**A GUIDE TO PROCEDURE CODES**

**FOR**

**CLAIMING MENTAL HEALTH SERVICES**



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

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**LIST OF 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.

**• Disciplines:**

|  |  |  |  |
| --- | --- | --- | --- |
| CNS | Clinical Nurse Specialist | Authorized CNS | Authorized Clinical Nurse Specialist |
| DO | Doctor of Osteopathy |  |  |
| SW | Social Worker |  |  |
| LVN | Licensed Vocational Nurse |  |  |
| PCC | Professional Clinical Counselor |  |  |
| MD | Medical Doctor |  |  |
| MFT | Marriage & Family Therapist |  |  |
| MHRS | Mental Health Rehabilitation Specialist |  |  |
| MHW | Mental Health Worker |  |  |
| NP | Nurse Practitioner | Authorized NP | Authorized Nurse Practitioner |
| PhD | Doctor of Philosophy, Clinical Psychologist |  |  |
| PsyD | Doctor of Psychology, Clinical Psychologist |  |  |
| PT | Psychiatric Technician |  |  |
| RN | Registered Nurse | Authorized RN | Authorized Registered Nurse |

* **DMH** - Los Angeles County **Department of Mental Health** or Department; also known as **the Local Mental Health Plan (LMHP)**
* **ECT** - Electroconvulsive Therapy
* **FFS** - Fee-For-Service
* **HCPCS** - Health Care Procedure Coding System
* **IMD** - Institutions for Mental Disease
* **IS** - Integrated Systems (formerly known as the MIS, Management 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

Licensed professional counselors (L PCs ) are master’s-degreed mental health service providers , trained to work

with individuals , families, and groups in treating mental, behavioral, and emotional problems and disorders.

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**REPORTING NOTES**

DMH directly-operated and contract staff should address **questions and issues** to their supervisors/managers, who may, as needed, contact their Service Area QA Liaison for clarifications. Network Providers should contact Provider Relations.

* **Allowable Disciplines:** Rendering Providers/Practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description. All disciplines must minimally have a high school diploma or equivalent.
* **Claiming Payers**: Not all staff listed in the Allowable Disciplines) column who can report the service may claim to all payer sources. DMH will keep its employees informed, and, as appropriate, its contractors, regarding rules and regulations for service delivery and reimbursement.
* **Face-to-Face time**: Note that for SD/MC Providers, only the psychotherapy codes on page 10 indicate Face-to-Face time. This is because, for the same service, different codes are available and must be selected based on the Face-to-Face time. The absence of Face-to-Face times for other codes only means that time is not a determinant in selecting the code; it does not mean that the code has no Face-to-Face time requirement. **Assessment, Psychological Testing, and Individual Medication all require Face-to-Face time that must be both documented in the clinical record and entered into the IS.** No other Mental Health, Medication Support, or Targeted Case Management Services require Face-to-Face time, but if it occurs, it should be both noted in the clinical record and entered into the IS. All groups, except Collateral Group, require Face-to-Face time, but that time does not need to be documented in the clinical record or entered into the IS separate from the total time of the contact. **Collateral, Team Conference/Case Consultations and No-Contact - Report Writing should always be reported with “0” Face-to-Face time.**

**• Telephone Service**: Face-to-Face time is always “0” for telephone contacts. Some procedure codes are not telephone allowable meaning they may not be used for telephone services (see “Face to Face time” above); only those procedure codes specifically identified as telephone allowable may be claimed as a telephone service. For Contract providers submitting electronic claims**, the SC modifier** must be placed on the procedure code for all telephone services. For Directly-Operated providers in IBHIS, the SC modifier must be on the procedure code for all telephone services. When using the Daily Service Log to report telephone services, the telephone box next to the Service Location Code must be checked. When telephone services are entered into the IS, the “telephone” box on the “Outpatient - Add Service” screen must be checked. This is the only way to ensure that telephone services are claimed to the appropriate payer.

**• Telepsychiatric Service:** For Contract providers submitting electronic claims, **the GT modifier** must be placed on the procedure code for all telepsychiatric services. For Directly-Operated providers in IBHIS, the GT modifier must be on the procedure code for all telepsychiatric services. When using the Daily Service Log to report telepsychiatric services, the telepsychiatric box next to the telephone box must be checked for all telepsychiatric services. When telepsychiatric services are entered in the IS, the “telepsychiatric” box on the “Outpatient - Add Service” screen must be checked. This is the only way to ensure that telepsychiatric services are appropriately claimed.

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**PROCEDURE CODES FOR MODE 15 MENTAL HEALTH SERVICES**

**These services are recorded in the clinical record and reported in the IS/IBHIS in minutes.**

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**CLINICAL ASSESSMENT with CLIENT – SD/MC & NETWORK PROVIDERS (MODE 15**

*Assessment services are a required component of Day Treatment Intensive and Day Rehabilitation. These services will not be separately authorized for clients in one of these programs.*

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 (CCR **§**1810.204). These codes should be used when completing an assessment form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SD/MC Allowable Discipline(s) pro-Medi-Col Consultation**  | **Polska** |
| **Psychiatric Diagnostic Interview (Client Present) Diagnostyczny wywiad psychiatryczny (pacjent obecny)** | 90791 | MD/DO (Licensed), PhD/PsyD (Licensed or Waivered), SW (Licensed, Registered or Waivered), MFT (Licensed, Registered or Waivered), Authorized NP or Authorized CNS (Certified), Authorized RN, PCC (Licensed or Registered), Student professionals in these disciplines with co-signature | **Porada diagnostyczna lekarska****Porada diagnostyczna psychologiczna****Porada Psychologiczna** |
| **Psychiatric Diagnostic Interview with Medical Services (Client Present)** Must include an in depth evaluation of medical issues (Psychiatryczny wywiad diagnostyczny ze świadczeniami medycznymi (Pacjent obecny) musi zawierać pogłębione badania lekarskie/medyczne) | 90792 | MD/DO (Licensed),Authorized NP or Authorized CNS (Certified) | **Porada diagnostyczna lekarska** |

