UPDATE REGARDING PROCEDURE CODES AVAILABLE UNDER
THE MAT-DCFS AND MAT-DMH PLANS

Basic Plan Information
There are two Plans in the IS available for use by Multidisciplinary Assessment Teams (MAT) providers:
• MAT-DCFS and
• MAT-DMH.
The MAT Plans, and associated Procedure Codes, are only for use when MAT assessment services are provided. On-going treatment services provided to a MAT client, such as therapy or rehab, should NOT be claimed under either MAT Plan. Any direct treatment services should be claimed using non-MAT plans (such as CGF, Wraparound-DCFS, or Basic–Enh Spec Foster-MHS).

The MAT-DCFS plan is used for services paid for by DCFS; no claim under the MAT-DCFS plan will be claimed to Medi-Cal. This Plan should be used only for the following services:
▪ Identifying and providing referrals that will address a collateral’s needs that are not directly related to the mental health needs of the client
▪ Preparing and revising the MAT Summary of Findings
▪ MAT Team Meeting time that cannot be claimed to Medi-Cal
▪ Completing the mental health assessment and other services when medical necessity cannot be established

The MAT-DMH plan is used for services which will be reimbursed by DMH either through claiming to Medi-Cal and/or by County General Funds (CGF).

MAT-DCFS Plan Procedure Codes
Changes have been made to the Procedure Codes available for MAT Providers under the MAT-DCFS Plan. The following bolded and italicized Procedure Codes have been added to the MAT-DCFS Plan and have been given an effective date of January 1, 2009. The Procedure Codes in regular type were previously available in the MAT-DCFS Plan.

▪ Psychiatric diagnostic interview – 90801
▪ Interactive psychiatric diagnostic interview – 90802
▪ Collateral – 90887
▪ Team Conferences/Case Consultation - 1-59 minutes: 99361 / 60+ minutes: 99362
▪ Record Review – 90885
▪ Case Conference Attendance – MAT – G9007
▪ No contact – Report Writing – 90889 (MAT Summary of Findings)
▪ Targeted Case Management – T1017
▪ Plan Development (when not in the context of another service) – H2015
MAT-DMH Plan Procedure Codes
The MAT-DMH Plan originally had the full array of outpatient Procedure Codes available for all EPSDT programs which resulted in the frequent misuse of Codes within a Plan. However, since MAT is an Assessment program, the array of Procedure Codes in the MAT-DMH Plan have now been primarily limited to Procedure Codes used during the Assessment process. As noted above treatment services should be reported using a non-MAT Plan.

Please see the below list of Procedure Codes available under the MAT-DMH plan:
- Psychiatric diagnostic interview – 90801
- Interactive psychiatric diagnostic interview – 90802
- Psychological Testing – 96101, 96102, 96103
- Collateral – 90887
- Team Conferences/Case Consultation - 1-59 minutes: 99361 / 60+ minutes: 99362
- Record Review – H2015
- Plan Development (when not in the context of another service) – H2015
- No contact – Report Writing – 90889
- Targeted Case Management – T1017
- Medication Support Services – 90862, H2010

Please refer to the updated list of MAT Procedure Codes (attached) for a complete listing of Procedure Codes used during the MAT Assessment and their availability under the MAT-DMH and MAT-DCFS plans.

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MAT PROCEDURE CODES
(Refer to the Guide to Procedure Codes for the official definitions and a full list of procedure codes)

ASSESSMENT
This is an activity that may include a clinical analysis of the history and current status of a client’s mental, emotional, or behavioral disorder; relevant cultural issues and history; and diagnosis. These codes should be used when completing an Initial Assessment form or when performing subsequent assessment activities that are documented on an assessment form.
- Psychiatric diagnostic interview – 90801
- Interactive psychiatric diagnostic interview – 90802
  Uses play equipment, physical devices, or other non-verbal mechanism of communication

PSYCHOLOGICAL TESTING
Scoring time is not reimbursable. Psychodiagnostic assessment of personality, development assessment and cognitive functioning. For children, referrals are made to clarify symptomology, rule out diagnoses and help delineate emotional from learning disabilities.
- Face-to-face administration time by Psychologist or Physician – 96101
- Face-to-face administration time by Technician – 96102
- Administered by Computer - 96103
- Psychological Test Interpretation and Report Writing - 90889

MENTAL HEALTH SERVICES
- Record Review – H2015 or 90885
  Reviewing of records/information that contributes either assessment material that is documented as part of the assessment or information that contributes to the development of a disposition.
- Collateral (one or more clients represented) – 90887
  Gathering of information from and/or interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client. Face-to-face time is always zero.
- Team Conferences/Case Consultation - 1-59 minutes: 99361 / 60+ minutes: 99362
  Interdisciplinary inter/intra-agency conferences to coordinate activities of client care. Client may be present.
- Case Conference Attendance – MAT – G9007
  Used to claim the Medi-Cal non-reimbursable staff time of the MAT Team Meeting.
- Plan Development – H2015
  Plan development when it is a stand alone service and not in the context of another service provided.
- No contact – Report Writing – 90889
  Preparation of reports of client’s psychiatric status, history, treatment, or progress for other physicians, agencies, insurance carriers, or for discharge summary

MEDICATION SUPPORT SERVICES
- Individual Medication Support Service – 90862
  Expanded problem-focused or detailed history and medical decision-making for prescribing, adjusting, or monitoring meds.
- Comprehensive Medication Support – H2010
  Prescription services by phone or with collateral, medication administration, medication education, medication group services, and other non-prescription, non-face-to-face activities pertinent to medication support services.

TARGETED CASE MANAGEMENT (TCM) - T1017 (HE, HS)
Services needed to access medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services, whether face-to-face, by phone, or through correspondence, provide for the continuity of care within the mental health system and related social service systems. Services include linkage and consultation, placement, and plan development.

1MAT-DMH only  2MAT-DMH and/or MAT-DCFS  3MAT-DCFS only