GUIDE TO PROCEDURE CODES
FOR
SPECIALTY MENTAL HEALTH SERVICES

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Jonathan E. Sherin, M.D., Ph.D., Director
Los Angeles County Department of Mental Health

Debbie Innes-Gomberg, Ph.D., Deputy Director
Quality, Outcomes, and Training Division
Compiled by: Quality Assurance Unit

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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
- ✓ Telehealth
- ✓ 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 as well as the applicable taxonomies associated with that discipline. Not all staff listed in the Allowable Discipline(s) column may claim to Medicare and/or other private insurance. Refer to Discipline/Categories/Taxonomies Section for additional information about allowable disciplines.

Comments: Provides additional information about the use of the code including:

- ***Authorization Requirements:*** Some services require prior authorization or concurrent review. If indicated, the procedure code will be denied without prior authorization/concurrent review.
- ***Roll-Up Procedure Codes:*** DHCS/Medi-Cal only accepts a limited set of Procedure Codes. LACDMH "rolls-up" the Procedure Codes submitted by Providers to the more generic HCPCS Procedure Codes allowable by DHCS/Medi-Cal. If the Procedure Code utilizes one of the following Roll-Up codes, there is no requirement to send the claim to Medicare prior to sending to Medi-Cal:
  - ✓ H0032
  - ✓ H2017
  - ✓ T1017*
  - ✓ H0034
  - ✓ H2019*

  ***These codes also can bypass claiming to Other Health Coverage (OHC)

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 <u>require</u> face-to-face time, but if it occurs, it should be indicated.
  - ✓ Collateral and No-Contact – Report Writing should <u>always</u> 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.

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

DISCIPLINE/CATEGORIES/TAXONOMIES

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. The discipline controls what procedure codes the practitioner can utilize while the category (specific subsets of the discipline) is what is entered into the Network Adequacy: Provider & Practitioner Administration (NAPPA) application. DHCS/Medi-Cal has provided instruction on which taxonomies may and may not be used by disciplines based on whether or not the discipline can claim to Medicare. DHCS uses taxonomies to determine if a claim should go to Medicare prior to being sent to Medi-Cal. Claims by practitioners on a taxonomy beginning with any of the following three-digit prefixes must go to Medicare first:

- ✓ 363 (Nurse Practitioner/Physician Assistant)
- ✓ 364 (Clinical Nurse Specialist)
- ✓ 208 (Physician)
- ✓ 207 (Physician)
- ✓ 103 (Psychologist)
- ✓ 104 (Social Worker)

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Advanced Practice Pharmacist (AP Pharm)	Advanced Practice Pharmacist	• 1835P0018X - Pharmacist Clinician/Clinical Pharmacy Specialist • 1835P1200X - Pharmacist, Pharmacotherapy • 1835P1300X - Pharmacist, Psychiatric	
	Student Advanced Practice Pharmacist	• 390200000X - Student in an Organized Health Care Education/Training Program	
Clinical Nurse Specialist (CNS)	CNS (Psych Mental Health)	• 364S00000X - Clinical Nurse Specialist • 364SP0809X - Clinical Nurse Specialist Psychiatric/Mental Health Adult • 364SP0807X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Adolescent • 364SP0810X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Family • 364SP0811X - Clinical Nurse Specialist Psychiatric/Mental Health Chronically III • 364SP0812X - Clinical Nurse Specialist Psychiatric/Mental Health Community • 364SP0813X - Clinical Nurse Specialist Psychiatric/Mental Health Geropsychiatric • 364SC1501X - Clinical Nurse Specialist, Community Health/Public Health • 364SP0808X - Clinical Nurse Specialist, Psychiatric/Mental Health	
	Student Clinical Nurse Specialist	• 390200000X - Student in an Organized Health Care Education/Training Program	
Doctor of Osteopathy (DO) **AND** **Medical Doctor (MD)**	Licensed Physician, DO AND Licensed Physician, MD	• 2080P0006X - Behavioral Pediatrics • 208D00000X - Physician, General Practice	✓ Completed a psychiatry residency program; or ✓ Be a physician in another qualified specialty that has written approval from LACDMH. Approval is site specific.
	Licensed Psychiatrist, DO AND Licensed Psychiatrist, MD	• 2084P0802X - Physician, Addiction Psychiatry • 2084P0804X - Physician, Child & Adolescent Psychiatry • 2084F0202X - Physician, Forensic Psychiatry • 2084P0805X - Physician, Geriatric Psychiatry • 2084P0800X - Physician, Psychiatry	
	Licensed Resident Physician/Post Graduate Training License	• 174400000X - Specialist	✓ Be in a psychiatry residency program with appropriate supervision and co-signature;
	Student/Unlicensed Resident Physician	• 390200000X - Student in an Organized Health Care Education/Training Program	