**Notes:**

* For Directly-Operated clinics, nurses must be authorized to provide Psychiatric Diagnostic Interviews per Policy 200.04. For Contractors, nurses must meet the requirements of the Board of Registered Nursing to be considered authorized.
* These services are reported as SFC 42

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**PLAN DEVELOPMENT – SD/MC & Network Providers (mode 15**

|  |  |  |
| --- | --- | --- |
|  | **Short-Doyle/Medi-Cal (SD/MC)** | **Polska** |
| **Service** | **Code** | **Allowable Discipline(s)** |  |  |
| **Plan Development** A stand-alone Mental Health Service that includes developing Client Care Plans, approval of Client Care Plans and/or monitoring of a client’s progress. Plan development may be done as **part of an interdisciplinary inter/intra-agency conference and/or consultation with other mental health providers in order to develop and/or monitor the client’s mental health treatment.** Plan development may also be done as part of a contact with the client in order to develop and/or monitor the client’s mental health treatment. Tworzenie (planu opieki) Indywidualnego Planu Zdrowienia  | H0032\*\* | All disciplines |  | brak odpowiednika |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

\*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

* This service is classified as **an Individual Mental Health Service** and is reported under Service Function 42.
* For **Team Conferences: Claim** able time should only include the actual time a staff person participated in the conference and any other time a staff person actually spent related to the conference, such as travel or documentation. Participation includes time when information was shared that can be used in planning for client care or services to the client.
* When **plan development is done as part of a team conference and/or consultation**, it is best practice that only those practitioners who are providing direct services to that client claim. If the practitioner is not providing direct services, there should be detailed documentation to support the practitioner’s involvement and time claimed.

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**Individual Psychotherapy (Non-Family) – SD/MC & Network Providers (mode 15)**

*Individual Psychotherapy services that a provider wishes to deliver in conjunction with Day Treatment Intensive or Day Rehabilitation* ***must have authorization from the Department’s Central Authorization Unit prior to delivery.***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Short-Doyle/Medi-Cal (SD/MC)** | Polska |
| **Service** | **Duration of Face-to-Face** | **Code** | **Allowable Discipline(s)** |  |  | Uprawniony |
| **Individual Psychotherapy**Insight oriented, behavior modifying, and/or supportive psychotherapy delivered to one client.Psychoterapia indywidualna | 0 min | 0-15 minutes | H0046\*\* | **•** MD/DO (Licensed)**•** PhD/PsyD (Licensedor Waivered)**•** Social Worker(Licensed or registeredor waivered)**•** MFT (Licensed orregistered or waivered)**•** NP or CNS (Certified)**•** RN (Masters inPsychiatric MentalHealth Nursing &listedas a psychiatric-mentalhealth nurse with theBRN)**•** Professional ClinicalCounselor (Licensedor Registered)**•** Student professionalsin these disciplineswith co-signature | Sesja psychoterapii indywidualnejmin. 60 minut | psychoterapeuta certyfikowany lub w trakcie szkolenia  |
| 30 min | 16-37 minutes | 90832 |
| 45 min | 38-52 minutes | 90834 |
| 60 min | 53+ minutes | 90837 |

\*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

* All of these services are classified as Individual Mental Health Services and are reported under Service Function 42.
* When **doing telephone therapy, face to face time is always zero** and the code used is H0046.

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**Individual Psychotherapy (Non-Family) – SD/MC & Network Providers (mode 15**

*Individual Psychotherapy services that a provider wishes to deliver in conjunction with Day Treatment Intensive or Day Rehabilitation must have authorization from the Department’s Central Authorization Unit prior to delivery.*

|  |  |  |
| --- | --- | --- |
|  | **Short-Doyle/Medi-Cal (SD/MC)** | POLSKA |
| **Service** | **Code** | **Allowable Discipline(s)** |  |  |
| **Psychotherapy for Crisis:**Implementation of psychotherapeutic interventions to minimize the potential for psychological trauma while a client is in a crisis state.Psychoterapia w sytuacjach kryzysowych /interwencja kryzysowa/ | 90839 | **•** MD/DO (Licensed)**•** PhD/PsyD (Licensed or Waivered)**•** Social Worker (Licensed or registeredor waivered)**•** MFT (Licensed or registered orwaivered)**•** NP or CNS (Certified)**•** RN (Masters in Psychiatric MentalHealth Nursing &listed as apsychiatric-mental health nurse withthe BRN)**•** Professional Clinical Counselor(Licensed or Registered)**•** Student professionals in thesedisciplines with co-signature | Psychoterapia /w sytuacjach kryzysowych/ ? |  |

**Notes:**

* These services are classified as Individual Mental Health Services and are reported under Service Function 42.
* There must be an objective on **the Client Care Plan** related to the services provided during Psychotherapy in Crisis or documented discussion of whether or not an objective on the Client Care Plan is needed.

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**FAMILY AND GROUP SERVICES (except Med Support Group) – SD/MC & NETWORK MC**

**PROVIDERS (MODE 15)**

*Family and group services that a provider wishes to deliver in conjunction with Day Treatment Intensive or Day Rehabilitation* ***must have authorization*** *from the Department’s Central Authorization Unit prior to delivery.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Code (Modifiers\*)** | **Cost****Report****SFC** | **SD/MC Allowable Discipline(s)** | POLSKA |
| **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. Only one claim will be submitted.**Note: Family Psychotherapy without the Client Present (90846)** is not a reimbursable service through the LMHP – Psychotherapy can only be delivered to an enrolled client. Services to collaterals of clients that fall within the definition of collateral may be claimed under 90887.**Terapia/konsultacja rodzinna z obecnym jednym pacjentem** | 90847 | **42** | **.** MD/DO (Licensed)**.** PhD/PsyD (Licensed or Waivered)**•** Social Worker (Licensed orregistered or waivered)**.** MFT (Licensed or registered or waivered)**.** NP or CNS (Certified)**•** RN (Masters in PsychiatricMental Health Nursing&listed as a psychiatric-mental health nurse with theBRN)**•** Professional ClinicalCounselor (Licensed orRegistered)**•** Student professional in thesedisciplines with co-signature | Sesja terapii rodzinnej w obecności pacjentaBrak grupowej terapii rodzin |
| **Family Psychotherapy with More than One Client Present**Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client. One claim will be submitted for each client present or represented. **Note: Family Psychotherapy without the Client Present (90846)** is not a reimbursable service through the LAC LMHP – Psychotherapy can only be delivered to an enrolled client /przyjęcie/. Services to collaterals of clients /krewni, bliscy pacjenta/ that fall within the definition of collateral may be claimed under 90887.Terapia/konsultacja rodzinna  | 90847 (HE, HQ\*) | **52** |

