> <li>• Social Worker (Licensed)</li> <li>• MFT (Licensed)</li> </ul>
MAA Monitoring and Training	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Medi-Cal Admin</li> </ul>	27		<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

**Comments:** Directly-Operated providers in IBHIS can include the HK modifier on the procedure code when service is provided to a specific client/individual; These are indirect services and are not reimbursable by Medicare

# NEVER BILLABLE CODES

- ✓ For directly-operated providers using IBHIS only
- ✓ These services are recorded in the clinical record and reported in IBHIS in minutes

## NON-BILLABLE CODES IN IBHIS

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Never billable</b> <i>Used for activities that are NOT billable to ANY funding source.</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	00000	0	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>
<b>Comments:</b> These are neither Medicare nor SD/MC reimbursable nor are they reimbursable by any other funding plan.					

## MODE 15: MENTAL HEALTH SERVICES (MHS)

- ✓ These services are recorded in the clinical record and reported in IBHIS in minutes.
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## MENTAL HEALTH ASSESSMENT

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Psychiatric Diagnostic Interview</b> <i>Comprehensive mental health assessment</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	90791	42	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PA</li> <li>• PhD/PsyD (Licensed or Waivered)</li> <li>• SW (Licensed, Registered or Waivered)</li> <li>• MFT (Licensed, Registered or Waivered)</li> <li>• NP or CNS (Certified)</li> <li>• PCC (Licensed or Registered)</li> <li>• Student professionals in these disciplines with co-signature*</li> </ul>
<b>Psychiatric Diagnostic Interview with Medical Services</b> <i>Comprehensive mental health assessment with in depth evaluation of medical issues</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	90792	42	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PA</li> <li>• NP or CNS (Certified)</li> </ul>
<b>Nursing Assessment/Evaluation</b> <i>Medical evaluation to inform the comprehensive mental health assessment</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	T1001	42	<ul style="list-style-type: none"> <li>• NP or CNS (Certified)</li> <li>• RN</li> <li>• LVN</li> </ul>
<b>Comprehensive Multidisciplinary Evaluation</b> <i>Non diagnosis, mental status exam, or medical history information gathering to inform the comprehensive mental health assessment</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H2000	42	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

**Comments:**

## PLAN DEVELOPMENT

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Plan Development</b>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H0032	42	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

**Comments:**



# MODE 15: MENTAL HEALTH SERVICES (MHS)

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.

✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## PSYCHOLOGICAL TESTING

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Assessment of Aphasia</b> <i>Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination</i> <i>Face-to-Face administration; interpretation and report writing</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Interpretation/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96105	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Developmental Screening</b> <i>(e.g., developmental milestone survey, speech and language delay screen)</i> <i>Face-to-Face administration, interpretation and report writing</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Interpretation/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96110	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Developmental Testing</b> <i>Assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments</i> <i>Face-to-face administration; interpretation and report writing</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Interpretation/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96112	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Neurobehavioral Status Exam</b> <i>Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities. Face-to-Face administration, interpretation and report writing</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Interpretation/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96116	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Standardized Cognitive Performance Testing</b> <i>(e.g., Ross Information Processing Assessment)</i> <i>Face-to-face administration; interpretation and report writing</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Interpretation/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96125	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Psychological Testing Evaluation</b> <i>Integration, interpretation, clinical decision-making, report writing, and interactive feedback</i>	<ul style="list-style-type: none"> <li>In person (Administration /Interactive Feedback)</li> <li>N/A (Integration/ Interpretation/Clinical Decision-Making/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96130	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Neuropsychological Testing Evaluation</b> <i>Integration, interpretation, clinical decision-making, report writing, and interactive feedback</i>	<ul style="list-style-type: none"> <li>In person (Administration /Interactive Feedback)</li> <li>N/A (Integration/ Interpretation/Clinical Decision-Making/Report Writing)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96132	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Psychological or Neuropsychological Testing</b> <i>Face-to-face administration and scoring</i>	<ul style="list-style-type: none"> <li>In person (Administration)</li> <li>N/A (Scoring)</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> <li>N/A</li> </ul>	96136	34	<ul style="list-style-type: none"> <li>PhD/PsyD (Licensed/Waivered)</li> <li>MD/DO (Trained)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

# MODE 15: MENTAL HEALTH SERVICES (MHS)

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.

✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## PSYCHOTHERAPY

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Individual Psychotherapy</b> <i>Face to Face time 0-15 minutes</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	H0046	42	<ul style="list-style-type: none"> <li>MD/DO</li> <li>PhD/PsyD (Licensed or Waivered)</li> <li>Social Worker (Licensed or registered or waived)</li> <li>MFT (Licensed or registered or waived)</li> <li>NP or CNS (Certified)</li> <li>Professional Clinical Counselor (Licensed or Registered)</li> <li>Student professionals in these disciplines with co-signature</li> </ul>
<b>Individual Psychotherapy 30 min</b> <i>Face to Face time 16-37 minutes</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	90832	42	
<b>Individual Psychotherapy 45 min</b> <i>Face to Face time 38-52 minutes</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	90834	42	
<b>Individual Psychotherapy 60+ min</b> <i>Face to Face time 53+ minutes</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	90837	42	
<b>Psychotherapy for Crisis</b> <i>Implementation of psychotherapeutic interventions while a client is in a crisis state.</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	90839	42	
<b>Family Psychotherapy with One Client Present</b> <i>Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client.</i>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> </ul>	90847	42	
<b>Family Psychotherapy with More than One Client Present (Group Service)</b> <i>Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client.</i>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> </ul>	90847 HE:HQ	52	
<b>Multi-family Group Psychotherapy</b> <i>Psychotherapy delivered to more than one family unit each with at least one enrolled client.</i>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> </ul>	90849	52	
<b>Group Psychotherapy</b> <i>Delivered at the same time to more than one non-family client.</i>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	90853	52	

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

# MODE 15: MENTAL HEALTH SERVICES (MHS)

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.

✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## REHABILITATION

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Individual Rehabilitation Service</b>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	H2015	42	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Supported Employment</b>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	H2023	42	
<b>Group Rehabilitation</b> <i>Delivered to more than one client</i>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	H2015 HE:HQ	52	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

## COLLATERAL

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Individual Collateral</b>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Significant Support Person</li> </ul>	90887	10	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Group Collateral</b>	<ul style="list-style-type: none"> <li>In person</li> </ul>	<ul style="list-style-type: none"> <li>Significant Support Person</li> </ul>	90887 HE:HQ		<ul style="list-style-type: none"> <li>All disciplines</li> </ul>

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

## OTHER MENTAL HEALTH SERVICES

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Record Review</b> <i>Review and evaluation of clinical records, reports, tests and other accumulated data for:</i> <ul style="list-style-type: none"> <li>Assessment and/or diagnostic purposes</li> <li>Plan development</li> <li>Preparation for a treatment session or other clinical service</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	90885	42	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Report Writing</b> <i>Preparation of reports of client's psychiatric status, history, treatment, or progress</i>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	90889	42	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

## SERVICES TO SPECIAL POPULATIONS

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Intensive Home Based Services (IHBS)</b>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> </ul>	H2015 HK	57	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Therapeutic Behavioral Services</b>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	H2019	58	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>

**Comments:** If the client is in DTI or DR, these procedure codes will be denied without authorization for concurrent MHS.

# MODE 15: MENTAL HEALTH SERVICES (MHS)

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.

✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## NON-BILLABLE TO MEDI-CAL MENTAL HEALTH SERVICE

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>MAT - Case Conference Attendance</b> <i>MAT Team Meeting time that cannot be claimed to Medi-Cal</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Significant Support Person</li> </ul>	G9007	42	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Non-billable to Medi-Cal Mental Health Service (MHS)</b> <i>Used for Mental Health Services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> <li>Significant Support Person</li> </ul>	DO: 00001 LE: MHS Code with HX modifier	44	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Non-billable to Medi-Cal Therapeutic Behavioral Service (TBS)</b> <i>Used for TBS that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.</i>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	DO: 00005 LE: MHS Code with HX modifier	59	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>
<b>Outcome Measurement</b> <i>Used for activities related to completing and scoring outcome measures that are not part of another billable service.</i> <ul style="list-style-type: none"> <li>Reviewing and interpreting completed outcome questionnaires</li> <li>Scoring of measures</li> <li>Entering scaled scores, individual item responses or total scores</li> <li>Engaging client/parent/caregiver to complete a measure</li> <li>Reading or translating outcome questionnaires to clients/family members</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telephone</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	S9986	44	<ul style="list-style-type: none"> <li>All disciplines</li> </ul>

**Comments:** These are neither Medicare nor SD/MC reimbursable

## MODE 15: TARGETED CASE MANAGEMENT

- ✓ These services are recorded in the clinical record and reported in the IBHIS in minutes
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