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Doctor of Philosophy, Clinical Psychologist (PhD) **AND** **Doctor of Psychology, Clinical Psychologist (PsyD)**	Licensed Psychologist PhD AND Licensed Psychologist PsyD	•103T00000X - Psychologist •103TA0400X - Psychologist, Addiction (Substance Use Disorder) •103TA0700X - Psychologist, Adult Development & Aging •103TC0700X - Psychologist, Clinical •103TC2200X - Psychologist, Clinical Child & Adolescent •103TB0200X - Psychologist, Cognitive & Behavioral •103TC1900X - Psychologist, Counseling •103TP2701X - Psychologist, Group Psychotherapy	
	Waivered Psychologist PhD AND Waivered Psychologist, PsyD	•225C00000X - Rehabilitation Counselor	✓ A Waiver is required for persons employed or under contract to provide SMHS as a post-doctorate psychologist candidate gaining experience required for licensure.
	Student/Intern Psychologist	•390200000X - Student in an Organized Health Care Education/Training Program	
General Pharmacist (Pharm)	Pharmacist/ Pharmacist Assistant	•183500000X - Pharmacist •1835P2201X - Pharmacist, Ambulatory Care •1835C0205 - Pharmacist, Critical Care •1835G0000X - Pharmacist, General Practice •1835G0303X - Pharmacist, Geriatric •1835N0905X - Pharmacist, Nuclear •1835N1003X - Pharmacist, Nutrition Support •1835X0200X - Pharmacist, Oncology •1835P0200X - Pharmacist, Pediatrics •1835P1200X - Pharmacist, Pharmacotherapy •183700000X - Pharmacist, Pharmacy Technician •1835P1300X - Pharmacist, Psychiatric	
	Student Pharmacist	•390200000X - Student in an Organized Health Care Education/Training Program	
Marriage & Family Therapist (MFT)	Licensed Marriage and Family Therapist	•106H00000X - Marriage and Family Therapist	
	Associate Marriage and Family Therapist	•106H00000X - Marriage and Family Therapist	
	Marriage and Family Therapist Trainee (Student)	•390200000X - Student in an Organized Health Care Education/Training Program	
Mental Health Rehabilitation Specialist (MHRS)	Mental Health Rehab Specialist	•175T00000X - Peer Specialist •172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •101YS0200X - Counselor, School •225600000X - Dance Therapist •222Q00000X - Developmental Therapist •225A00000X - Music Therapist •102X00000X - Poetry Therapist •225800000X - Recreation Therapist •225400000X - Rehabilitation Practitioner •101YM0800X - Counselor Mental Health •101YA0400X - Counselor, Addiction (Substance Use D... •374700000X - Technician •3747A0650X - Technician, Attendant Care Provider •101Y00000X - Counselor •221700000X - Art Therapist	✓ Must have a BA degree and four years experience in a mental health setting (physical restoration, social adjustment, or vocational adjustment). Up to two years of graduate education may be substituted for years of experience on a year-for-year basis; Up to two years of post-AA clinical experience may be substituted for educational experience.