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**(Continued)**

**FAMILY AND GROUP SERVICES (except Med Support Group) – SD/MC & NETWORK PROVIDERS**

**(MODE 15)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code (Modifiers\*)** | **SD/MC Allowable Discipline(s)** | **POLSKA** |
| **Collateral (one or more clients represented)****•** Gathering information from family or significant supportperson(s) for the purpose of assessment.**•** Interpretation or explanation of results of psychiatricexaminations or other accumulated data to family or other significant support person(s)**•** Providing services to family or significant support person(s) for the purpose of assisting the client in his/her mental health treatment (e.g., providing consultation or psychoeducation about client’s condition, teaching the family member or significant support person(s) skills that will improve the client’s mental health condition).**Sesja z rodziną /siecią oparcia społecznego/ pacjenta - reprezentantów pacjenta** | 90887\*\* | All disciplines | Brak konsultacji z rodziną i bliskimi pod nieobecność pacjentaSesja wsparcia psychospołecznego ? |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

\*\* **Telephone allowable**: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in

IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

A collateral/significant support person is, in the opinion of the client or the staff providing the service, a person who has or could have a significant role in the successful outcome of treatment, including, but not limited to, parent, spouse, or other relative, legal guardian or representative, or anyone living in the same household as the client. Agency staff, including Board & Care operators, are not collaterals.

These services are classified as Collateral Mental Health Services and are reported under Service Function 10.

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**(Continued)**

**FAMILY AND GROUP SERVICES (except Med Support Group) – SD/MC & NETWORK PROVIDERS (MODE 15**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code (Modifiers\*)** | **SD/MC Allowable Discipline(s)** | **POLSKA** |
| **Multi-family Group Psychotherapy** Psychotherapy delivered to more than one family unit each with at least one enrolled client. Generally clients are in attendance.**Grupowa terapia rodzin - Terapia wielorodzinna** | 90849 | **.** MD/DO (Licensed)**.** PhD/PsyD (Licensed or Waivered)**•** Social Worker (Licensed or registeredor waivered)**.** MFT (Licensed or registered or waivered)**.** NP or CNS (Certified)**•** RN (Masters in Psychiatric MentalHealth Nursing & listed as apsychiatric-mental health nurse withthe BRN)**•** Professional Clinical Counselor(Licensed or Registered)**•** Student professional in thesedisciplines with co-signature | **Brak grupowej terapii rodzin****Sesja terapii grupowej** |
| **Group Psychotherapy**Insight oriented, behavior modifying, supportive services delivered at the same time to more than one non-family client.**Terapia grupowa** | 90853 |
| **Group Rehabilitation (family and non-family)** Service delivered to more than one client at the same time to provide assistance in improving, maintaining, or restoring his/her support resources or his/her functional skills - daily living, social and leisure, grooming and personal hygiene, or meal preparation. **§**1810.243**Rehabilitacja grupowa (rodzinna i poza-rodzinna)** | H2015 (HE, HQ\*) | All disciplines | Sesja wsparcia psychospołeczego ??? |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission. \*\*Maximum reimbursement for Family Therapy or Collateral for Network Organizational Providers is 90 minutes.

**Notes:**

**•** These services are classified as Group Mental Health Services and are reported under Service Function 52.

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**Rehabilitation (Individual Service, Non-Family) – SD/MC Only (mode 15**

*Rehabilitation services that a provider wishes to deliver in conjunction with Day Treatment Intensive or Day Rehabilitation must have authorization from the Department’s Central Authorization Unit prior to delivery.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SD/MC Allowable Discipline(s)** | **POLSKA** |
| **Rehabilitation Service /Świadczenia rehabilitacyjne/****• Collecting Assessment Information**: Collecting information from non-clients, non-collaterals (e.g. school teachers) for the purpose of determining a mental health diagnosis by practitioners acting within their scope of practice. **Zbieranie informacji diagnostycznych od pracowników instytucji /nie od pacjenta i nie od jego bliskich/****• Collecting Information for Substance Use/Abuse Assessment**: Collectinginformation from the client for the purpose of informing the substance use/abuse assessment (as part of the overall Mental Health Assessment) when done by a Substance Abuse Counselor. /Zbieranie informacji od pacjenta o używaniu/nadużywaniu substancji psychoaktywnych przez terapeutę uzależnień/ **• Individual Rehabilitation Service**: Service delivered to one client toprovide assistance in improving, maintaining, or restoring the client’s functional, daily living, social and leisure, grooming and personal hygiene, or meal preparation skills, or his/her support resources. CCR **§**1810.243. /Indywidualne świadczenie rehabilitacyjne - terapia środowiskowa/**• Psychoeducation to Non-Client, Non-Collateral**: Providing services tonon-clients, non-collaterals (e.g., school teachers) for the purpose of assisting the client in his/her mental health treatment (e.g., providing consultation or psychoeducation about client’s condition, teaching the non-client, non-collateral person skills that will improve the client’s mental health condition). /Psychoedukacja dla pracowników instytucji np. nauczyciele, którzy nie są pacjentami, ani ich bliskimi./ | H2015\*\* | All disciplines | ODDZIAŁ DZIENNY REHABILITACYJNYZbieranie informacji diagnostycznychZbieranie informacji o używaniu środków odurzającychAsystentura - indywidualna terapia środowiskowa**Psychoedukacja pracowników instytucji w środowisku pacjenta****Aktywizacja zawodowa** |
| **On-going support to maintain employment**(This service requires the client be currently employed, paid or unpaid; school is not considered employment.) /Aktywizacja zawodowa - wsparcie mające na celu zatrudnienie/ | H2025\*\* |