### TARGETED CASE MANAGEMENT

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Targeted Case Management (TCM)	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	T1017	04	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

Comments

### SERVICES TO SPECIAL POPULATIONS

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Intensive Care Coordination (ICC)	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	T1017 HK	07	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

Comments

### NON-BILLABLE TO MEDI-CAL TARGETED CASE MANAGEMENT

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Non-billable to Medi-Cal Targeted Case Management (TCM)</b> <i>Used for Targeted Case Management services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	DO: 00002 LE: TCM Code with HX modifier	05	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

Comments: These are neither Medicare nor SD/MC reimbursable

## MODE 15: CRISIS INTERVENTION

- ✓ These services are recorded in the clinical record and reported in the IBHIS in minutes
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

### CRISIS INTERVENTION

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Crisis Intervention	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H2011 HE	77	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

Comments: Medi-Cal limits reimbursement for H2011 to eight hours (480 minutes) per client per day

### NON-BILLABLE TO MEDI-CAL CRISIS INTERVENTION

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Non-billable to Medi-Cal Crisis Intervention (CI)</b> <i>Used for Crisis Intervention services that are not billable to Medi-Cal due to a lockout but are billable to another available payer.</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	DO: 00004 LE: CI Code with HX modifier	78	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

Comments: These are neither Medicare nor SD/MC reimbursable

# MODE 15: MEDICATION SUPPORT SERVICES

✓ These services are recorded in the clinical record and reported in IBHIS in minutes.

✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## MEDICATION SUPPORT SERVICES

Activity	Severity of Presenting Problem(s)	Required Components	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>E&amp;M Office or Other Outpatient Services – New Client</b> <i>Office or other outpatient visit for the evaluation and management of a new patient which requires all three (3) components listed in the "Required Components" column</i> <i>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.</i>	Minor	<ul style="list-style-type: none"> <li>problem focused history</li> <li>problem focused examination</li> <li>straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99201	62	<ul style="list-style-type: none"> <li>MD/DO</li> <li>NP</li> <li>PA</li> <li>AP Pharm</li> </ul>
	Low to Moderate	<ul style="list-style-type: none"> <li>expanded problem focused history</li> <li>expanded problem focused exam</li> <li>straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99202	62	
	Moderate	<ul style="list-style-type: none"> <li>detailed history</li> <li>detailed examination</li> <li>medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99203	62	
	Moderate to High	<ul style="list-style-type: none"> <li>comprehensive history</li> <li>comprehensive examination</li> <li>medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99204	62	
	Moderate to High	<ul style="list-style-type: none"> <li>comprehensive history</li> <li>comprehensive examination</li> <li>medical decision making of high complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99205	62	
<b>E&amp;M Office or Other Outpatient Services – Established Client</b> <i>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of the three (3) components listed in the "Required Components" column</i> <i>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.</i>	Minor	<ul style="list-style-type: none"> <li>problem focused history</li> <li>problem focused examination</li> <li>straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99212	62	<ul style="list-style-type: none"> <li>MD/DO</li> <li>NP</li> <li>PA</li> <li>AP Pharm</li> </ul>
	Low to Moderate	<ul style="list-style-type: none"> <li>expanded problem focused history</li> <li>expanded problem focused exam</li> <li>medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99213	62	
	Moderate to High	<ul style="list-style-type: none"> <li>detailed history</li> <li>detailed examination</li> <li>medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99214	62	
	Moderate to High	<ul style="list-style-type: none"> <li>comprehensive history</li> <li>comprehensive examination</li> <li>medical decision making of high complexity</li> </ul>	<ul style="list-style-type: none"> <li>In person</li> <li>Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>Client</li> </ul>	99215	62	

**Comments:** See Appendix for additional information on the use of these codes

# MODE 15: MEDICATION SUPPORT SERVICES

- ✓ These services are recorded in the clinical record and reported in IBHIS in minutes.
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual *Chapter 2*

