



Quality Assurance Bulletin

March 3, 2010 No. 10-01

Program Support Bureau

Los Angeles County, Department of Mental Health

Wraparound Providers Only - Procedure Code Changes

For Wraparound Providers, H2015 has routinely been used for stand alone plan development with the client and/or family during Child and Family Team (CFT) meetings. With the implementation of the changes to Procedure Code usage due to Short-Doyle/Medi-Cal Phase II (SD/MC II) outlined in QA Bulletin 09-10 Revised, the H2015 Procedure Code will only be used for individual and group rehab. **This Bulletin instructs Wraparound Providers to use a new code, H0032, for Plan Development services during the CFT in which H2015 was previously used.**

Page 6 of the Guide to Procedure Codes has been updated to reflect this new Procedure Code for Wraparound Providers and is attached to this Bulletin. This new Procedure Code is available for use as of February 8th, 2010 and may be used for any service entered after that date. It is hoped that transition to the new Procedure Code by Wraparound programs can be accomplished within two months of the date of this Bulletin.

The complete updated Guide to Procedure Codes can be found at
http://dmh.lacounty.gov/ToolsForAdministrators/agency_admin.html

The new code for Wraparound Providers to use for plan development during CFT meetings in which the client and/or family is present and involved in discussion is **H0032**. **Wraparound Providers must still consider what service was provided to the client during the CFT meeting; the Procedure Code continues to be based on the service provided, not the fact that the service was provided at a CFT. Only if the service provided during the CFT meeting is plan development and the client and/or family is involved in the meeting will the Procedure Code be H0032.** If another specific, clearly distinguished service, such as Targeted Case Management, is provided to the client (or family) during the CFT, then the service must be pulled out and claimed under the appropriate Procedure Code.

An example of appropriate H0032 usage during a CFT:

During a CFT on 2/1/10, discussed client's progress in getting involved in activities at school. Client states that she would be more comfortable getting involved with activities outside of school. Team discussed client getting involved in different activities such as baseball, ballet, piano, swimming. Discussed pros and cons of each one and client's opinion regarding each activity. Team supported client and family's decision to try ballet first and discussed different factors regarding ballet classes that may impact client's mental health such as mirrors, clothes required to wear, number of girls in the class, changing room, etc. Discussed next steps and agreed upon who would take responsibility for which actions. CFS will gather ballet resources and present at next CFT.

An example of T1017 usage during a CFT:

During a CFT on 2/15/10, CFS went over ballet resources with client and caregiver that had been researched for the client. CFS also provided client with a printed list of ballet studies and explained each resource to client.

Note: The remainder of this CFT was spent discussing the client's progress in initiating conversations at school, discussing plans for how client can get involved in school clubs, and identifying supports needed for client to join school clubs. This would be documented and claimed separately as H0032.

This new Procedure Code may ONLY be used in association with one of the three Wraparound Plans in the IS: Wraparound-DCFS, Wraparound-Child, and Wraparound-TAY. If one of these three Plans is not selected for a service, the new Procedure Code will not be available for use.

Remember, when recording time in the Clinical Record and claiming that time to a service in the Integrated System (IS), time is documented and claimed in accord with staff time spent in delivering and documenting the service.

If you have questions regarding the information in this QA Bulletin, please contact your Wraparound QA liaison.

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|----|------------------------------------|-------------------------------------|
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A GUIDE TO
PROCEDURE CODES
FOR
CLAIMING MENTAL HEALTH SERVICES



County of Los Angeles – Department of Mental Health

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SERVICES TO SPECIAL POPULATIONS – SD/MC ONLY

Service	Code	Rendering Provider
Multi-Systemic Therapy (inactive)	H2033	Any staff operating within his/her scope of practice
Community-based Wrap Around (inactive)	H2021	
MAT - Case Conference Attendance MAT Team Meeting time that cannot be claimed to Medi-Cal	G9007	
Wraparound – Team Plan Development Discussion with the client and/or family centered around plan development which includes development of client plans and services and/or monitoring a client’s progress during Wraparound Child and Family Team (CFT) meetings.	H0032	

Notes:

- All of these services are classified as Individual Mental Health Services and are reported under Service Function 42.
- These services are recorded in the clinical record and reported into the IS in hours:minutes.

Service	Code, (Modifier*)	Rendering Provider
Therapeutic Behavior Services	H2019 (HE*)	Any staff operating within his/her scope of practice

*Contract agencies submitting electronic claims to the Department must use the letter modifiers in the claims transmission.

Notes:

- This service is classified as Therapeutic Behavior Services and is reported under Service Function 58.
- These services are recorded in the clinical record and reported into the IS in hours:minutes.