\*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Note:**

**•** These services are classified as Individual Mental Health Services and are reported under Service Function 42.

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**PSYCHOLOGICAL TESTING – SD/MC & NETWORK PSYCHOLOGISTS & PHYSICIANS (MODE 15**

*All psychological testing performed by Network Providers and claimed to Medi-Cal must have prior authorization /skierowanie/.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SD/MC****Allowable****Discipline(s)** | POLSKA |
| **Psychological Testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathlogy, eg, MMPI, Rorschach, WAIS)**Testy psychologiczne /wykonywane osobiście przez badającego/** | Face-to-faceadministration;interpretation andreport writing | 96101 | **•** PhD/PsyD(Licensed)**•** MD/DO (Trained) | Porada psychologiczna diagnostyczna |
| **Psychological Testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathlogy, eg, MMPI, Rorschach, WAIS)**Testy psychologiczne** | Face-to-faceadministration;interpretation andreport writing | 96102 | Qualified Health Care Professional\** Waivered PhD/PsyD
* Doctoral psychology students w/co-signature
 | Porada psychologiczna diagnostyczna /wykonywana przez stażystę, technika/ |
| **Psychological Testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology)**Testy psychologiczne /wykonane przy użyciu komputera/** | Administration bycomputer;interpretation andreport writing | 96103 | Qualified Health Care Professional\** Waivered PhD/PsyD
* Doctoral psychology students w/co-signature
 | Badanie psychologiczne wykonywane przy użyciu komputera |

\*For LACDMH, a Qualified Health Care Professional includes:

* Waivered PhD/PsyD
* Doctoral psychology students w/co-signature

**Notes:**

* Providers must document and submit a claim for the administration of tests on the day of the administration indicating which tests were administered.
* Interpretation and report writing must be completed in accord with documentation timelines in 401.03 by the same person as testing. The note should document tests administered, interpretation, and writing of the report; the interpretation and report writing time should be “Other” time.
* When interpretation and report writing are completed on another day, a separate note for that activity should be documented with no face-to-face time and referencing the report filed in the clinical record. When testing and interpretation and report writing are done by different staff categories (one by licensed and the other by Qualified Health Professional) each staff should document their activities and time independently.
* Scoring time is NOT reimbursable.
* For children, referrals are made to clarify symptomology, rule out diagnoses and help differentiate emotional from learning disabilities.
* These services are reported as SFC 34.

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**Psychological Testing – SD/MC & Network Psychologists & Physicians (mode 15**

*All psychological testing performed by Network Providers and claimed to Medi-Cal must have prior authorization.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SD/MC****Allowable****Discipline(s)** | POLSKA |
| **Assessment of Aphasia** (includes assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI) Diagnoza Afazji /badanie komputerowe/ | Administration by computer; interpretation and report writing | 96105 | **•** PhD/PsyD (Licensed)**•** MD/DO (Trained)**•** Qualified Health CareProfessional\* |  |
| **Developmental Testing; Limited** (eg, Developmental Screening Test II, Early Language Milestone Screen) Testy rozwoju psychicznego /podstawowe/ | Interpretation and report writing | 96110 | **•** PhD/PsyD (Licensed)**•** MD/DO (Trained)**•** Qualified Health CareProfessional\* |  |
| **Developmental Testing; Extended** (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) Testy rozwoju psychicznego /rozszerzone/  | Interpretation and report writing | 96111 | **•** PhD/PsyD (Licensed)**•** MD/DO (Trained)**•** Qualified Health CareProfessional\* |  |
| **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) Badanie poziomu neurobehawioralnego - funkcji poznawczych | Interpretation and report writing | 96116 | **•** PhD/PsyD (Licensed)**•** MD/DO (Trained) |  |
| **Neuropsychological Testing** (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Care Sorting Test**) Testy neuropsychologiczne**  | Face-to-face administration; interpretation and report writing | 96118 | **•** PhD/PsyD (Licensed)**•** MD/DO (Trained) |  |
| **Neuropsychological Testing** (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Care Sorting Test) **Testy neuropsychologiczne** | Face-to-face administration; interpretation and report writing | 96119 | **•** Qualified Health Care Professional\* |  |
| **Neuropsychological Testing** (e.g., Wisconsin Card Sorting Test) **Testy neuropsychologiczne wykonywane na komputerze** | Administration by computer; interpretation and report writing | 96120 | **•** Qualified Health Care Professional\* |  |
| **Standardized Cognitive Performance Testing** (eg, Ross Information Processing Assessment) Wystandaryzowane badanie wykonawczych funkcji poznawczych  | Face-to-face administration; interpretation and report writing | 96125 | **•** Qualified Health Care Professional\* |  |

\*For LACDMH, a Qualified Health Care Professional includes:

* Waivered PhD/PsyD
* Doctoral psychology students w/co-signature **Notes:** See Notes on page 17

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**Other mental health Services – SD/MC & Network Providers (mode 15**

|  |  |  |
| --- | --- | --- |
| **Service** | **Code** | **SD/MC Allowable Discipline(s)** |
| **Review of Records**Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for:**•** Assessment and/or diagnostic purposes**.** Plan Development (development of client plans and services and/or monitoring a client’s progress) when not in the context of another service**Przegląd dokumentacji medycznej w celach diagnostycznych oraz układanie lub monitorowanie IPZ**  | 90885 | All disciplines . |
| **No contact – Report Writing**Preparation of reports of client’s psychiatric status, history, treatment, or progress to other treating staff for care coordination when not part of another serviceBez kontaktu - pisanie dokumentacji medycznej | 90889 | All disciplines |

**Notes:**

* All of these services are classified as Individual Mental Health Services and are reported under Service Function 42.
* When claiming for Review of Records, there must be clear documentation regarding how the information reviewed will inform the assessment, diagnosis and/or treatment

plan.