## MEDICATION SUPPORT SERVICES

Service	Severity of Presenting Problem(s)	Required Components	Method of Delivery	Service Contact	New Client	SFC	Allowable Discipline(s)
<b>E&amp;M Home Services – New Client</b> Home visit for the evaluation and management of a new patient which requires all three (3) components listed in the “Required Components” column  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.	Low	<ul style="list-style-type: none"> <li>• problem focused history</li> <li>• problem focused examination</li> <li>• straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99341	62	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• PA</li> <li>• AP Pharm</li> </ul>
	Moderate	<ul style="list-style-type: none"> <li>• expanded problem focused history</li> <li>• expanded problem focused exam</li> <li>• medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99342	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• detailed history</li> <li>• detailed examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99343	62	
	High	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99344	62	
	Unstable or a significant new problem	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of high complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99345	62	
<b>E&amp;M Home Services- Established Client</b> Home visit for the evaluation and management of a new patient which requires at least two (2) of the three (3) components listed in the “Required Components” column  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.	Minor	<ul style="list-style-type: none"> <li>• problem focused history</li> <li>• problem focused examination</li> <li>• straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99347	62	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• PA</li> <li>• AP Pharm</li> </ul>
	Low to Moderate	<ul style="list-style-type: none"> <li>• expanded problem focused history</li> <li>• expanded problem focused exam</li> <li>• medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99348	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• detailed history</li> <li>• detailed examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99349	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of moderate to high complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99350	62	

**Comments:** Place of service must be Home (12); See Appendix for additional information on the use of these codes)

# MODE 15: MEDICATION SUPPORT SERVICES

- ✓ These services are recorded in the clinical record and reported in IBHIS in minutes.
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

## MEDICATION SUPPORT SERVICES

Service	Severity of Presenting Problem(s)	Required Components	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>E&amp;M Domiciliary, Rest Home (e.g. Boarding Home), or Custodial Care Services – New Client</b> <i>Domiciliary or rest home visits for the evaluation and management of a new patient which requires all three (3) components listed in the “Required Components” column</i>  <i>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.</i>	Low	<ul style="list-style-type: none"> <li>• problem focused history</li> <li>• problem focused examination</li> <li>• straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99324	62	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• PA</li> <li>• AP Pharm</li> </ul>
	Moderate	<ul style="list-style-type: none"> <li>• expanded problem focused history</li> <li>• expanded problem focused exam</li> <li>• medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99325	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• detailed history</li> <li>• detailed examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99326	62	
	High	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99327	62	
	Unstable or a significant new problem	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of high complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99328	62	
<b>E&amp;M Domiciliary, Rest Home (e.g. Boarding Home), or Custodial Care Services – Established Client</b> <i>Domiciliary or rest home visits for the evaluation and management of an established patient which requires at least two (2) of the three (3) components listed in the “Required Components” column</i>  <i>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.</i>	Minor	<ul style="list-style-type: none"> <li>• problem focused history</li> <li>• problem focused examination</li> <li>• straightforward medical decision making</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99334	62	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• PA</li> <li>• AP Pharm</li> </ul>
	Low to Moderate	<ul style="list-style-type: none"> <li>• expanded problem focused history</li> <li>• expanded problem focused exam</li> <li>• medical decision making of low complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99335	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• detailed history</li> <li>• detailed examination</li> <li>• medical decision making of moderate complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99336	62	
	Moderate to High	<ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive examination</li> <li>• medical decision making of moderate to high complexity</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> </ul>	99337	62	

**Comments:** See Appendix for additional information on the use of these codes



## MODE 15: MEDICATION SUPPORT SERVICES

- ✓ These services are recorded in the clinical record and reported in IBHIS in minutes.
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

### OTHER MEDICATION SUPPORT SERVICES

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Intramuscular Injections</b> <i>Used for administering intramuscular injections</i>	• In person	• Client	96372	62	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP/CNS</li> <li>• PA</li> <li>• RN</li> <li>• LVN</li> <li>• PT</li> <li>• AP Pharm</li> <li>• Pharm</li> <li>• Student professionals in these disciplines with co-signature</li> </ul>
<b>Oral Medication Administration</b> <i>Used for single or multiple administration at one time of oral medications</i>	• In person	• Client	H0033	62	
<b>Comprehensive Medication Service</b> <i>Services may include: Medication education, discussion of side effects by phone or in person, medication plan development, and record review.</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H2010	62	
<b>Group Medication Service</b> <i>Medication education group</i>	• In person	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H2010 HE:HQ	62	
<b>Comprehensive Medication Service (Prescription)</b> <i>Prescription by phone</i>	• Telephone	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	H2010	62	

**Comments:** Per the Pharmacist regulations, an agency must have policies in place in order for a pharmacist to administer injections.

