Prescribers –
Assessing / Planning / Prescribing / Treating

- ✓ Medical Necessity
- ✓ Initial Medication Evaluation / Diagnosis
- ✓ Medication Consent & MSS Treatment Plan
- ✓ Prescribing Medications / Ordering Labs
- ✓ Vitals Entry – Vitals Graph & Growth Chart
- ✓ Medication Service Progress Note

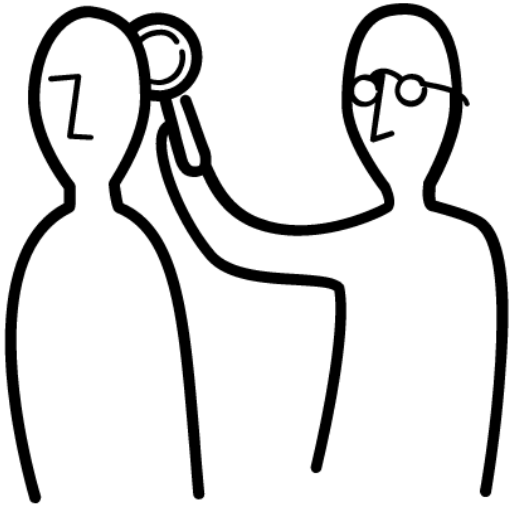
Standard Course of Action

1. **Assessing**
   - Complete a mental health assessment and establish medical necessity;
   - Complete an initial medication evaluation (if needed)

2. **Planning**
   - Develop a client treatment plan (and if applicable, obtain medication consent) with the client; then

3. **Treating**
   - Provide treatment services to address the identified mental health condition and assist the client in reaching his/her objectives.

Assessing



Mental Health Assessment
(Psychiatric Diagnostic Interview)

Purpose

- Learn the client's story by evaluating his/her current status and history of mental, emotional, and behavioral health
- Develop a conceptualization, formulate a diagnosis, and determine if the client meets **medical necessity**
- Determine what the client's needs are and what services that best address those needs

Who typically conducts the Mental Health Assessment?

Psychologist

Social Worker

Marriage & Family Therapist

(students of these disciplines)

NOTE: For some unique programs, the psychiatrist conducts the mental health assessment. If applicable to you and your program, then contact your supervisor regarding workflow, documentation & claiming.

Who is eligible to receive outpatient SMHS?

(medical necessity criteria)

Based on a mental health assessment, the client must meet the following criteria to be eligible for treatment services:

- ✓ **Included** primary diagnosis – covered primary diagnosis under outpatient SMHS
- ✓ **Impairment(s)** – at least one of the following impairments as a result of that dx:
  - A significant impairment(s) in an important area of life functioning
  - A probability of significant deterioration in an important area of life functioning
  - A probability that the child will not progress developmentally as individually appropriate
- ✓ **Interventions** – proposed intervention(s) to address the mental health condition and is expected to:
  - Significantly diminish the impairment OR
  - Prevent significant deterioration in an important area of life functioning OR
  - Allow the child to progress developmentally as individually appropriate

Note: If the client is under the age of 21 with the Medi-Cal benefit **Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)** and does not meet criteria for impairment or intervention above, medical necessity can be met if SMHS are needed to correct or ameliorate a mental illness/condition.

What are the Included Diagnoses?

Pause the video if you want to review this list

Categories of Medi-Cal Included Diagnoses for Outpatient Services

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive Compulsive and Related Disorders
- Trauma and Stressor Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders

- Feeding and Eating Disorders
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders
- Personality Disorders, *except Antisocial*
- Paraphilic Disorders
- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum Disorders, *except Autistic Disorder*

Refer to the Organizational Providers Manual for the complete list of included diagnoses

Initial Medication Evaluation (IME)

When

At any point after medical necessity has been established

Purpose

Evaluate and manage the need for medication

and/or

Evaluate clinical effectiveness & side effects of medication

Who conducts the Initial Medication Evaluation?

Psychiatrist (MD/DO)

Nurse Practitioner

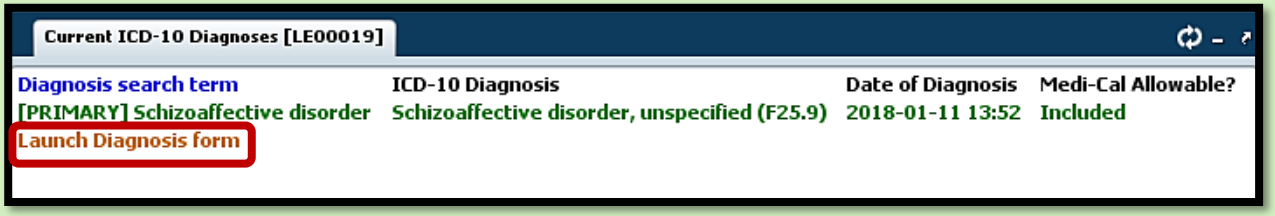
(students of these disciplines)

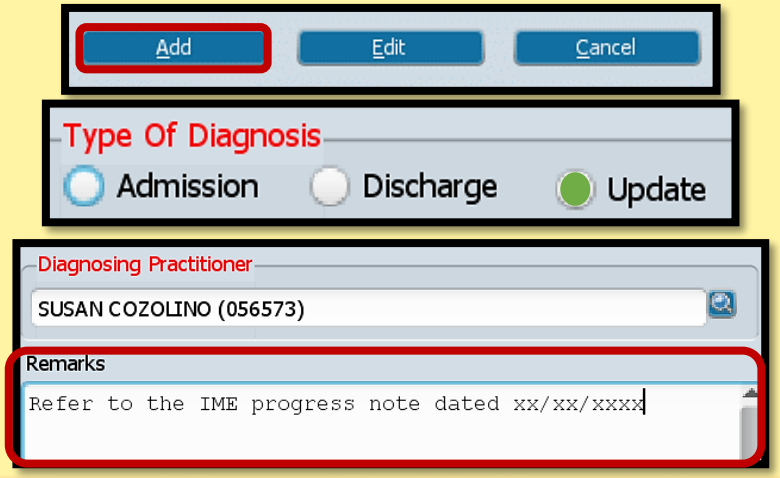
For more detailed information regarding the disciplines listed, refer to the Guide to Procedure Codes for Specialty Mental Health Services

Update Diagnosis

Based on your IME (or at any point in treatment)**, you <u>may</u> or <u>may not</u> need to update the Diagnosis**

To <u>update</u> the Diagnosis, go to the **Current ICD-10 Diagnoses** widget on your <u>MD Home View</u>



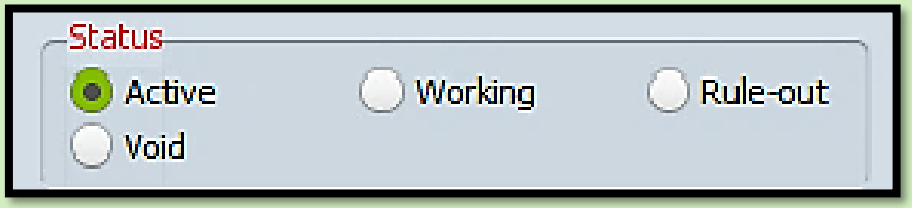


- Add a reference in the **Remarks** on where to find information to support the diagnosis update
- Make sure to inform treatment team of updated diagnosis

NOTE: AP Pharmacists are not within scope to diagnose and should consult with others if the diagnosis may need to be updated

Diagnosis Form – Status

Status



- **Active** = current primary diagnosis that is the focus of treatment
  = current secondary/tertiary diagnoses
- **Working** = diagnosis that is being considered
- **Rule Out** = diagnosis to be considered after more information is obtained
- **Void** = diagnosis entered in error

IME determination

Based on your IME, you <u>may</u> or <u>may not</u> prescribe medication(s)

Prescribing Medication

<u>Requires</u>:
Medication Consent
Treatment Plan

- ❑ Complete the Medication Consent & MSS Treatment Plan with client
- ❑ Prescribe medication
- ❑ Complete a Medication Service Progress Note

NOT Prescribing Medication

IME is an evaluation (i.e. not a treatment service) so it does NOT need a Treatment Plan or Med Consent

- ❑ Complete a Medication Service Progress Note

NOTE: *Procedure codes for the progress note will be discussed later in this module*

Planning

Medication Consent

Purpose

To provide the client/legal representative with a full explanation of the proposed course of treatment and obtain his/her consent prior to prescribing /furnishing medication.