* No contact - Report Writing does not include activities such as writing letters to notify clients that their case will be closed
* Completing Form 1002 can be reimbursed by invoicing the Social Security Administration (SSA). For instructions on how to invoice the SSA click on the following link:

[http://dmhhqportal1/sites/RMD/RMD%20Bulletins%20% %20Invoicing%20Social%20Security%20for%20Completing%201002s.pdf](http://dmhhqportal1/sites/RMD/RMD%20Bulletins%20%20Directly%20Operated%20Programs/2016%20CBO%20Dispatch/DMH%20CBO%20Dispatch%2016-032%20-%20Invoicing%20Social%20Security%20for%20Completing%201002s.pdf)

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**Services to Special Populations – SD/MC Only (mode 15**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SFC** | **SD/MC Allowable Discipline(s)** |
| **MAT - Case Conference Attendance**MAT Team Meeting time that cannot be claimed to Medi-CalKonferencja przypadku - spotkanie zespołu  | G9007\*\* | 42 | All disciplines |
| **Intensive Home Based Services (IHBS)**Individual Rehab and Collateral services to Katie A. Subclass members provided with significant intensity to address the intensive mental health needs of the child/youth and predominantly delivered outside the office setting.**Intensywne Świadczenia w Domu Pacjenta - wizyta domowa** | H2015HK\*\* | 57 |

\*\*Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code, (Modifier\*)** | **SFC** | **SD/MC Allowable Discipline(s)** |
| **Therapeutic Behavior Services /Świadczenia terapii behawioralnej/** | H2019\*\* (HE\*) | 58 | All disciplines |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

\*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone.

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**MODE 15: MEDICATION SUPPORT SERVICES**

**For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual page 37 These services are recorded in the clinical record and reported in the IS/IBHIS in minutes.**

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County of Los Angeles - Department of Mental Health

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**MEDICATION SUPPORT - SD/MC PHYSICIANS & NURSE PRACTITIONERS (MODE15)**

**EVALUATION AND MANAGEMENT**

* ***Evaluation and Management (E&M) procedure codes*** *are utilized by SD/MC Physicians and Nurse Practitioners when providing face-to-face Medication Support Services for the purpose of medication evaluation and prescription.*
* *There is a set of E&M procedure codes for “Office/Other Outpatient Services” and a set for “Home” services; there is also a set for “New Clients ” and a set for “Established Clients ”. For the purposes of E&M procedure codes, a new client is defined as someone who has not been seen by an MD/DO/NP within the past three years at the same Billing Provider/Reporting Unit for the purposes of E&M procedure codes.*
* *The E&M procedure code should be chosen based on: History, Examination and Medical Decision Making. See the grid below for additional information regarding these elements.*

***•*** *Time is NOT a determining factor in the choice of the E&M procedure code.*

|  |  |  |
| --- | --- | --- |
| **Component** | **Determining Factors** | **Types and Elements of each Type** |
| **History****/Wywiad/** | **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 |
| **Examination /Badanie przedmiotowe/** | **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 organsystem and other symptomatic or related organ system(s)**Detailed** – an extended examination of the affected body area(s) and other symptomatic orrelated organ system(s)**Comprehensive** – a general multisystem examination or a complete examination of asingle organ system |
| **Medical Decision Making****/Decyzje medyczne/** | **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 tobe reviewed, minimal risk of complications**Low complexity** - limited diagnoses and/or management options, limited data to bereviewed, low risk of complications**Moderate complexity** - multiple diagnoses and/or management options, moderate data tobe reviewed, moderate risk of complications**High complexity** - extensive diagnoses and/or management options, extensive data to bereviewed, high risk of complications |

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Medication Support – SD/MC Physicians & Nurse Practitioners (mode15 EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT SERVICES**

*This service cannot be delivered in an Inpatient Place of Service*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **New Client** | **Severity of Presenting Problem(s)** | **Required Components** | **SD/MC****Allowable****Discipline(s)** |
| **Office or other outpatient visit for the evaluation and management of a new patient which requires all three** (3) components listed in the “Required Components” columnCounseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.Opieka ambulatoryjna - diagnoza i zarządzanie nowym przypadkiem przez lekarza POZ lub pielęgniarkę./ trzy elementy/ | 99201 | Minor | **•** problem focused history**•** problem focused examination**•** straightforward medical decision making | **.** MD/DO **•** NP |
| 99202 | Low to Moderate | **•** expanded problem focused history**•** expanded problem focused exam**•** straightforward medical decision making |
| 99203 | Moderate | **•** detailed history**•** detailed examination**•** medical decision making of low complexity |
| 99204 | Moderate to High | **.** comprehensive history**.** comprehensive examination**•** medical decision making of moderate complexity |
| 99205 | Moderate to High | **•** comprehensive history**.** comprehensive examination**•** medical decision making of high complexity |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are SFC 62.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MEDICATION SUPPORT – SD/MC PHYSICIANS & NURSE PRACTITIONERS (MODE15 EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT SERVICES**

*This service cannot be delivered in an Inpatient Place of Service*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Established Client** | **Severity of Presenting Problem(s)** | **Required Components (Minimum 2 of 3)** | **SD/MC****Allowable****Discipline(s)** |
| Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of the three (3) components listed in the “Required Components” columnCounseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.Opieka ambulatoryjna - diagnoza i zarządzanie nowym przypadkiem przez lekarza POZ lub pielęgniarkę./ przynajmniej dwa elementy/ | 99212 | Minor | **•** problem focused history**•** problem focused examination**•** straightforward medical decision making | **.** MD/DO **•** NP |
| 99213 | Low to Moderate | **•** expanded problem focused history**•** expanded problem focused exam**•** medical decision making of low complexity |
| 99214 | Moderate to High | **•** detailed history**•** detailed examination**•** medical decision making of moderate complexity |
| 99215 | Moderate to High | **.** comprehensive history**.** comprehensive examination**•** medical decision making of high complexity |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are SFC 62.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Medication Support – SD/MC Physicians & Nurse Practitioners (mode15**