### NON-BILLABLE TO MEDI-CAL MEDICATION SUPPORT SERVICE

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
<b>Non-billable to Medi-Cal Medication Support Service (MSS)</b> <i>Used for Medication Support Services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.</i>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> <li>• Telepsych</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Significant Support Person</li> </ul>	DO: 00003 LE: MSS Code with HX modifier	63	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP/CNS</li> <li>• PA</li> <li>• AP Pharm</li> <li>• Pharm</li> <li>• RN</li> <li>• LVN</li> <li>• PT</li> <li>• Pharmacist</li> <li>• Student professionals in these disciplines with co-signature</li> </ul>
<b>Transcranial Magnetic Stimulation (Initial)</b>	• In person	• Client	90867	63	• MD/DO
<b>Transcranial Magnetic Stimulation (Subsequent)</b>	• In person	• Client	90868	63	• MD/DO
<b>Transcranial Magnetic Stimulation (Redetermination)</b>	• In person	• Client	90869	63	• MD/DO

**Comments:** Non-Billable to Medi-Cal MSS are neither Medicare nor SD/MC reimbursable; For TMS, the services are not SD/MC reimbursable.

# MODE 10: CRISIS STABILIZATION

- ✓ These services are claimed in IBHIS in blocks of time (hours)
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 3

## CRISIS STABILIZATION

Activity	POS	Code	SFC	Allowable Discipline(s)
<b>Crisis Stabilization – Emergency Room</b>	23	S9484 HE:TG	24	Bundled service not claimed by individual staff.
<b>Crisis Stabilization – Urgent Care Facility</b>	20	S9484 HE:TG	25	Bundled service not claimed by individual staff.

**Comments:** Medi-Cal limits reimbursement to twenty hours per client per day

## NON-BILLABLE TO MEDI-CAL CRISIS STABILIZATION

Activity	POS	Code	SFC	Allowable Discipline(s)
<b>Non-billable to Medi-Cal Crisis Stabilization – Emergency Room</b> <i>Used for Crisis Stabilization Services that are not billable to Medi-Cal due to a lockout but are billable to another available payer</i>	23	DO: N/A LE: CS Code with HX modifier	24	Bundled service not claimed by individual staff.
<b>Non-billable to Medi-Cal Crisis Stabilization – Urgent Care Facility</b> <i>Used for Crisis Stabilization Services that are not billable to Medi-Cal due to a lockout but are billable to another available payer</i>	20	DO: 00006 LE: CS Code with HX modifier	25	Bundled service not claimed by individual staff.

**Comments:** These are neither Medicare nor SD/MC reimbursable

# MODE 10: DAY TREATMENT INTENSIVE

- ✓ These services are claimed in IBHIS in blocks of time (half or full day)
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 3

## DAY TREATMENT INTENSIVE

Activity	Code	SFC	Allowable Discipline(s)
<b>Day Treatment Intensive: Half Day</b> <i>More than 3 continuous hrs but less than 4/day</i>	H2012 HQ:TG	82	Bundled service not claimed by individual staff.
<b>Day Treatment Intensive: Half Day</b> <i>Exceeds 4 continuous hours/day</i>	H2012 HE:TG	85	

**Comments:** These procedure codes require prior authorization

# MODE 10: DAY REHABILITATION

- ✓ These services are claimed in IBHIS in blocks of time (half or full day)
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 3

## DAY REHABILITATION

Activity	Code	SFC	Allowable Discipline(s)
<b>Day Rehabilitation: Half Day</b> <i>More than 3 continuous hrs but less than 4/day</i>	H2012 HQ	92	Bundled service not claimed by individual staff.
<b>Day Rehabilitation: Half Day</b> <i>Exceeds 4 continuous hours/day</i>	H2012 HE	98	

**Comments:** These procedure codes require prior authorization

# MODE 10: SOCIALIZATION & VOCATIONAL SERVICES

- ✓ These services are claimed in IBHIS in blocks of time
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 3

## SOCIALIZATION SERVICES

Activity	Code	SFC	Allowable Discipline(s)
Socialization Day Services	H2030 HX	41	Bundled service not claimed by individual staff.

**Comments:**

- These procedure codes may not be claimed to Medicare or Medi-Cal
- These procedure codes are reported in 4 hour blocks of time

## VOCATIONAL SERVICES

Activity	Code	SFC	Allowable Discipline(s)
Vocational Day Services (Skill Training and Development)	H2014	31	Bundled service not claimed by individual staff.