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Other Mental Health Worker (MHW)	Community Worker	•172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •175T00000X - Peer Specialist	✓ Under the DHCS State Plan Amendments, these are considered "Other qualified providers"; Must minimally have a high school diploma or equivalent
	Other Mental Health Worker	•175T00000X - Peer Specialist •172V00000X - Community Health Worker •171M00000X - Case Manager/Care Coordinator •101YS0200X - Counselor, School •225600000X - Dance Therapist •222Q00000X - Developmental Therapist •225A00000X - Music Therapist •102X00000X - Poetry Therapist •225800000X - Recreation Therapist •225400000X - Rehabilitation Practitioner •101YM0800X - Counselor Mental Health •101YA0400X - Counselor, Addiction (Substance Use D... •374700000X - Technician •3747A0650X - Technician, Attendant Care Provider •101Y00000X - Counselor •221700000X - Art Therapist	
	Occupational Therapist	•225X00000X - Occupational Therapist •225XM0800X- Occupational Therapist, Mental Health	
	Other Student	•390200000X - Student in an Organized Health Care Education/Training Program	
Nurse Practitioner (NP)	Nurse Practitioner (Psych Mental Health)	•363L00000X - Nurse Practitioner •363LC1500X - Nurse Practitioner, Community Health •363LP0808X - Nurse Practitioner, Psychiatric/ Mental Health	✓ Must be a Psychiatric Mental Health Nurse Practitioner
	Student Nurse Practitioner (Psych Mental Health)	•390200000X - Student in an Organized Health Care Education/Training Program	
Physician Assistant (PA)	Physician Assistant	•363A00000X - Physician Assistant •363AM0700X - Medical Physician Assistant	✓ Must be Licensed ✓ Scope of practice is limited to that of the supervising physician. Supervising physician must be in accord with above requirements for MD/DO and limited to no more than four (4) PAs. ✓ The Delegation of Services Agreement between the PA and the supervising physician defines what tasks and procedures a physician is delegating to the PA.
	Student Physician Assistant	•390200000X - Student in an Organized Health Care Education/Training Program	
Professional Clinical Counselor (PCC)	Licensed Professional Clinical Counselor	•101YP2500X - Counselor, Professional	
	Associate Professional Clinical Counselor	•101YP2500X - Counselor, Professional	
	Professional Clinical Counselor Trainee (Student)	•390200000X - Student in an Organized Health Care Education/Training Program	

Discipline (Code)	Category	Taxonomy	Requirements/ Additional Information
Registered Nurse, Licensed Vocational Nurse, Licensed Psychiatric Technician (RN, LVN, LPT)	Licensed Psych Tech	• 167G00000X - Licensed Psychiatric Technician	
	Licensed Vocational Nurse	• 164X00000X - Licensed Vocational Nurse	
	Registered Nurse	• 163W00000X - Registered Nurse • 163WA0400X - Registered Nurse, Addiction (Substance Use…) • 163WC1500X - Registered Nurse, Community Health • 163WP0807X - Registered Nurse, Psychiatric/Mental Health Child & Adolescent • 163WP0808X - Registered Nurse, Psychiatric/ Mental Health • 163WP0809X - Registered Nurse, Psychiatric/Mental Health Adult	
	Student Nurse	• 390200000X - Student in an Organized Health Care Education/Training Program	
Social Worker (SW)	Licensed Clinical Social Worker	• 104100000X - Social Worker • 1041C0700X - Social Worker, Clinical • 1041S0200X - Social Worker, School	
	Associated Clinical Social Worker	• 101YM0800X - Counselor Mental Health	
	Social Work Intern (Student)	• 390200000X - Student in an Organized Health Care Education/Training Program	

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)**
Never billable *Used for activities that are NOT billable to ANY funding source.*	• In person • Telephone • Telehealth	• Client • Significant Support Person	00000	0	• All disciplines
Non-Billable SSI Application Writing *Environmental intervention for medical management purposes on a psychiatric client's behalf with agencies, employers, or institutions* *Utilized for writing SSI applications.*	• N/A	• N/A	DO: 90882	0	• All disciplines
Comments: *These are neither Medicare nor SD/MC reimbursable nor are they reimbursable by any other funding plan.*					

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	• In person • Telephone • Telehealth	• Community • Potential Client	200	10	• All disciplines
Community Client Services	• In person • Telephone • Telehealth	• Community • Potential Client • Client • Significant Support Person	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. These procedure codes do not utilize the GT modifier.*					

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 ACTIVITES (MAA)

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
MAA Not Discounted Medi-Cal Outreach	• In person • Telephone • Telehealth	• Potential Client	1		• All disciplines
MAA Discounted Medi-Cal Outreach	• In person • Telephone • Telehealth	• Potential Client	17		• All disciplines
MAA Medi-Cal Eligibility Intake	• In person • Telephone • Telehealth	• Potential Client	4		• All disciplines
MAA Referral in Crisis for Non-Open Cases	• In person • Telephone • Telehealth	• Potential Client	11		• All disciplines
MAA Medi-Cal Mental Health Services Contract Administration	• In person • Telephone • Telehealth	• Medi-Cal Admin	10		• All disciplines
MAA Discounted Mental Health Services Contract Administration	• In person • Telephone • Telehealth	• Medi-Cal Admin	14		• All disciplines
MAA Non-SPMP Program Planning and Policy Development	• In person • Telephone • Telehealth	• Medi-Cal Admin	35		• All disciplines
MAA SPMP Program Planning and Policy Development	• In person • Telephone • Telehealth	• Medi-Cal Admin	24		• MD/DO (Licensed) • PhD/PsyD (Licensed • RN • Social Worker (Licensed) • MFT (Licensed)
MAA Non-SPMP Case Management of Non-Opened Cases	• In person • Telephone • Telehealth	• Potential Client	31		• All disciplines
MAA SPMP Case Management of Non-Open Cases	• In person • Telephone • Telehealth	• Potential Client	21		• MD/DO (Licensed) • PhD/PsyD (Licensed • RN • Social Worker (Licensed) • MFT (Licensed)
MAA Monitoring and Training	• In person • Telephone • Telehealth	• Medi-Cal Admin	27		• All disciplines