**EVALUATION AND MANAGEMENT - HOME SERVICES**

*Place of Service must be Home (12)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **New Client** | **Severity of Presenting Problem(s)** | **Required Components** | **SD/MC****Allowable****Discipline(s)** |
| Home visit for the evaluation and management of a new patient which requires all three (3) components listed in the “Required Components” columnCounseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.Wizyta domowa - wymagane trzy elementy | 99341 | Low | **•** problem focused history**•** problem focused examination**•** straightforward medical decision making | **.** MD/DO **•** NP |
| 99342 | Moderate | **•** expanded problem focused history**•** expanded problem focused exam**•** medical decision making of low complexity |
| 99343 | Moderate to High | **•** detailed history**•** detailed examination**•** medical decision making of moderatecomplexity |
| 99344 | High | **.** comprehensive history**•** comprehensive examination**•** medical decision making of moderatecomplexity |
| 99345 | Unstable or asignificant newproblem | **•** comprehensive history**•** comprehensive examination**•** medical decision making of high complexity |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are SFC 62.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Medication Support – SD/MC Physicians & Nurse Practitioners (mode15**

**EVALUATION AND MANAGEMENT - HOME SERVICES**

*Place of Service must be Home (12)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Established Client** | **Severity of Presenting Problem(s)** | **Required Components (2 of the 3)** | **SD/MC****Allowable****Discipline(s)** |
| Home visit for the evaluation and management of a new patient which requires at least two (2) of the three (3) components listed in the “Required Components” columnCounseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.Wizyta domowa - wymagane co najmniej dwa elementy  | 99347 | Minor | **•** problem focused history**•** problem focused examination**•** straightforward medical decision making | **.** MD/DO **•** NP |
| 99348 | Low to Moderate | **•** expanded problem focused history**•** expanded problem focused exam**•** medical decision making of low complexity |
| 99349 | Moderate to High | **•** detailed history**•** detailed examination**•** medical decision making of moderatecomplexity |
| 99350 | Moderate to High | **•** comprehensive history**.** comprehensive examination**•** medical decision making of moderate tohigh complexity |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are SFC 62.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Medication Support – SD/MC & Network Physicians & Nurse Practitioners**

**(mode 15)**

|  |  |  |
| --- | --- | --- |
|  | **Short-Doyle/Medi-Cal (SD/MC)** | **Network Medi-Cal** |
| **Service** | **Code (Modifier\*)** | **Allowable Discipline(s)** | **Code (Modifier\*)** | **Allowable Discipline(s)** |
| **Individual Medication Service (Face-to-Face)** This service requires expanded problem-focused or detailed history and medical decision-making of low to moderate complexity for prescribing, adjusting, or monitoring meds.**Indywidualne świadczenie medyczne (twarzą w twarz) - wymaga poszerzonego zorientowanego na problem albo szczegółowa historia /wywiad/ i decyzje medyczne dla przepisania recepty, dostosowania leków i monitorowania.** | NA | NA | 99201**Indiv & Group**15+ minutes**Organizational**15-50 minutes | **.** MD/DO **•** NP |
| **Brief Medication Visit (Face-to-Face)**Brief office visit for the sole purpose of monitoring or changing medication prescriptions. This service typically requires only a brief or problem-focused history including evaluation of safety & effectiveness with straightforward decision-making regarding renewal or simple dosage adjustments. The client is usually stable. Not to be used for new clients.Wizyta kontrolna /krótka/ - monitorowanie i ewentualna zmiania zaleceń lekowych. | NA | 99212 **I&G**: 7+ min **Org**: 7-50 min |
| **Intramuscular Injections**Used for administering intramuscular injections as ordered by an MD, DO or NP./iniekcje/ | 96372 | **•** MD/DO**•** NP/CNS**•** RN**•** LVN**•** PT**•** Pharmacist\*\*\***•** Studentprofessionals inthesedisciplines | N/A | N/A |
| **Oral Medication Administration**Used for single or multiple administration at one time of oral medications as ordered by an MD, DO or NP. /tabletki/ | H0033 | N/A | N/A |
| **Comprehensive Medication Service**Medication Support Services to clients, collaterals, and/or other pertinent parties (e.g. PCP). Services may include: **Prescription by phone, medication education by phone or in person, discussion of side effects by phone or in person, medication plan development by phone or in person, and medication group in person. /zalecanie i edukacja o lekach także przez telefon/** | H2010\*\* (HE\*) | N/A | N/A |

with co­\* Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

signature \*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone. \*\*\*Per the Pharmacist laws and regulations, an agency must have policies and procedures in place in order for a pharmacist to administer injections.

**Notes:**

**•** All Medication Support Services are claimed as Service Function Code 62.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MODE 15: CRISIS INTERVENTION**

**For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual page 39 These services are recorded in the clinical record and reported in the IS/IBHIS in minutes.**

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Crisis Intervention (mode 15) – SD/MC Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code****(Modifiers\*)****Place of Service (POS)** | **SFC** | **Allowable Discipline(s)** |
| **Crisis Intervention**A service lasting less than 24 hours which requires more timely response than a regularly scheduled visit and is delivered at a site other than a Crisis Stabilization program. (§1810.209)Interwencja kryzysowa - świadczenie do 24 godzin wymagające więcej czasu niż zwykłe umówione wizyty  | H2011\*\* (HE\*) | **77** | All disciplines |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission. \*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

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

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MODE 15: TARGETED CASE MANAGEMENT**

**For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual page 40 These services are recorded in the clinical record and reported in the IS/IBHIS in minutes.**