**Comments:**

- These procedure codes may not be claimed to Medicare or Medi-Cal
- These procedure codes are reported in 4 hour blocks of time

# MODE 60: CASE MANAGEMENT SERVICES

- ✓ These services are claimed in IBHIS in minutes
- ✓ For more information, refer to the provider Contract

## CASE MANAGEMENT SUPPORT

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Case Management Support	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>	<ul style="list-style-type: none"> <li>• Client</li> <li>• Potential Client</li> </ul>	6000	60	<ul style="list-style-type: none"> <li>• All disciplines</li> </ul>

**Comments:** These services are indirect and are neither Medicare nor SD/MC reimbursable

# MODE 15: OTHER SPECIAL CONTRACT

- ✓ These services are claimed in IBHIS in minutes
- ✓ For more information, refer to the provider Contract

## COMMUNITY PARTNER

Activity	Code	SFC	Allowable Discipline(s)
Comprehensive Community Support	H2016	43	<ul style="list-style-type: none"> <li>• All disciplines operating within the contract</li> </ul>

**Comments:** Must utilize this code in accord with requirements established in the Contract with DMH

## MODE 5: THERAPEUTIC FOSTER CARE

- ✓ These services are reported into IBHIS as days
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 4

### THERAPEUTIC FOSTER CARE

Activity	Code	SFC	Allowable Discipline(s)
Therapeutic Foster Care	S5145 HE	95	• Mental Health Worker (TFC Parent)

**Comments:** These services are indirect and are neither Medicare nor SD/MC reimbursable

## MODE 5: RESIDENTIAL & SUPPORTED LIVING SERVICES

- ✓ These services are reported into IBHIS as days
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 4

### RESIDENTIAL SERVICES

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
Crisis Residential	H0018	86	43	Bundled service not claimed by individual staff.
Transitional Residential – Transitional	H0019	86	65	
Transitional Residential – Long Term	H0019 HE	86	70	

**Comments:**

### NON-BILLABLE TO MEDI-CAL RESIDENTIAL SERVICES

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
Transitional Residential – Non Medi-Cal	H0019 HC	86	60	Bundled service not claimed by individual staff.
Residential Pass Day – Non Medi-Cal	0183 HB	86	62	

**Comments:** These services are neither Medicare nor SD/MC reimbursable

### NON-BILLABLE TO MEDI-CAL SUPPORTED LIVING SERVICES

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
Semi-Supervised Living	H0019 HX	86	80	Bundled service not claimed by individual staff.
Life Support/Interim Funding	0134	86	40	

**Comments:** These services are neither Medicare nor SD/MC reimbursable

## MODE 5: INPATIENT SERVICES

- ✓ These services are reported into IBHIS as days
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 4

### NON-BILLABLE TO MEDI-CAL INPATIENT SERVICES

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
<b>State Hospital Facility</b>	0100	89	01	Bundled service not claimed by individual staff.
<b>Skilled Nursing Facility – Acute Intensive</b>	0100 HB	21	30	

**Comments:** These services are neither Medicare nor SD/MC reimbursable

### NON-BILLABLE TO MEDI-CAL INSTITUTIONS FOR MENTAL DISEASE

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP)</b> <i>Under 60 beds (Laurel Park, Provider #0058)</i>	0100 HE	89	35	Bundled service not claimed by individual staff.
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP)</b> <i>60 beds &amp; over (Olive Vista, Provider #0061)</i>	0100 HE:GZ	89	35	
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP)</b> <i>Indigent</i>	0100 HX	89	36	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Subacute, Forensic History in County (Olive Vista, Provider #0061)</i>	0100 HE:TG	89	36	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Subacute, Forensic History Out of County</i>	0100 HE:TN	89	37	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Non-MIO/Hearing Impaired (Sierra Vista, Provider #0066)</i>	0100 HK	89	36	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>MIO (Olive Vista, Provider #0061)</i>	0100 HB:HZ	89	37	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Indigent MIO (Olive Vista, Provider #0061)</i>	0100 TG	89	38	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Subacute, Forensic History, Indigent Olive Vista, Provider #0061)</i>	0100 HB:TG	89	39	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Subacute, Forensic History, Indigent Out of County</i>	0100 HB:TN	89	39	
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP)</b> <i>Hearing Impaired (Laurel Park, Provider #0058)</i>	0100 HB:HK	89	36	
<b>IMD Pass Day</b>	0183	89	39	