- The prescriber shall inform the client of all elements on the Medication Consent & MSS Treatment Plan form.

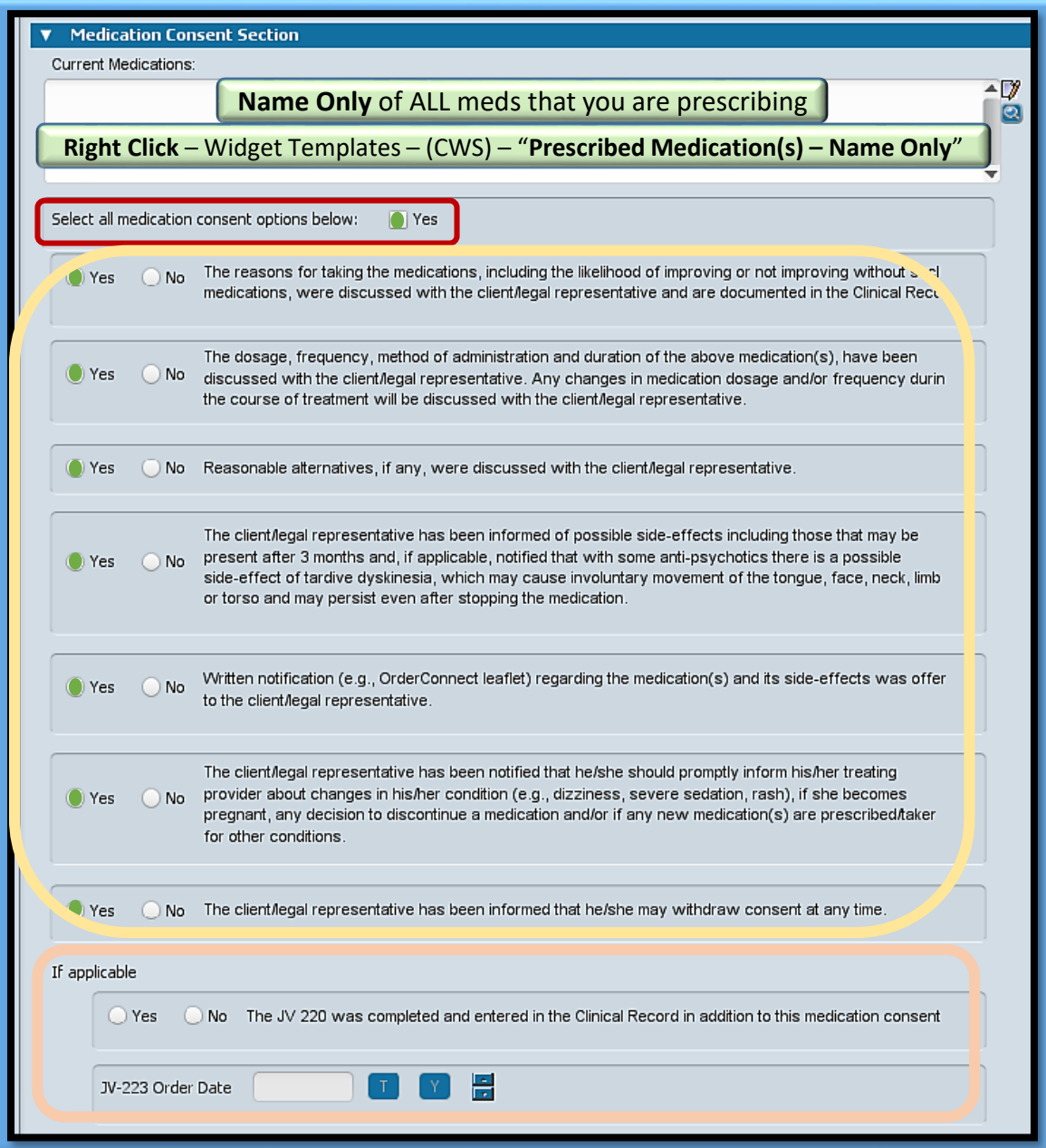
Requirements

The prescribing practitioner must complete a medication consent with the client or legal representative when:

- ❑ A new medication is prescribed;
- ❑ At least annually even in the absence of medication changes; and
- ❑ The client resumes taking medication following documented withdrawal of consent for treatment.

For more information, refer to LACDMH Policy 306.02 – Standards for Prescribing and Furnishing of Psychoactive Medications

Medication Consent
section



If the client is a minor and the **JV220** has also been completed, select **Yes**, and enter the **Order Date.**

Otherwise, it may be left blank

Make sure to review each of these items with the client – as you are attesting to having done so

Treatment Plan

Purpose

- ✓ Ensure a client's care is goal directed and outcome focused
- ✓ Guide treatment
- ✓ Ensure all payer requirements are met

Requirements

- **When should it be completed?**
  - Prior to initiating treatment services and minimally, every 365 days
  - Treatment services = services that address a client's mental health needs and are NOT primarily for the purpose of:
    - ✓Assessment **(including the IME)**
    - ✓Plan Development
    - ✓Crisis Intervention or
    - ✓Linkage and referral if a need of immediate concern exists
- **What should it address?**
  - Symptoms, behaviors, and/or impairments from the assessment / IME
- **Who is involved?**
  - Client / legal representative (as evidenced by the client's signature)
  - Significant support person, if applicable (as evidenced by their signature)
  - Practitioner (AMHD signature & signature of staff within scope of interventions)

Service Components that MUST be on a Treatment Plan Prior to Providing

Service Type	Service Type Definition	Service Components
Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ Assessment ✓ Plan Development ✓ Therapy ✓ Rehabilitation ✓ Collateral
Intensive Home Based Services (IHBS)	An intensive form of MHS that is predominantly delivered in the home, school or community. IHBS is specifically intended for children/youth who are already receiving Intensive Care Coordination.	✓ Rehabilitation ✓ Collateral
Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	✓ Assessment ✓ Plan Development ✓ Referral and Related Activities ✓ Monitoring & Follow-Up
Intensive Care Coordination (ICC)	An intensive form of TCM that facilitates the assessment, planning and coordination of services. ICC is specifically intended for children/youth who are involved in multiple child serving systems and require cross-agency collaboration through a Child and Family Team	✓ Planning & Assessment of Strengths & Needs ✓ Reassessment of Strengths & Needs ✓ Referral, Monitoring, and Follow-Up Activities ✓ Transition
Medication Support Services (MSS)	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms	✓ Evaluation of the Need for Meds ✓ Evaluation of Clinical Effectiveness & Side Effects of Meds ✓ Obtaining Information Consent ✓ Plan Development ✓ Medication Education ✓ Collateral
Crisis Intervention (CI)	Never needs a treatment plan	