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**TARGETED CASE MANAGEMENT – SD/MC & NETWORK PROVIDERS (MODE 15**

|  |  |  |
| --- | --- | --- |
|  | **Short-Doyle/Medi-Cal (SD/MC)** | **Network Medi-Cal Organizational Providers ONLY** |
| **Service** | **Code** | **Allowable Discipline(s)** | **Code** | **Allowable Discipline(s)** |
| **Targeted Case Management (TCM)**Services needed to access medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Services include linkage and consultation, placement, and plan development in the context of targeted case management services.Zarządzanie Skoncentrowane na Przypadku - powiązania, konsultacje  | T1017\*\* (HE, HS\*) | Any staff operatingwithin his/her scope ofpractice. | **T1017**(HE, HS\*) | **.** MD/DO or RN (Licensed) **.** PhD/PsyD (Licensed) **•** LCSW & MFT (Licensed) **.** NP or CNS (Certified): |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

\*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

**•** All of these services are classified as Targeted Case Management and are reported under Service Function 04.

**Services to Special Populations – SD/MC Only (mode 15**

|  |  |  |
| --- | --- | --- |
| **Service** | **Code** | **SD/MC Allowable Discipline(s)** |
| **Intensive Care Coordination (ICC)**Targeted Case Management services to Katie A. Subclass members to facilitate the implementation of a cross-system/multi-agency collaborative services approach. Includes assessing needs, service planning and implementation, monitoring and adapting and transition.**Koordynacja Intensywnej Opieki** | T1017HK\*\* | All disciplines |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission. \*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone; Directly-Operated providers in IBHIS must include the SC modifier on the procedure code when service is via telephone.

**Notes:**

**•** All of these services are classified as Intensive Care Coordination and are reported under Service Function 07.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MODE 10: CRISIS STABILIZATION, DAY**

**TREATMENT INTENSIVE, DAY**

**REHABILITATION, SOCIALIZATION &**

**VOCATIONAL SERVICES**

**For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual page 48**

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Crisis Stabilization (mode 10) – SD/MC Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code****(Modifiers\*)****Place of Service (POS)** | **SFC** | **Allowable Discipline(s)** |
| **Crisis Stabilization – Emergency Room**A package program lasting less than 24 hours delivered to clients which requires more timely response than a regularly scheduled visitStabilizacja w kryzysie - pokój kryzysowy /rozliczana w godzinach/ | S9484 (HE, TG\*)POS - 23 | **24** | Bundled service not claimed by individual staff.Specific staffing requirements are in §1840.348 |
| **Crisis Stabilization – Urgent Care Facility**A package program lasting less than 24 hours delivered to clients which requires more timely response than a regularly scheduled visitStabilizacja w kryzysie - nagły opieka  | S9484 (HE, TG\*)POS - 20 | **25** | Bundled service not claimed by individual staff.Specific staffing requirements are in §1840.348 |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission. \*\* Telephone allowable: Contract providers submitting electronic claims must attach the SC modifier when service is via telephone.

**Notes:**

**• Crisis Stabilization services** are recorded in the clinical record and reported into the IS in hours.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Day Rehabilitation and Day Treatment Intensive – SD/MC Only (mode 10**

*All of these services must be authorized by the Department prior to delivery and claiming.*

*The requirement for prior authorization also extends to outpatient mental health services*

*planned for delivery on the same day the client is in one of these day programs.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Program Duration** | **Code (Modifiers\*)** | **SFC** | **Allowable Discipline(s)** |
| **Day Rehabilitation**A structured program of rehabilitation and therapy provided to a distinct group of beneficiaries in a therapeutic milieu to improve, maintain, or restore personal independence and functioning, consistent with requirements for learning and development. (§1810.212)Rehabilitacja dzienna - całodzienna /ponad 4 godziny/ lub półdobowa /ponad 3 godziny do 4 godzin na dzień/ | **Half Day:** more than 3 continuous hrs but less than 4/day | H2012 (HQ\*) | **92** | Bundled service not claimed by individual staff.All disciplinesOne of these disciplines must beincluded in the staffing: MD/DO,RN, PhD/PsyD, LCSW, MFT. |
| **Full Day:** exceeds 4 continuous hrs/day | H2012 (HE\*) | **98** |
| **Day Treatment Intensive**A structured, multi-disciplinary program of therapy provided to a distinct group of clients in a therapeutic milieu that may: be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting. (§1810.213)Intensywny Oddział Dzienny /wielodyscyplinarny program terapeutyczny/ ponad 4 godz. na dzień | **Half Day:** more than 3 continuous hrs but less than 4/day | H2012 (HQ TG\*) | **82** |
| **Full Day:** exceeds 4 continuous hrs/day | H2012 (HE, TG\*) | **85** |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS as either full day or half day.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Socialization Services – SD/MC Only (mode 10**

*These services are neither Medicare nor SD/MC reimbursable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code, (Modifier\*)** | **SFC** | **Allowable Discipline(s)** |
| **Socialization Day Services**This service is a bundled activity service designed for clients who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning. The activities focus on recreational and/or socialization objectives and life enrichment. The activities include but are not limited to outings, recreational activities, cultural events, linkages to community social resources, and other social supportive maintenance efforts. Services may be provided to clients with a mental disorder who might otherwise lose contact with social or treatment systems.Dzienne Świadczenia Aktywizujące Społecznie - wzmacniające samodzielność życiową  | H2030 (HX\*) | **41** | Bundled service not claimed by individual staff.All disciplines |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

**Vocational Services – SD/MC Only (mode 10**

*These services are neither Medicare nor SD/MC reimbursable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SFC** | **Allowable Discipline(s)** |
| **Vocational Day Services (Skill Training and Development)**This bundled service is designed to encourage and facilitate individual motivation and focus upon realistic and attainable vocational goals. To the extent possible, the intent of these services is to maximize individual client involvement in skill seeking enhancement with an ultimate goal of self-support. These vocational services shall be bundled into a milieu program for chronically and persistently mentally ill clients who are unable to participate in competitive employment.These programs include, but are not limited to vocational evaluation, pre-vocational, vocational, work training, sheltered workshop, and job placement. The program stresses development of sound work habits, skills, and social functioning for marginally productive persons who ultimately may be placed in work situations ranging from sheltered work environments to part or full-time competitive employment.Świadczenia aktywizujące zawodowo - trening umiejętności i wsparcie rozwoju.  | H2014 | **31** | Bundled service not claimed by individual staff.All disciplines . |