**Comments:** These services are neither Medicare nor SD/MC reimbursable

### NON-BILLABLE TO MEDI-CAL MENTAL HEALTH REHABILITATION

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
<b>MH Rehabilitation Center</b> <i>Level One</i>	0100 GZ	86	90	Bundled service not claimed by individual staff.
<b>MH Rehabilitation Center</b> <i>Level Two</i>	100 GZ:HE	86	91	
<b>MH Rehabilitation Center</b> <i>Level Three</i>	100 GZ:HK	86	92	

**Comments:** These services are neither Medicare nor SD/MC reimbursable

# MODE 5: INPATIENT SERVICES

- ✓ These services are reported into IBHIS as days
- ✓ For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual page 64

## PSYCHIATRIC HEALTH FACILITY

Activity	Code	Facility Type	SFC	Allowable Discipline(s)
Psychiatric Health Facility	H2013	11	20	Bundled service not claimed by individual staff.

**Comments:**

## ACUTE INPATIENT FACILITY SERVICES

Service	Code	Facility Type	SFC	Allowable Discipline(s)
Acute General Hospital	0100 AT:HT	11	10	Bundled service not claimed by individual staff.
Acute General Hospital – PDP	0100 AT	11	10	
Acute General Hospital - CGF	0100 AT:HX	11	10	
Local Psychiatric Hospital, age 21 or under	0100 HA	11	14	
Local Psychiatric Hospital, age 22-64	0100 HB	11	15	
Local Psychiatric Hospital, age 65 or over	0100 HC	11	15	
Local Psychiatric Hospital, Adult Forensic	0100 HX	11	12	
Local Psychiatric Hospital, PDP	0100 SC	11	15	
Forensic Inpatient Unit	0100 HZ	89	50	
Acute General Hospital – Admin Day	0101 HE	11	19	
Local Psychiatric Hospital, age 21 or under – Admin Day	0101 HA	11	19	
Local Psychiatric Hospital, age 22-64 – Admin Day	0101 HB	11	19	
Local Psychiatric Hospital, age 65 or over – Admin Day	0101 HC	11	19	
Psych Hospital, PDP – Admin Day	0101	11	19	
Acute Hospital, PDP – Admin Day	0101 HX	11	19	

**Comments:**

## APPENDIX: EVALUATION & MANAGEMENT CRITERIA

Evaluation and Management (E&M) procedure codes are utilized by SD/MC Physicians and Nurse Practitioners when providing face-to-face Medication Support Services for the purpose of medication evaluation and prescription. The E&M procedure code should be selected based on:

- **Location of service** – 1. Office/Other Outpatient Services, 2. Home, or 3. Domiciliary/Rest Home/Custodial Care Services
- **Type of client** – 1. New (someone who has not been seen by an MD/DO/NP within the past three years within a Legal Entity) or 2. Established
- **Components of evaluation** – 1. History, 2. Examination and 3. Medical Decision Making (see grid below)

<b>EVALUATION AND MANAGEMENT CRITERIA</b>		
	<b>Determining Factors</b>	<b>Types and Elements of each Type</b>
<b>History</b>	<p><b>Refers to the amount of history that is gathered</b> which is dependent upon clinical judgment and on the nature of the presenting problem(s).</p>	<p><b>Problem focused</b> - chief complaint, brief history of present illness or problem</p> <p><b>Expanded problem focused</b> – chief complaint, brief history of present illness, problem pertinent system review</p> <p><b>Detailed</b> – chief complaint, extended history of present illness, problem pertinent system review extended to include a review of a limited number of additional systems, pertinent past/family/and or social history directly related to the client’s problems</p> <p><b>Comprehensive</b> – chief complaint, extended history of present illness, review of systems that is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems, complete past/family/social history</p>
<b>Exam</b>	<p><b>Refers to the body and/or organ systems that are examined</b> which is dependent on clinical judgment and on the nature of the presenting problem(s).</p> <p>“Psychiatric” is considered an Organ System and must be included in the examination. Additional Organ Systems include: Eyes, Ears/Nose/Mouth/Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Skin, Neurologic, Hematologic/Lymphatic/Immunologic. Additional Body Systems include: Head (including the face), Neck, Chest (including breasts and axilla), Abdomen, Genitalia/Groin/Buttocks, Back, Each Extremity</p>	<p><b>Problem focused</b> – a limited examination of the affected body area or organ system</p> <p><b>Expanded problem focused</b> – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s)</p> <p><b>Detailed</b> – an extended examination of the affected body area(s) and other symptomatic or related organ system(s)</p> <p><b>Comprehensive</b> – a general multisystem examination or a complete examination of a single organ system</p>
<b>Medical Decision Making</b>	<p><b>Refers to the complexity of establishing a diagnosis and/or selecting a management option</b> based on 1) the number of diagnoses and/or management options 2) the amount and/or complexity of medical records, diagnostic tests and/or other information that must be obtained, reviewed, analyzed 3) the risk of significant complications, morbidity, and/or mortality associated with the presenting problem (s), diagnostic procedure(s) and/or possible management options</p>	<p><b>Straightforward</b> – minimal diagnoses and/or management options, minimal or no data to be reviewed, minimal risk of complications</p> <p><b>Low complexity</b> - limited diagnoses and/or management options, limited data to be reviewed, low risk of complications</p> <p><b>Moderate complexity</b> - multiple diagnoses and/or management options, moderate data to be reviewed, moderate risk of complications</p> <p><b>High complexity</b> - extensive diagnoses and/or management options, extensive data to be reviewed, high risk of complications</p>