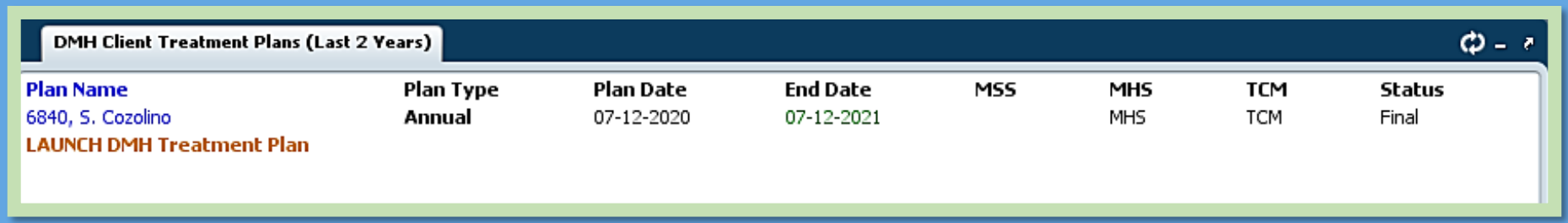
Treatment Plan Forms & Widgets

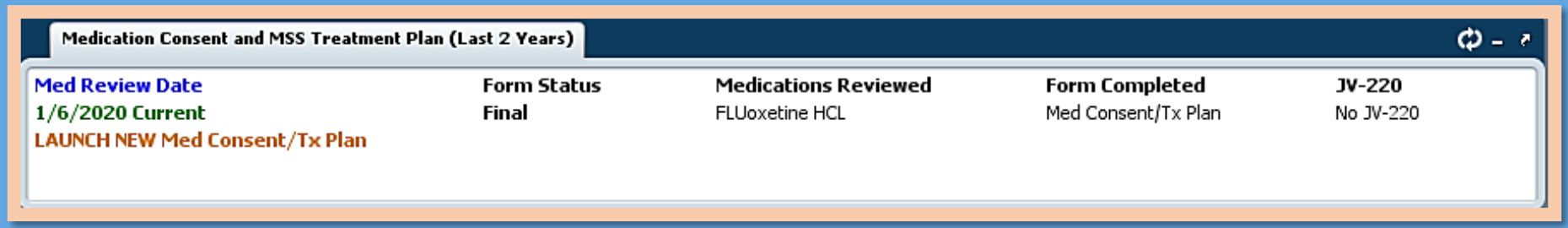
DMH Client Treatment Plan

- ❑ Mental Health Services (MHS)
- ❑ Intensive Home Based Services (IHBS)
- ❑ Targeted Case Management (TCM)
- ❑ Intensive Care Coordination (ICC)

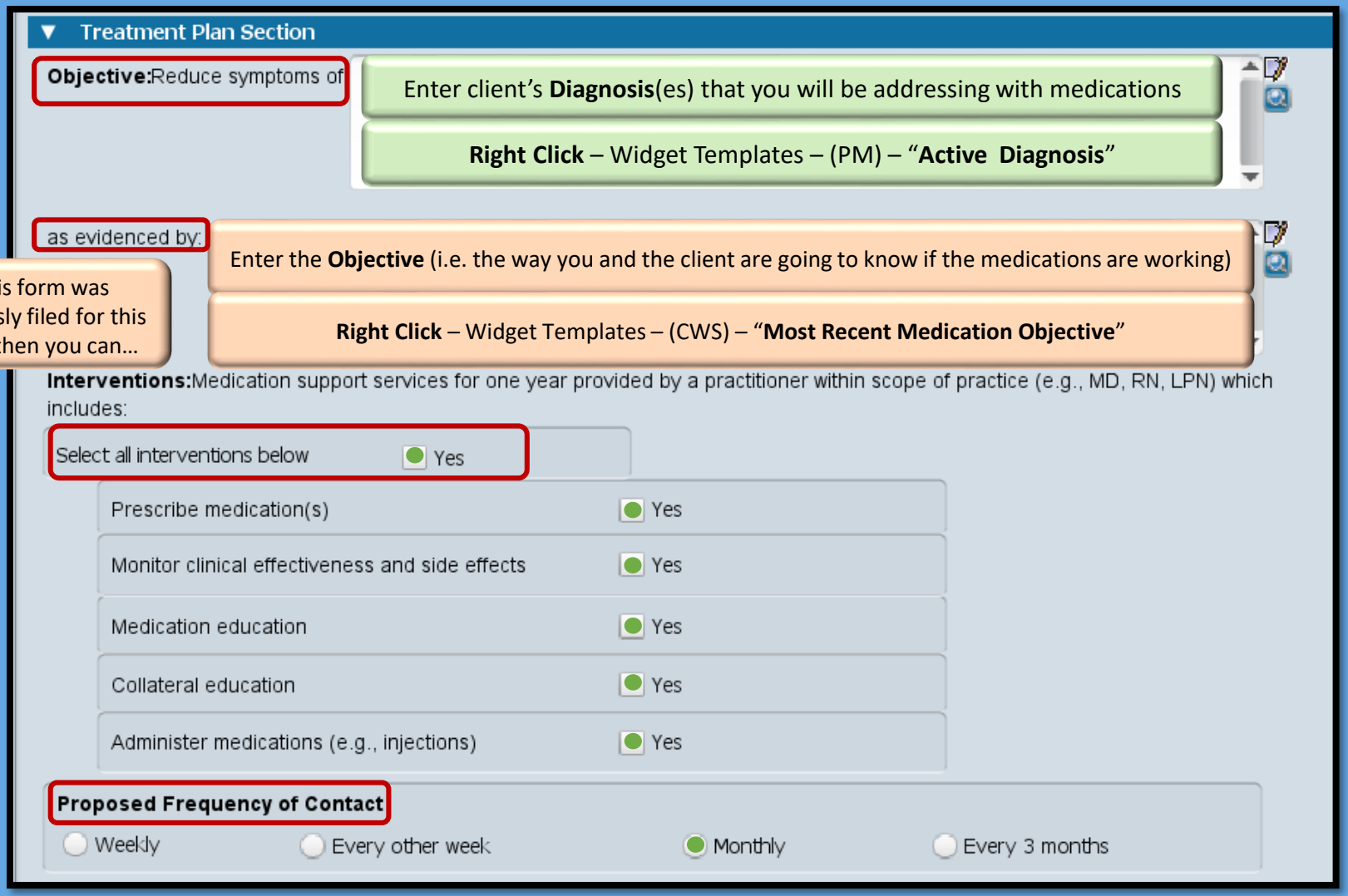
Medication Consent & MSS Treatment Plan

- ❑ Medication Support Services (MSS)