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 procedure codes do not utilize the SC/GT modifiers. These are indirect services and are not reimbursable by Medicare*

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)
Psychiatric Diagnostic Interview *Comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	90791	42	• MD/DO • PA • PhD/PsyD (Licensed or Waivered) • SW (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • NP or CNS (Certified) • PCC (Licensed or Registered) • Student professionals in these disciplines with co-signature*
Psychiatric Diagnostic Interview with Medical Services *Comprehensive mental health assessment with in depth evaluation of medical issues*	• In person • Telephone • Telehealth	• Client • Significant Support Person	90792	42	• MD/DO • PA • NP or CNS (Certified)
Nursing Assessment/Evaluation *Medical evaluation to inform the comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	T1001	42	• NP or CNS (Certified) • RN • LVN
Comprehensive Multidisciplinary Evaluation *Non diagnosis, mental status exam, or medical history information gathering to inform the comprehensive mental health assessment*	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2000	42	• All disciplines

Comments: Roll-Up Procedure Code is H2015

PLAN DEVELOPMENT

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Plan Development	• In person • Telephone • Telehealth	• Client • Significant Support Person	H0032	42	• All disciplines

Comments: Roll-Up Procedure Code is H0032

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)
Assessment of Aphasia *Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination Face-to-Face administration; interpretation and report writing*	• In person (Administration) • Telephone • Telehealth • N/A (Interpretation/Report Writing) •	• Client • Significant Support Person • N/A	96105	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Developmental Screening *(e.g., developmental milestone survey, speech and language delay screen) Face-to-Face administration, interpretation and report writing*	• In person (Administration) • Telephone • Telehealth • N/A (Interpretation/Report Writing)	• Client • Significant Support Person • N/A	96110	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Developmental Testing *Assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments Face-to-face administration; interpretation and report writing*	• In person (Administration) • Telephone • Telehealth • N/A (Interpretation/Report Writing)	• Client • Significant Support Person • N/A	96112	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Neurobehavioral Status Exam *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*	• In person (Administration) • Telephone • Telehealth • N/A (Interpretation/Report Writing)	• Client • Significant Support Person • N/A	96116	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Standardized Cognitive Performance Testing *(e.g., Ross Information Processing Assessment) Face-to-face administration; interpretation and report writing*	• In person (Administration) • Telephone • Telehealth • N/A (Interpretation/Report Writing)	• Client • Significant Support Person • N/A	96125	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Psychological Testing Evaluation *Integration, interpretation, clinical decision-making, report writing, and interactive feedback*	• In person (Administration /Interactive Feedback) • Telephone • Telehealth • N/A (Integration/ Interpretation/Clinical Decision-Making/Report Writing)	• Client • Significant Support Person • N/A	96130	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Neuropsychological Testing Evaluation *Integration, interpretation, clinical decision-making, report writing, and interactive feedback*	• In person (Administration /Interactive Feedback) • Telephone • Telehealth • N/A (Integration/ Interpretation/Clinical Decision-Making/Report Writing)	• Client • Significant Support Person • N/A	96132	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature
Psychological or Neuropsychological Testing *Face-to-face administration and scoring*	• In person (Administration) • Telephone • Telehealth • N/A (Scoring)	• Client • Significant Support Person • N/A	96136	34	• PhD/PsyD (Licensed/Waivered) • MD/DO (Trained) • Student professionals in these disciplines with co-signature