## APPENDIX: PROCEDURE CODE MODIFIERS

Refer to the IBHIS Addendum Guide to Procedure Codes for a complete list of allowable procedure code-modifier combinations. Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

Modifier	Definition	Description & Instructions
59	Distinct procedural service	<p>A duplicate service is identified based on identical values in each of the following fields:</p> <ul style="list-style-type: none"> <li>✓ Medi-Cal Client Index Number (CIN)</li> <li>✓ Program of Service (Provider Number)</li> <li>✓ Date of Service</li> <li>✓ Practitioner</li> <li>✓ "Roll-up" Procedure Code</li> <li>✓ Total Duration</li> </ul> <p>If a service appears to be a duplicate service but is not, a duplicate override modifier must be added to the Procedure Code to allow the claim to pass through when submitted to DHCS. The <b>59 modifier</b> should be added to the Procedure Code when the will appear as a duplicate based on the rolled-up Procedure Code.</p>
76	Repeat procedure by the same physician	<p>A duplicate service is identified based on identical values in each of the following fields:</p> <ul style="list-style-type: none"> <li>✓ Medi-Cal Client Index Number (CIN)</li> <li>✓ Program of Service (Provider Number)</li> <li>✓ Date of Service</li> <li>✓ Practitioner</li> <li>✓ "Roll-up" Procedure Code</li> <li>✓ Total Duration</li> </ul> <p>If a service appears to be a duplicate service but is not, a duplicate override modifier must be added to the Procedure Code to allow the claim to pass through when submitted to DHCS. The <b>76 modifier</b> should be added to the Procedure Code when the service will appear as a duplicate based on the submitted Procedure Code.</p>
GT	Via interactive audio and video telecommunications service	Must be placed on the procedure code for all telemental health services. Telemental health services include the use of video teleconferencing solutions in order to provide services to a client who is at a location different from the practitioner.
HE	Mental health program	May be used with some procedure codes based on requirements from DHCS.
HK	Specialized mental health programs for high-risk populations	Must be utilized to indicate Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS). Also, may be utilized by directly-operated providers using IBHIS to indicate a COS service was provided to a specific individual.
HQ	Group setting	Must be included on some group procedure codes in order to distinguish from individual services.
HX	Funded by court/local agency	Contracted providers must use the HX modifier on procedure codes for services that should not be claimed to Medi-Cal (whether based on the insurance status of the client or based on the service provided).
SC	Telephone Services	Must be placed on the procedure code for all telephone services. Some procedure codes are not telephone allowable meaning they may not be used for telephone services; only those procedure codes specifically identified as telephone allowable may be claimed as a telephone service.



## APPENDIX: PLACE OF SERVICE CODES

Place of Service Codes should be used on claims to specify the entity where service(s) were rendered by DMH directly operated and contracted staff:

Code	Place of Service	Place of Service Description
02	Telehealth	The location where services are provided and received through a telecommunication system.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g. emergency shelters, individual or family shelters).
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g. medication administration).
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic, and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
25	Birth Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.

## Place of Service Codes (continued)

Code	Place of Service	Place of Service Description
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Also refers to certain former U.S. Public Health Services facilities now designed as Uniformed Service Treatment Facilities.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally disabled individuals.
33	Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis by or under the supervision of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services are who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professional staffed group living and learning environment.
99	Other Unlisted Facility	