MSS Treatment Plan
section



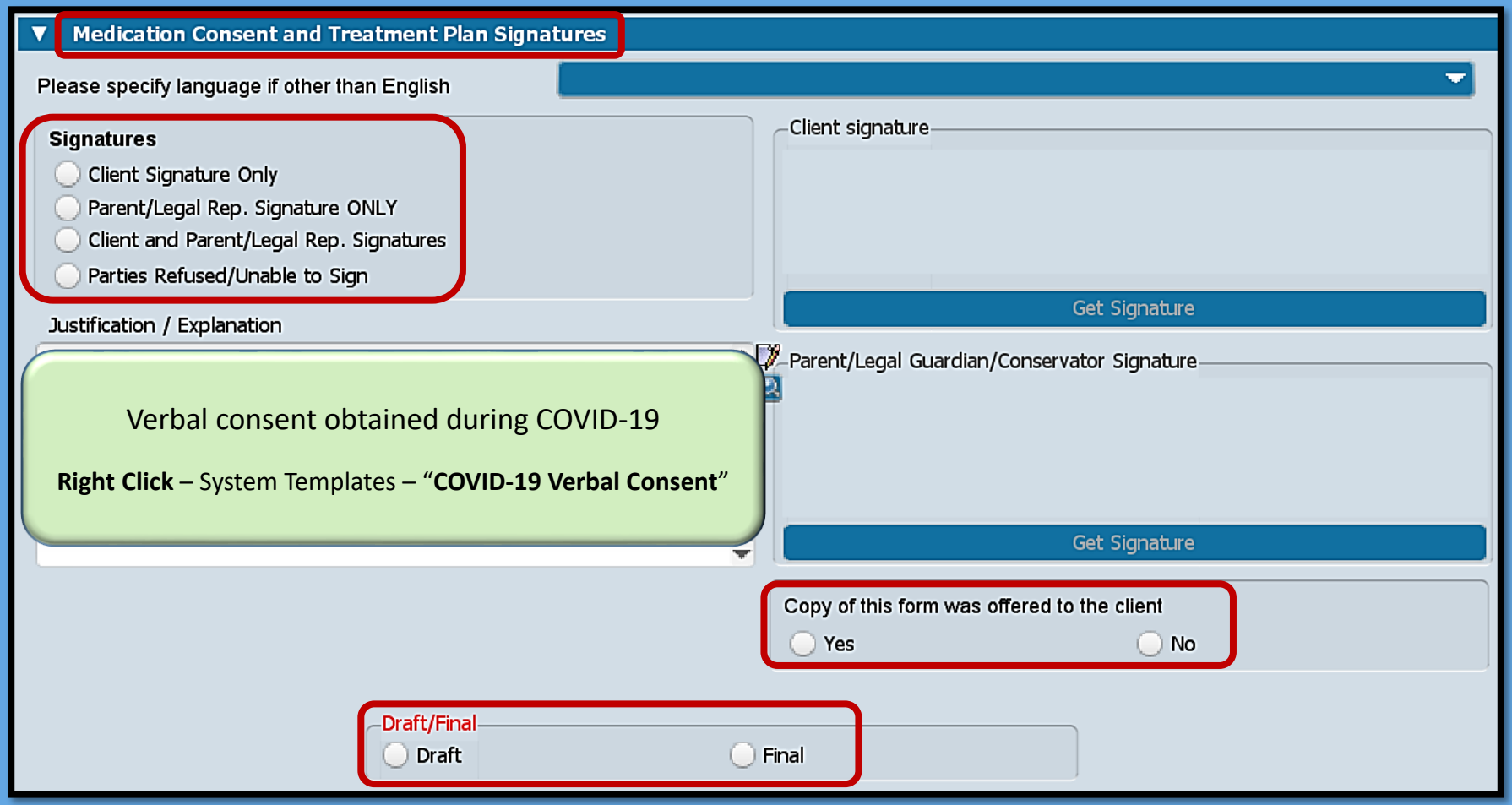
REFERENCE SLIDE

Sample Objectives

Pause the video if you want to review these examples

- Reducing the frequency of auditory hallucinations from x% to y% per day
- Reducing the severity of depressed/irritable mood from x to y (based on a self-report scale)
- Reducing depressive symptoms from a PHQ-9 score of x to y
- Maintaining stable mood by scoring a(n) x or below on the PHQ-9 for at least 5 consecutive sessions.
- Reducing severity of anxious mood from x to y (based on a self-report scale)
- Reducing anxious symptoms from a GAD-7 score of x to y

Medication Consent & MSS Treatment Plan
Signatures



NOTE: AP Pharmacists are required to route the Medication Consent & MSS Treatment Plan to the psychiatrist of record because they are not considered an AMHD and cannot direct treatment

DMH Client Treatment Plan (MHS, IHBS, TCM, ICC)

***Long-Term Goal**
What the client wants in his/her own words
(e.g., "I want to feel better")

Problem
Identified mental health need that you will be addressing in treatment
(e.g., Generalized Anxiety Disorder)

***Goal**
The broad intent of treatment
(e.g., reduce anxiety)

Objective
How you and the client will know if the intent of treatment is happening
(e.g., Client will reduce anxious symptoms from a GAD-7 score of 18 (severe) to 8 or less (mild))

1. Is it related to the client's mental health needs?
2. Is it measurable?
3. Does it make sense to the client?

Intervention
This is what will you do to help the client attain their Objective
(e.g., Provide individual therapy to identify and modify his anxiety-provoking cognitive distortions)

*these elements are <u>not</u> on the Medication Consent & MSS Treatment Plan

Treatment Services
&
Writing Notes

Service Components that MUST be on a Treatment Plan Prior to Providing

Service Type	Service Type Definition	Service Components
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Crisis Intervention (CI)	Never needs a treatment plan	

Provide & Document a Treatment Service

For the intervention/service to be reimbursable it must:

1. Represent a covered service (service component),

AND

2. Reduce impairment, restore functioning, or prevent significant deterioration in functioning

AND

3. Must be on a current Treatment Plan

Medication Support Services (MSS)	Prescribing/furnishing, administering and monitoring psychiatric medications to reduce a client's mental health symptoms	✓ Evaluation of the Need for Meds ✓ Evaluation of Clinical Effectiveness & Side Effects of Meds ✓ Obtaining Information Consent ✓ Plan Development ✓ Medication Education ✓ Collateral

Tips for Writing Progress Notes

Pause the video if you want to review these examples

BE CLEAR & CONCISE

Document all necessary information but avoid extraneous details

INSTEAD OF:	SIMPLY WRITE:
"Patient moved to Kansas at age 4. Her parents separated when she was 6 and they moved back to Chicago, then reunited and moved to Indiana, where father took a job as a shoe salesman. When he lost that job, they moved back to Chicago and divorced for good. Mother remarried a fireman, who was an alcoholic; they stayed together for 2 years until …"	"Patient's childhood was chaotic with many moves; her mother remarried x 3. No physical or sexual abuse …"

Tips for Writing Progress Notes

Pause the video if you want to review these examples

INCLUDE ADEQUATE DETAILS

Do not exclude information critical to explaining treatment decisions

INSUFFICIENT:	SUFFICIENT:
"Patient's parents told her that they just bought a new car. She recalled the first car they had gotten when she was little, and how that made her happy. She talked about the first car she owned. Plan: Add lithium …"	"Patient reports her mood is much improved. She cannot recall what made her feel so depressed last week. She is hyper-verbal, talking rapidly, gesticulating as she talks—much more animated, as compared to psychomotor-retarded presentation of last week, when SSRI was started. Assess: Bipolar switch. Plan: Add lithium, 300 mg bid, and titrate."