Comments: Roll-Up Procedure Code is H2015

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	Face to Face Time*	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Individual Psychotherapy	0-15 min	• In person • Telephone • Telehealth	• Client	H0046	42	• MD/DO • PhD/PsyD (Licensed or Waivered) • Social Worker (Licensed or registered or waivered) • MFT (Licensed or registered or waivered) • NP or CNS (Certified) • Professional Clinical Counselor (Licensed or Registered) • Student professionals in these disciplines with co-signature
	16-37 min	• In person • Telehealth	• Client	90832	42	
	38-52 min	• In person • Telehealth	• Client	90834	42	
	53+ min	• In person • Telehealth	• Client	90837	42	
Psychotherapy for Crisis *Implementation of psychotherapeutic interventions while a client is in a crisis state.*		• In person • Telephone • Telehealth	• Client	90839	42	
Family Psychotherapy with One Client Present *Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client.*		• In person • Telephone • Telehealth	• Client • Significant Support Person	90847	42	
Family Psychotherapy with More than One Client Present (Group Service) *Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client.*		• In person • Telephone • Telehealth	• Client • Significant Support Person	90847 HE:HQ	52	
Multi-family Group Psychotherapy *Psychotherapy delivered to more than one family unit each with at least one enrolled client.*		• In person • Telephone • Telehealth	• Client • Significant Support Person	90849	52	
Group Psychotherapy *Delivered at the same time to more than one non-family client.*		• In person • Telephone • Telehealth	• Client	90853	52	

Comments: Roll-Up Procedure Code is H2015. Face-to-face time* is the time spent providing a service to a client who is physically present in person or via telehealth. Telephone services always have zero (0) face-to-face time.

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)
Individual Rehabilitation Service	• In person • Telephone • Telehealth	• Client	H2015	42	• All disciplines
Supported Employment	• In person • Telephone • Telehealth	• Client	H2023	42	
Group Rehabilitation *Delivered to more than one client*	• In person • Telephone • Telehealth	• Client	H2015 HE:HQ	52	• All disciplines

Comments: *Roll-Up Procedure Code is H2017*

COLLATERAL

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Individual Collateral	• In person • Telephone • Telehealth	• Significant Support Person	90887	10	• All disciplines
Group Collateral	• In person • Telephone • Telehealth	• Significant Support Person	90887 HE:HQ	10	• All disciplines

Comments: *Roll-Up Procedure Code is H2015*

OTHER MENTAL HEALTH SERVICES

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Record Review *Review and evaluation of clinical records, reports, tests and other accumulated data for:* • *Assessment and/or diagnostic purposes* • *Plan development* • *Preparation for a treatment session or other clinical service*	• N/A	• N/A	90885	42	• All disciplines
Report Writing *Preparation of reports of client's psychiatric status, history, treatment, or progress*	• N/A	• N/A	90889	42	• All disciplines

Comments: *Roll-Up Procedure Code is H0032 for 90885 and H2017 for 90889*

SERVICES TO EPSDT CLIENTS

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Intensive Home Based Services (IHBS)	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2015 HK	57	• All disciplines
Therapeutic Behavioral Services	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2019	58	• All disciplines

Comments: *Roll-Up Procedure Code is H2015HK for H2015HK and H2019 for H2019. These procedure codes will be denied without prior authorization.*

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)
MAT - Case Conference Attendance *MAT Team Meeting time that cannot be claimed to Medi-Cal*	• In person • Telephone • Telehealth	• Significant Support Person	G9007	42	• All disciplines
Non-billable to Medi-Cal Mental Health Service (MHS) *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.*	• In person • Telephone • Telehealth	• Client • Significant Support Person	DO: 00001 LE: MHS Code with HX modifier	44	• All disciplines
Non-billable to Medi-Cal Therapeutic Behavioral Service (TBS) *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.*	• In person • Telephone • Telehealth	• Client	DO: 00005 LE: MHS Code with HX modifier	59	• All disciplines
Outcome Measurement *Used for activities related to completing and scoring outcome measures that are not part of another billable service.* • *Reviewing and interpreting completed outcome questionnaires* • *Scoring of measures* • *Entering scaled scores, individual item responses or total scores* • *Engaging client/parent/caregiver to complete a measure* • *Reading or translating outcome questionnaires to clients/family members*	• In person • Telephone • Telehealth	• N/A	S9986	44	• All disciplines

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)	• In person • Telephone • Telehealth	• Client • Significant Support Person	T1017	04	• All disciplines

Comments: *Roll-Up Procedure Code is T1017*

SERVICES TO SPECIAL POPULATIONS

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Intensive Care Coordination (ICC)	• In person • Telephone • Telehealth	• Client • Significant Support Person	T1017 HK	07	• All disciplines

Comments: *Roll-Up Procedure Code is T1017HK*

NON-BILLABLE TO MEDI-CAL TARGETED CASE MANAGEMENT

Service	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Non-billable to Medi-Cal Targeted Case Management (TCM) *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.*	• In person • Telephone • Telehealth	• Client • Significant Support Person	DO: 00002 LE: TCM Code with HX modifier	05	• All disciplines