Tips for Writing Progress Notes

Pause the video if you want to review these examples

AVOID USING PSYCHOTHERAPEUTIC JARGON

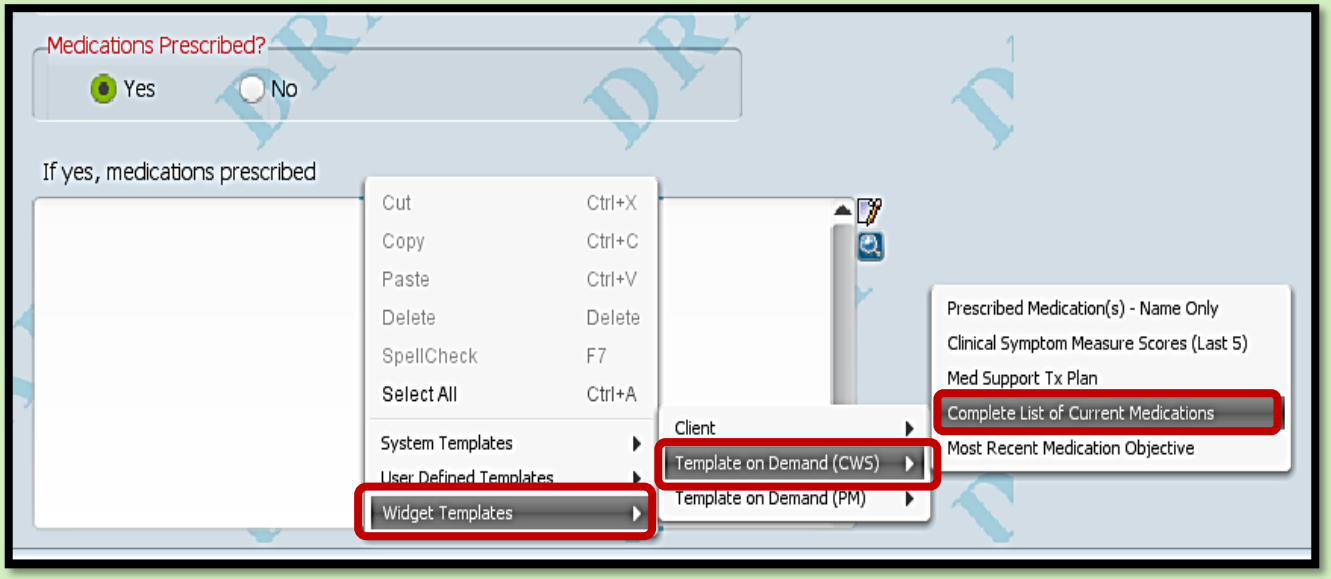
(technical sounding, non-specific, clinical terms)

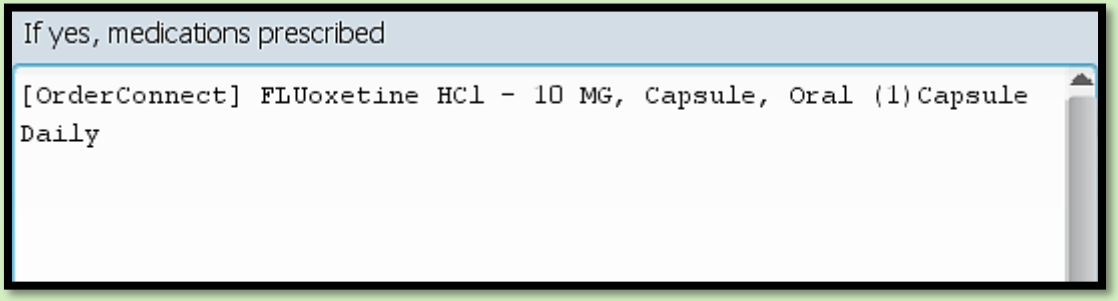
Jargon	Specific Behaviors
Impulsive	Acts without anticipating consequences as exhibited by blurting out remarks during group.
Hostile	He shouted, “Shut up! No one wants to hear what you have to say!” when his mother began talking during session.
Psychotic	Appears preoccupied with listening to internal voices. Frequently shouts in response to what she hears.
Non compliant	Has not taken her medications for the past week due to concerns regarding side effects
Poor ADLs	Client is odorous and dirty. Client reports that she has not showered in a week.

Medication Service Progress Note

Widget Templates

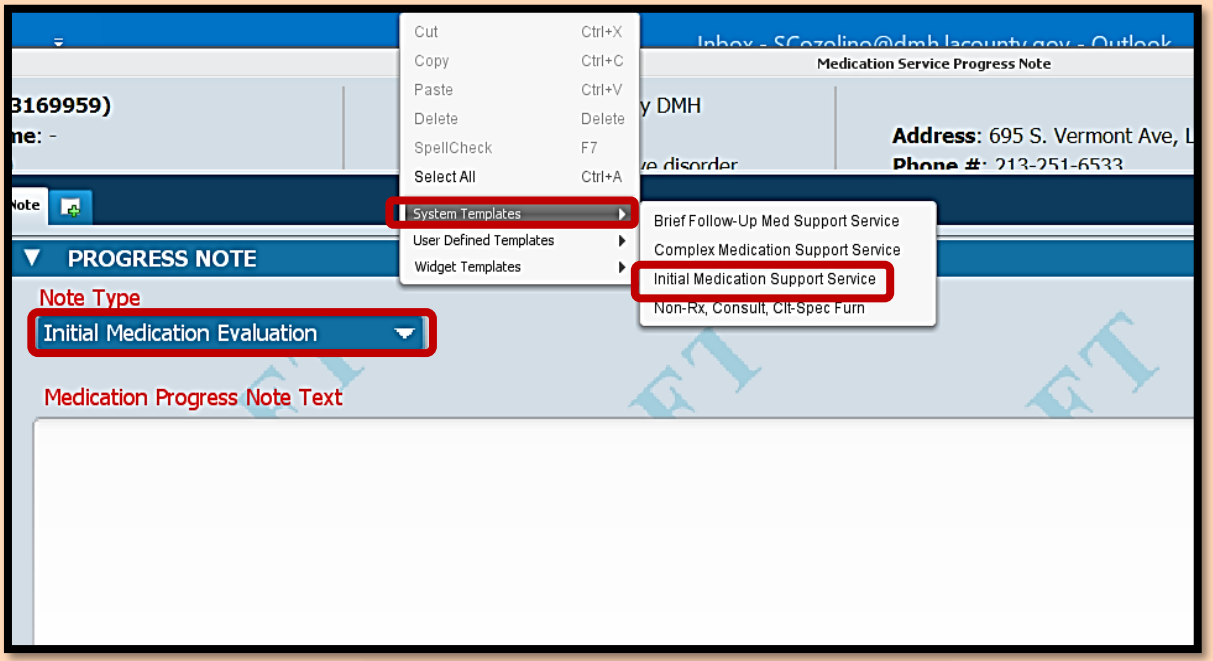
Widget Templates are a quick and easy way to pull information found within IBHIS/OrderConnect into your progress note
(e.g., recent vitals, recent labs, diagnosis, med support tx plan, a complete list of current medications)





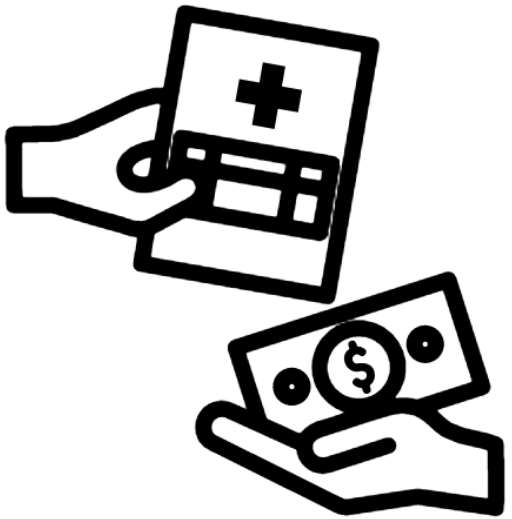
Medication Service Progress Note –

System Templates in Note Text Field



ID/Chief Complaint/Presenting Problem/Client Goals:
Psychiatric History:
Current Psychiatric Medications (responses, side-effects):
Previous Psychiatric Medications (responses, side-effects):
Adherence to Medication:
Medication Allergies:
General Medical History:
Date of Last Physical Exam:
Results of Last Physical Exam:
General Health:
Current Physical Health Medications:
Other Clinically Significant General Medical Data:
Alcohol/Substance Use/Dependence:
Family History (Psychiatric, Medical, Substance Use):
Psychosocial History/Developmental History:
Mental Status:
Assessment/Clinical Impression:
Intervention/Plan/Clinical Decision Making/Counseling Provided:
Recommended Consultations:

Procedure Codes
&
Claiming



SMHS provided via Telephone or Telehealth

Telephone

- Not considered face-to-face activities and, therefore, **no "face-to-face" time** will be documented (i.e. face-to-face time will always be zero).
- The **SC** modifier must be added to the procedure code for all telephone services

Telehealth

- Telehealth services with the client are considered **face-to-face** because the client is visually present via videoconferencing platform
- The **GT** modifier must be added to the procedure code for all telehealth services

Evaluation & Management (E&M) Criteria

E&M Procedure Codes

- **Used when**:
  - ❑ providing face-to-face Medication Support Services for the purpose of medication evaluation and prescription
    - ❖ REMINDER: Telehealth (visual video-conferencing) with client is considered face-to-face

- **Selected based on**:
  - ❑ **Location of service**
    1. Office / Other Outpatient Services
    2. Home (client's home)
    3. Domiciliary / Rest Home / Custodial Care Service
  - ❑ **Type of client**

    1. New (someone who has not been seen by a directly-operated MD/DO/NP within the past three years)
    2. Established
  - ❑ **Components of evaluation**
    1. History
    2. Examination
    3. Medical Decision Making

For more information, refer to the Guide to Procedure Codes for Specialty Mental Health Services

E&M Components / Factors / Types

Pause the video to review

E&M Components	Determining Factors	Types & Elements of each Type
History	Refers to the amount of history that is gathered which is dependent upon clinical judgment and on the nature of the presenting problem(s)	**Problem focused** - chief complaint, brief history of present illness or problem **Expanded problem focused** – chief complaint, brief history of present illness, problem pertinent system review **Detailed** – 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 **Comprehensive** – 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
Exam	Refers to the body and/or organ systems that are examined ("psychiatric" is considered an organ system) which is dependent upon clinical judgment and on the nature of the presenting problem(s)	**Problem focused** – a limited examination of the affected body area or organ system **Expanded problem focused** – a limited examination of the affected body area or organ system and other symptomatic or related organ system(s) **Detailed** – an extended examination of the affected body area(s) and other symptomatic or related organ system(s) **Comprehensive** – a general multisystem examination or a complete examination of a single organ system
Medical Decision Making	Refers to the complexity of establishing a diagnosis and/or selecting a management option 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	**Straightforward** – minimal diagnoses and/or management options, minimal or no data to be reviewed, minimal risk of complications **Low complexity** - limited diagnoses and/or management options, limited data to be reviewed, low risk of complications **Moderate complexity** - multiple diagnoses and/or management options, moderate data to be reviewed, moderate risk of complications **High complexity** - extensive diagnoses and/or management options, extensive data to be reviewed, high risk of complications

Activity	Severity of Presenting Problem(s)	Required Components	Service Code **Add GT modifier** – when provided via telehealth
E & M **Office** or Other Outpatient Services – **NEW CLIENT** Requires all 3 components in the 'Required Components' column	Minor	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99201**
	Low to Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Straightforward medical decision-making	**99202**
	Moderate	• Detailed history • Detailed exam • Medical decision-making of low complexity	**99203**
	Moderate to High	• Comprehensive history • Comprehensive exam • Medical decision-making of moderate complexity	**99204**
	Moderate to High	• Comprehensive history • Comprehensive exam • Medical decision-making of high complexity	**99205**
E & M **Office** or Other Outpatient Services – **ESTABLISHED CLIENT** Requires at least 2 of the 3 components in the 'Required Components' column	Minor	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99212**
	Low to Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Medical decision-making of low complexity	**99213**
	Moderate to High	• Detailed history • Detailed exam • Medical decision-making of moderate complexity	**99214**
	Moderate to High	• Comprehensive history • Comprehensive exam • Medical decision-making of high complexity	**99215**

Activity	Severity of Presenting Problem(s)	Required Components	Service Code **Add GT modifier** – when provided via telehealth
E & M **Home** Services– **NEW CLIENT** Requires all 3 components in the 'Required Components' column	Low	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99341**
	Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Medical decision-making of low complexity	**99342**
	Moderate to High	• Detailed history • Detailed exam • Medical decision-making of moderate complexity	**99343**
	High	• Comprehensive history • Comprehensive exam • Medical decision-making of moderate complexity	**99344**
	Unstable or a significant new problem	• Comprehensive history • Comprehensive exam • Medical decision-making of high complexity	**99345**
E & M **Home** Services– **ESTABLISHED CLIENT** Requires at least 2 of the 3 components in the 'Required Components' column	Minor	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99347**
	Low to Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Medical decision-making of low complexity	**99348**
	Moderate to High	• Detailed history • Detailed exam • Medical decision-making of moderate complexity	**99349**
	Moderate to High	• Comprehensive history • Comprehensive exam • Medical decision-making of moderate to high complexity	**99350**

Activity	Severity of Presenting Problem(s)	Required Components	Service Code **Add GT modifier** – when provided via telehealth
E & M **Domiciliary**, **Rest Home** (e.g., Boarding Home, or Custodial Care Services – **NEW CLIENT** Requires all 3 components in the 'Required Components' column	Low	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99324**
	Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Medical decision-making of low complexity	**99325**
	Moderate to High	• Detailed history • Detailed exam • Medical decision-making of moderate complexity	**99326**
	High	• Comprehensive history • Comprehensive exam • Medical decision-making of moderate complexity	**99327**
	Unstable or a significant new problem	• Comprehensive history • Comprehensive exam • Medical decision-making of high complexity	**99328**
E & M **Domiciliary**, **Rest Home** (e.g., Boarding Home, or Custodial Care Services – **ESTABLISHED CLIENT** Requires at least 2 of the 3 components in the 'Required Components' column	Minor	• Problem-focused history • Problem-focused exam • Straightforward medical decision-making	**99334**
	Low to Moderate	• Expanded problem-focused history • Expanded problem-focused exam • Medical decision-making of low complexity	**99335**
	Moderate to High	• Detailed history • Detailed exam • Medical decision-making of moderate complexity	**99336**
	Moderate to High	• Comprehensive history • Comprehensive exam • Medical decision-making of moderate to high complexity	**99337**

Other Medication Support Services

Pause the video to review

Activity	Service Code
Comprehensive Medication Service • Services may include: Medication education, discussion of side effects by phone or in person, medication plan development, and record review.	**H2010** **H2010SC** – provided over the telephone **H2010GT** – provided via telehealth
Comprehensive Medication Service (Prescription) • Prescription by phone	**H2010**
Non-billable to Medi-Cal Medication Support Service (MSS) • 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.	**00003**