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	• In person • Telephone • Telehealth	• Client • Significant Support Person	H2011 HE	77	• All disciplines

Comments: *Roll-Up Procedure Code is H2011. 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)
Non-billable to Medi-Cal Crisis Intervention (CI) *Used for Crisis Intervention services that are not billable to Medi-Cal due to a lockout but are billable to another available payer.*	• In person • Telephone • Telehealth	• Client • Significant Support Person	DO: 00004 LE: CI Code with HX modifier	78	• All disciplines

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	Level of Medical Decision Making OR Total Time*	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
E&M Office or Other Outpatient Services – New Client *Office or other outpatient visit for the evaluation and management of a new patient* *New Patient: Someone who has not been seen by an MD/DO/NP within the past three years within a Legal Entity*	Straightforward OR 15-29 min total time	• In person • Telehealth	• Client	99202	62	• MD/DO • NP • PA • AP Pharm
	Low OR 30-44 min total time	• In person • Telehealth	• Client	99203	62	
	Moderate OR 45-59 min total time	• In person • Telehealth	• Client	99204	62	
	High OR 60+min total time	• In person • Telehealth	• Client	99205	62	
E&M Office or Other Outpatient Services – Established Client *Office or other outpatient visit for the evaluation and management of an established patient* *Established Patient: Someone who has been seen by an MD/DO/NP within the past three years within a Legal Entity* .	Straightforward OR 10-19 min total time	• In person • Telehealth	• Client	99212	62	• MD/DO • NP • PA • AP Pharm
	Low OR 20-29 min total time	• In person • Telehealth	• Client	99213	62	
	Moderate OR 30-39 min total time	• In person • Telehealth	• Client	99214	62	
	High OR 40+ min total time	• In person • Telehealth	• Client	99215	62	

Comments: *Roll-Up Procedure Code is H2010. The selection of E/M service codes should be based on the level of the medical decision making or the total time for E/M services performed on the date of the encounter. See Appendix for additional information on the use of these codes.*

Total time* includes *face-to-face and non face-to-face time(e.g. documentation, review of records, ordering medications/tests).*
LACDMH has not implemented the prolonged service add-on codes due to the complexity of the add-on codes and the lack of impact on Medi-Cal claiming. For this reason, the Guide to Procedure Code lists 99205 as 60+ minutes and 99215 as 45+ minutes.

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)
E&M Home Services – New Client Home visit for the evaluation and management of a new patient which requires all three (3) components listed in the "Required Components" column	Low	• problem focused history • problem focused examination • straightforward medical decision making	• In person • Telehealth	• Client	99341	62	• MD/DO • NP • PA • AP Pharm
	Moderate	• expanded problem focused history • expanded problem focused exam • medical decision making of low complexity	• In person • Telehealth	• Client	99342	62	
	Moderate to High	• detailed history • detailed examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99343	62	
	High	• comprehensive history • comprehensive examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99344	62	
	Unstable or a significant new problem	• comprehensive history • comprehensive examination • medical decision making of high complexity	• In person • Telehealth	• Client	99345	62	
E&M Home Services-Established Client Home 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	Minor	• problem focused history • problem focused examination • straightforward medical decision making	• In person • Telehealth	• Client	99347	62	• MD/DO • NP • PA • AP Pharm
	Low to Moderate	• expanded problem focused history • expanded problem focused exam • medical decision making of low complexity	• In person • Telehealth	• Client	99348	62	
	Moderate to High	• detailed history • detailed examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99349	62	
	Moderate to High	• comprehensive history • comprehensive examination • medical decision making of moderate to high complexity	• In person • Telehealth	• Client	99350	62	

Comments: *Roll-Up Procedure Code is H2010. 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)
E&M Domiciliary, Rest Home (e.g. Boarding Home), or Custodial Care Services – New Client *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*	Low	• problem focused history • problem focused examination • straightforward medical decision making	• In person • Telehealth	• Client	99324	62	• MD/DO • NP • PA • AP Pharm
	Moderate	• expanded problem focused history • expanded problem focused exam • medical decision making of low complexity	• In person • Telehealth	• Client	99325	62	
	Moderate to High	• detailed history • detailed examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99326	62	
	High	• comprehensive history • comprehensive examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99327	62	
	Unstable or a significant new problem	• comprehensive history • comprehensive examination • medical decision making of high complexity	• In person • Telehealth	• Client	99328	62	
E&M Domiciliary, Rest Home (e.g. Boarding Home), or Custodial Care Services – Established Client *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*	Minor	• problem focused history • problem focused examination • straightforward medical decision making	• In person • Telehealth	• Client	99334	62	• MD/DO • NP • PA • AP Pharm
	Low to Moderate	• expanded problem focused history • expanded problem focused exam • medical decision making of low complexity	• In person • Telehealth	• Client	99335	62	
	Moderate to High	• detailed history • detailed examination • medical decision making of moderate complexity	• In person • Telehealth	• Client	99336	62	
	Moderate to High	• comprehensive history • comprehensive examination • medical decision making of moderate to high complexity	• In person • Telehealth	• Client	99337	62	