Examples of Medication Support Services

Activity	MSS Service Component(s)	Service Code
Initial Medication Evaluation	• Evaluation of Need for Medication • Obtaining Informed Consent • Plan Development	• In Person: E&M code (FTF) • Telehealth: E&M code + GT (FTF) • Phone: H2010SC (No FTF)
Evaluating clinical effectiveness & side effects of meds	• Evaluation of Clinical Effectiveness & Side Effects of Medication • Obtaining Informed Consent • Plan Development	• In Person: E&M code (FTF) • Telehealth: E&M code + GT (FTF) • Phone: H2010SC (No FTF)
Other Medication Support Services (stand alone activities not within the context of an E&M service) provided to clients, significant support persons, and other pertinent parties which includes: • Prescription over the phone/ refills • Medication education in person, telehealth, or over the phone • Discussion of side effects • Medication plan development by phone or in person or telehealth • Record Review in preparation for a session	• Evaluation of Clinical Effectiveness & S/E of Meds • Medication Education • Collateral • Plan Development • MSS Other	• In Person: H2010HE (FTF) • No Contact (e.g., record review): H2010HE (No FTF) • Telehealth: H2010GT (client present – FTF; client not present e.g., collateral – No FTF) • Phone: H2010SC (No FTF)
Medication Support Services not billable to Medi-Cal due to reasons below but are billable to another payer source: • A lockout (i.e. client is in an IMD, jail/prison setting, psychiatric inpatient/psychiatric health facility/crisis residential facility) • Lack of medical necessity	• Evaluation of Clinical Effectiveness & Side Effects • Medication Education • Collateral • Plan Development • MSS Other	00003 Non-billable to Medi-Cal for MSS • May be provided in any method of delivery; • There are no modifiers for this code; • On the progress note, enter the correct Location of Service (e.g., Office, Home, Other Unlisted Facility)

Pause the video to review

Activity	MSS Service Component(s)	Service Code Pause the video to review
Administer Injections	Administration of medication	In Person only - 96372 (FTF)
Medication Education related to Mental Health Meds - includes the instruction of the use, risks, and benefits of and alternatives for medication	Medication Education	In Person: H2010HE (FTF) Telehealth: H2010GT (FTF) Phone: H2010SC (No FTF)
Order Labs / Review Labs (stand alone activities not within the context of an E&M service)	monitoring drug interactions/biologicals	In Person: H2010HE (FTF) No Contact: H2010HE (No FTF) Telehealth: H2010GT (FTF) Phone: H2010SC (No FTF)
Meeting / consulting with the treatment team regarding medications for the purpose of plan development (e.g., monitoring the client's progress based on the treatment plan; modifying the treatment plan)	Plan Development	Meeting in person with Treatment Team w/o client: H2010HE (No FTF) with client: H2010HE (FTF) Telehealth with Treatment Team w/o client: H2010GT (No FTF) with client: H2010GT (FTF) Phone – with or w/o client: H2010SC (No FTF)
Providing information to a significant support person regarding medications to assist the client in his her mental health treatment	Collateral	In Person: H2010HE (No FTF) Telehealth: H2010GT (No FTF) Phone: H2010SC (No FTF)
Based on IME (or during MSS course of treatment) – meds not prescribed but continuing to monitor the client's progress and need for medications	Plan Development	In Person: H2010HE (No FTF) Telehealth: H2010GT (No FTF) Phone: H2010SC (No FTF)

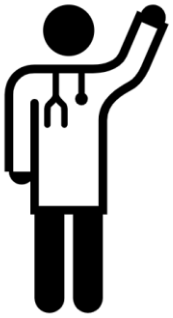
Activity	MSS Service Component(s)	Service Code
Reviewed the following documents for the purpose of preparing for a Medication Management session: reviewing labs, combo form, current meds, and/or most recent medication note – **and client did not show**	(service component based on purpose of the review) Plan Development / MSS Other	H2010HE (No FTF)
Medi-Cal Lockout (e.g. client is in an IMD, jail/prison setting, psychiatric inpatient/psychiatric health facility/crisis residential facility) – consulting over the phone with inpatient psychiatrist regarding client's outpatient medications and treatment	Plan Development	00003
Communicating with the pharmacy over the phone for the purpose of assisting the client to obtain their medications	MSS other	H2010SC (No FTF)
Providing some supportive psychotherapy within the context of the medication management session *If providing ongoing individual psychotherapy, then this would be a MHS Therapy service and would need to go on a DMH MHS/TCM Treatment Plan	Evaluation of Clinical Effectiveness & S/E of Meds	In Person: E&M code (FTF) Telehealth - E&M code + GT (FTF) Phone – H2010SC (No FTF)
Prior authorizations – completing forms online or on the phone (for the purpose of assisting the client in obtaining their medication) *Must document the need to complete prior authorization to obtain meds	MSS other	No Contact: H2010HE (No FTF) Phone: H2010SC (No FTF)
For the purpose of coordination of care, gathering information from outside therapists/prescribers to inform medication usage	Evaluation and Plan Development	Telehealth: H2010GT (no FTF) Phone: H2010SC (no FTF)

Other Types of Service:

Mental Health Services & Targeted Case Management

Conducting a
Mental Health Assessment

Providing Psychotherapy



Referral & Linkage to a
Primary Care Physician

Mental Health Services (MHS)

Mental Health Services (MHS)	Individual, group, collateral or family-based interventions to restore a client's functioning and ability to remain in the community with goals of recovery and resiliency	✓ Assessment ✓ Plan Development ✓ Therapy ✓ Rehabilitation ✓ Collateral

Service Component	Procedure Code(s)	What the Service Entails
 Assessment	**90792** **90792SC** – provided over the telephone **90792GT** – provided via telehealth	Assessment activities w/an in-depth evaluation of medical issues A service activity designed to evaluate the current status of a client's mental, emotional, or behavioral health. Includes MSE, analysis of the clinical history, analysis of relevant biopsychosocial and cultural issues, and history, diagnosis, and use of testing procedures
 Therapy Therapy over the phone is always **H0046SC**	**H0046** 0-15 min FTF time **90832** 16-37 min FTF time **90834** 38-52 min FTF time **90837** 53+ min FTF time **90847** Family Psychotherapy w/ 1 client	Also known as "talk therapy," a service whereby psychological problems are treated through communication and relationship factors between the client and a trained mental health professional Therapy focuses on symptom reduction and restoration of functioning as a means to improve coping and reduce impairments

Targeted Case Management (TCM)

Targeted Case Management (TCM)	Services that assist a client in accessing needed ancillary resources (e.g. medical, alcohol/drug treatment, vocational)	✓ Assessment ✓ Plan Development ✓ Referral and Related Activities ✓ Monitoring & Follow-Up

Service Component	Procedure Code	What the Service Entails
 Referral & Related Activities 	**T1017**	A service that helps clients get access to needed ancillary services (e.g. medical, alcohol and drug treatment, social, educational providers, etc.) and includes • Making referrals and scheduling appointments • Coordinating service and mobilizing resources
 Monitoring & Follow Up 	**T1017**	A service that includes activities and contacts to ensure that the client's treatment plan is implemented and that services are adequate and being provided

T1017SC – provided over the telephone

T1017GT – provided via telehealth

Common Services that are NEVER billable

When documenting the below services/activities in a Progress Note use the non-billable service code - **00000**