Comments: *Roll-Up Procedure Code is H2010. 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

Activity	Time of Medical Discussion*	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Telephone E&M with established patients	5-10 Min	• Telephone	• Client • Parent/Guardian	99441	62	• MD/DO • NP • PA • AP Pharm
	11-20 Min	• Telephone	• Client • Parent/Guardian	99442	62	• MD/DO • NP • PA • AP Pharm
	21 + Min	• Telephone	• Client • Parent/Guardian	99443	62	• MD/DO • NP • PA • AP Pharm

Comments: *Roll-Up Procedure Code is H2010.* Time of medical discussion* is *the length of the telephone call with the client or parent/guardian. Because this is a telephone specific procedure code, there is no need to utilize the SC modifier on the procedure code*

LACDMH has not implemented the prolonged service add-on codes due to the complexity of the add-on codes and the lack of impact on Medi-Cal claiming. For this reason, the Guide to Procedure Code lists 99443 as 21+ minutes.

OTHER MEDICATION SUPPORT SERVICES

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
Intramuscular Injections *Used for administering intramuscular injections*	• In person	• Client	96372	62	• MD/DO • NP/CNS • PA • RN • LVN • PT • AP Pharm • Pharm • Student professionals in these disciplines with co-signature
Oral Medication Administration *Used for single or multiple administration at one time of oral medications*	• In person	• Client	H0033	62	
Comprehensive Medication Service *Evaluation of side effects and collateral*	• In person • Telephone • Telepsych	• Client • Significant Support Person	H2010	62	
Group Medication Service *Medication education group*	• In person	• Client • Significant Support Person	H2010 HE:HQ	62	
Medication Plan Development & Record Review *Plan development and record review when the activities are not in the context of another service (e.g., the combined Med Consent/Treatment Plan). Includes medication refills or blood draws done as part of monitoring/chart review.*	• In person • Telephone • Telepsych • N/A (for Record Review Only)	• Client • Significant Support Person • N/A (for Record Review Only)	H0034	62	
Comprehensive Medication Service (Prescription) *Prescription by phone for a new client*	• Telephone	• Client • Significant Support Person	H2010	62	• MD/DO • NP • PA • AP Pharm

Comments: *Roll-Up Procedure Code is H2010 for all codes except H0034 for which the Roll-Up Procedure Code is H0034. Per the Pharmacist regulations, an agency must have policies in place in order for a pharmacist to administer injections.*

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*

NON-BILLABLE TO MEDI-CAL MEDICATION SUPPORT SERVICE

Activity	Method of Delivery	Service Contact	Code	SFC	Allowable Discipline(s)
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.*	• In person • Telephone • Telehealth	• Client • Significant Support Person	DO: 00003 LE: MSS Code with HX modifier	63	• MD/DO • NP/CNS • PA • AP Pharm • Pharm • RN • LVN • PT • Pharmacist • Student professionals in these disciplines with co-signature
Transcranial Magnetic Stimulation (Initial)	• In person	• Client	90867	63	• MD/DO
Transcranial Magnetic Stimulation (Subsequent)	• In person	• Client	90868	63	• MD/DO • NP/CNS • PA • RN • LVN • PT
Transcranial Magnetic Stimulation (Redetermination)	• 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)
Crisis Stabilization – Emergency Room	23	S9484 HE:TG	24	Bundled service not claimed by individual staff.
Crisis Stabilization – Urgent Care Facility	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)
Non-billable to Medi-Cal Crisis Stabilization – Emergency Room *Used for Crisis Stabilization Services that are not billable to Medi-Cal due to a lockout but are billable to another available payer*	23	DO: N/A LE: CS Code with HX modifier	24	Bundled service not claimed by individual staff.
Non-billable to Medi-Cal Crisis Stabilization – Urgent Care Facility *Used for Crisis Stabilization Services that are not billable to Medi-Cal due to a lockout but are billable to another available payer*	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)
Day Treatment Intensive: Half Day *More than 3 continuous hrs but less than 4/day*	H2012 HQ:TG	82	Bundled service not claimed by individual staff.
Day Treatment Intensive: Full Day *Exceeds 4 continuous hours/day*	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)
Day Rehabilitation: Half Day *More than 3 continuous hrs but less than 4/day*	H2012 HQ	92	Bundled service not claimed by individual staff.
Day Rehabilitation: Full Day *Exceeds 4 continuous hours/day*	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	• In person • Telephone	• Client • Potential Client	6000	60	• All disciplines