- Leaving messages for clients and/or significant support persons
- Review chart with no identified service (e.g. checked to make sure everything is up to date prior to scheduling an appointment or meeting with supervisee)
- Writing letters for clients to show proof of treatment
- Filling out forms (e.g., Mental Residual Functional Capacity questionnaire, Jury Duty form) or writing letters at the request of another entity (e.g. attorney, court)
- Supervision; training purposes (e.g., receiving consultation from another psychiatrist)
- Getting up to date when cases are transferred to you

Let's go into IBHIS…

Put a client on the Scheduling Calendar

Update the Diagnosis

Complete the Medication Consent & MSS Tx Plan

Order Medications / Labs

Enter Vitals – Vitals Graph & Growth Chart

Complete a Medication Service Progress Note

Resources

Organizational Providers Manual

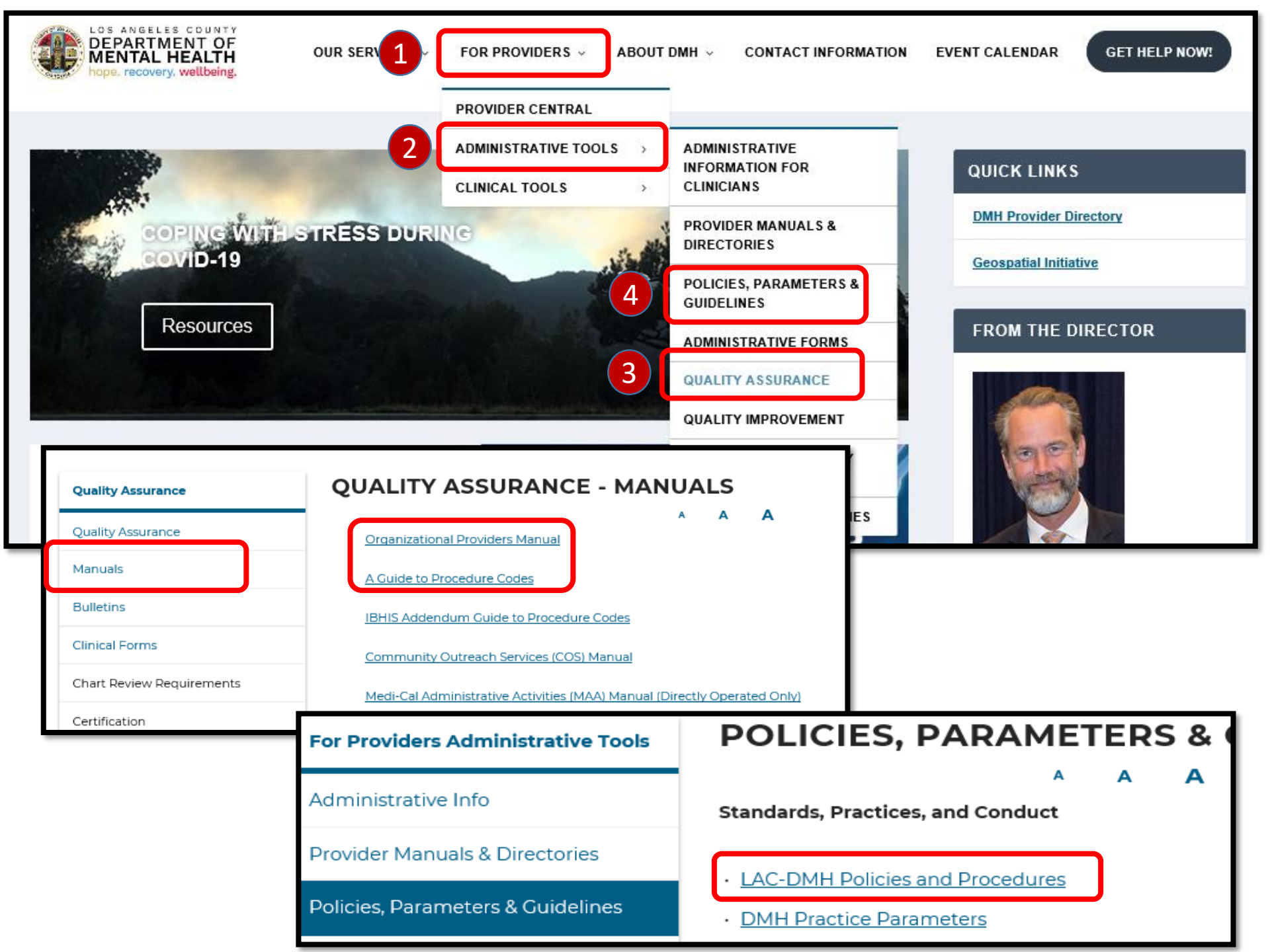
- ✓ What it is: Provides information about the Short-Doyle/Medi-Cal claiming and documentation system
- ✓ Where to go: DMH Website > For Providers > Administrative Tools > Quality Assurance > Manuals

Guide to Procedure Codes for Specialty Mental Health Services

- ✓ What it is: Provides a comprehensive list of the procedure codes used for claiming SMHS
- ✓ Where to go: DMH Website > For Providers > Administrative Tools > Quality Assurance > Manuals

LACDMH Policy 306.02 – Standards for Prescribing and Furnishing of Psychoactive Medications

- ✓ What it is: Provides policy and procedures for prescribing and furnishing psychoactive medications
- ✓ Where to go: DMH Website > For Providers > Administrative Tools > Policies


LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.
OUR SERV
1
FOR PROVIDERS
ABOUT DMH
CONTACT INFORMATION
EVENT CALENDAR
GET HELP NOW!
PROVIDER CENTRAL
2
ADMINISTRATIVE TOOLS
CLINICAL TOOLS
ADMINISTRATIVE INFORMATION FOR CLINICIANS
PROVIDER MANUALS & DIRECTORIES
4
POLICIES, PARAMETERS & GUIDELINES
ADMINISTRATIVE FORMS
3
QUALITY ASSURANCE
QUALITY IMPROVEMENT
COPING WITH STRESS DURING COVID-19
Resources
QUICK LINKS
DMH Provider Directory
Geospatial Initiative
FROM THE DIRECTOR
Quality Assurance
Quality Assurance
Manuals
Bulletins
Clinical Forms
Chart Review Requirements
Certification
QUALITY ASSURANCE - MANUALS
A A A
Organizational Providers Manual
A Guide to Procedure Codes
IBHIS Addendum Guide to Procedure Codes
Community Outreach Services (COS) Manual
Medi-Cal Administrative Activities (MAA) Manual (Directly Operated Only)
For Providers Administrative Tools
Administrative Info
Provider Manuals & Directories
Policies, Parameters & Guidelines
POLICIES, PARAMETERS &
A A A
Standards, Practices, and Conduct
LAC-DMH Policies and Procedures
DMH Practice Parameters

Confirmation of Completion Instructions

Complete the online Quiz to receive your
Confirmation of Completion

To access the quiz either
scan the QR code or use the URL address

Scan the QR Code

- iPad/iPhone:
  - open the camera app
  - hold it over the QR Code
  - click Open "forms.office.com" in Safari
- Android:
  - Utilize a QR code reader app

Use the URL address

- Open a web browser and type the below URL into the address bar:

https://tinyurl.com/PrescribersAssessPlanTreat

Complete the quiz

Once submitted, a confirmation of completion will be emailed to you

Make sure to click View Results to see how you did