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	• All disciplines operating within the contract

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. This procedure code will be denied without prior authorization*

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)
State Hospital Facility	0100	89	01	Bundled service not claimed by individual staff.
Skilled Nursing Facility – Acute Intensive	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)
Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) *Under 60 beds (Laurel Park. Provider #0058)*	0100 HE	89	35	Bundled service not claimed by individual staff.
Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) *60 beds & over (Olive Vista, Provider #0061)*	0100 HE:GZ	89	35	
Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) *Indigent*	0100 HX	89	36	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Subacute, Forensic History in County (Olive Vista, Provider #0061)*	0100 HE:TG	89	36	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Subacute, Forensic History Out of County*	0100 HE:TN	89	37	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Non-MIO/Hearing Impaired (Sierra Vista, Provider #0066)*	0100 HK	89	36	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *MIO (Olive Vista, Provider #0061)*	0100 HB:HZ	89	37	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Indigent MIO (Olive Vista, Provider #0061)*	0100 TG	89	38	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Subacute, Forensic History, Indigent Olive Vista, Provider #0061)*	0100 HB:TG	89	39	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Subacute, Forensic History, Indigent Out of County*	0100 HB:TN	89	39	
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) *Hearing Impaired (Laurel Park, Provider #0058)*	0100 HB:HK	89	36	
IMD Pass Day	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)
MH Rehabilitation Center *Level One*	0100 GZ	86	90	Bundled service not claimed by individual staff.
MH Rehabilitation Center *Level Two*	100 GZ:HE	86	91	
MH Rehabilitation Center *Level Three*	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, Nurse Practitioners, Physician Assistants and AP Pharmacists when providing Medication Support Services for the purpose of medication evaluation and prescription.

The E&M procedure code should be selected based on (see grid #1 below):

- **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**
  - **Office or Other Outpatient Services:** Medical Decision Making (see grid #2 below) or Total Time
  - **Other E/M Services:** History, Examination and Medical Decision Making (see grid #3 below)

1. SUMMARY OF GUIDELINE DIFFERENCES

Component(s) for Code Selection	Office or Other Outpatient Services	Other E/M Services *Home, Domiciliary, Rest Home (e.g. Boarding Home), or Custodial Care Services*
Code	**99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215**	**99324, 99325, 99326,99327 99328, 99334, 99335, 99336, 99337, 99341,99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350**
History and Examination	Not used in code selection	Use key components (history, examination, MDM)
Medical Decision Making (MDM)	May use MDM or total time on the date of the encounter	Use key components (history, examination, MDM)
Time	May use MDM or total time on the date of the encounter	Not used in code selection

2. LEVELS OF MEDICAL DECISION MAKING (MDM)

Code	Level of MDM	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality
99202 99212	**Straightforward**	Minimal	Minimal or none	Minimal
99203 99213	**Low**	Low	Limited	Low
99204 99214	**Moderate**	Moderate	Moderate	Moderate
99205 99215	**High**	High	Extensive	High

3. HISTORY, EXAM & MDM CRITERIA		
	Determining Factors	**Types and 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** which is dependent on clinical judgment and on the nature of the presenting problem(s). "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	**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

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	A duplicate service is identified based on identical values in each of the following fields: ✓ Medi-Cal Client Index Number (CIN) ✓ Program of Service (Provider Number) ✓ Date of Service ✓ Practitioner ✓ ”Roll-up” Procedure Code ✓ Total Duration 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 **59 modifier** should be added to the Procedure Code when the service will appear as a duplicate based on the Roll-Up Procedure Code.
76	Repeat procedure by the same physician	A duplicate service is identified based on identical values in each of the following fields: ✓ Medi-Cal Client Index Number (CIN) ✓ Program of Service (Provider Number) ✓ Date of Service ✓ Practitioner ✓ Procedure Code ✓ Total Duration 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 **76 modifier** should be added to the Procedure Code when the service will appear as a duplicate based on the submitted Procedure Code.
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/Correction al 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	Birthing 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 requires 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	