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS in units of 4 hour blocks of time.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MODE 45 & 60: COMMUNITY OUTREACH & CASE MANAGEMENT SERVICES**

**For more information, refer to the Community Outreach Services Manual**

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Community Outreach Services (mode 45) and Case Management Support (mode 60) -**

**SD/MC Only**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Code** | **SFC** | **Allowable Discipline(s)** |
| **Community Outreach Service - Mental Health Promotion**Services delivered in the community-at-large to special population groups, human service agencies, and to individuals and families who are not clients of the mental health system. Services shall be directed toward: 1) enhancing and/or expanding agencies’ or organizations’ knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups, and 2) providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health problems.Promocja zdrowia psychicznego  | 200\*\* | **10** | All disciplines |
| **Community Outreach Service - Community Client Services**Services delivered in the community-at-large to special population groups, human service agencies, and to individuals and families who are not clients of the mental health system. Services shall be directed toward: 1) assisting individuals and families for whom no case record can be opened to achieve a more adaptive level of functioning through a single contact or occasional contacts, such as suicide prevention or other hotlines, and 2) enhancing or expanding the knowledge and skills of human services agency staff in meeting the needs of mental health clients.Środowiskowe świadczenia dla klienta  | 231\*\* | **20** |
| **Case Management Support**System-oriented services that supplement direct case management services such as: developing the coordination of systems and communications concerning the implementation of a continuum of care, establishing systems of monitoring and evaluating the case management system, and facilitating the development and utilization of appropriate community resources.Wsparcie poprzez zarządzanie przypadkiem  | 6000\*\* | 60 |

Services may be provided via telephone. Because services are not claimed electronically, no modifier is required.

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS in units of 15 minute increments.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**MODE 5: RESIDENTIAL & OTHER SUPPORTED**

**LIVING SERVICES**

**For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider’s Manual page 64**

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Residential & Other Supported Living Services – SD/MC Only (mode 05**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Code (Modifiers\*)** | **Facility Type** | **Cost Report Mode 05** | **Medi-Cal Mode** | **Allowable Discipline(s)** |
| **SFC** |
| Psychiatric Health Facility | H2013 | 11 | **20** | 05 | Per diemservice notclaimed byindividual staff |
| Crisis Residential | H0018 | 86 | **43**44 | 05 |
| Transitional Residential – Non-Medi-Cal | H0019 (HC\*) | 86 | **60**6164 | 05 |
| Transitional Residential – Transitional | H0019 | 86 | **65**67 | 05 |
| Transitional Residential – Long Term | H0019 (HE\*) | 86 | **70**71 | 05 |
| Residential Pass Day | 0183 (HB\*) | 86 | **62** | NA |
| Semi-Supervised Living | H0019 (HX\*) | 86 | **80**81 85 86 | NA |
| Life Support/Interim Funding | 0134 | 86 | **40** | NA |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS as days.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**State Hospital, IMD, & MH Rehabilitation Center Services – SD/MC Only (mode 05**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Code (Modifiers\*)** | **Facility Type** | **Cost Report Mode 05** | **Medi-Cal Mode** | **Allowable Discipline(s)** |
| **Service** | **SFC** |
| State Hospital Facility | 0100 | 89 | **01** | NA | Per diemservice notclaimed byindividualstaff |
| Skilled Nursing Facility – Acute Intensive | 0100 (HB\*) | 21 | **30** | NA |
| Institutions for Mental Disease (IMD) **WITHOUT** Special Treatment Patch (STP) | under 60 beds(Laurel Park. Provider #0058) | 0100 (HE\*) | 89 | **35** | NA |
| 60 beds & over(Olive Vista, Provider #0061) | 0100 (HE, GZ\*) | **35** |
| Indigent | 0100 (HX\*) | **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** | NA |
| Subacute, Forensic History Out of County | 0100 (HE, TN\*) | **37** |
| Non-MIO/Hearing Impaired (Sierra Vista, Provider #0066) | 0100 (HK\*) | **36** |
| MIO(Olive Vista, Provider #0061), | 0100 (HB, HZ\*) | **37** |
| Indigent MIO(Olive Vista, Provider #0061), | 0100 (TG\*) | **38** |
| Subacute, Forensic History, Indigent Olive Vista, Provider #0061), | 0100 (HB, TG\*) | **39** |
| Subacute, Forensic History, Indigent Out of County | 0100 (HB, TN\*) | **39** |
| Hearing Impaired (Laurel Park, Provider #0058) | 0100 (HB, HK\*) | **36** |
| IMD Pass Day | 0183 | 89 | **39** | NA |
| MH Rehabilitation Center | Level One | 0100 (GZ\*) | 86 | **90** | NA |
| Level Two | 100 (GZ, HE\*) | **91** |
| Level Three | 100 (GZ, HK\*) | **92** |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS as days.

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**Acute Inpatient Facility Services (mode 05**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Code, (Modifiers\*)** | **Facility Type** | **SFC** | **SD/MC Mode** | **Allowable Discipline(s)** |
| **Acute Days** |
| Acute General Hospital | 0100 (AT, HT\*) | 11 | **10** | 07 | Per diem service not claimed by individual staff |
| Acute General Hospital – PDP | 0100 (AT\*) | 11 | **10** | NA |
| Acute General Hospital - CGF | 0100 (AT , HX\*) | 11 | **10** | NA |
| Local Psychiatric Hospital, age 21 or under | 0100 (HA\*) | 11 | **14** | 08 |
| Local Psychiatric Hospital, age 22-64 | 0100 (HB\*) | 11 | **15** | NA |
| Local Psychiatric Hospital, age 65 or over | 0100 (HC\*) | 11 | **15** | 09 |
| Local Psychiatric Hospital, Adult Forensic | 0100 (HX) | 11 | **12** | NA |
| Local Psychiatric Hospital, PDP | 0100 (SC\*) | 11 | **15** | NA |
| Forensic Inpatient Unit | 0100 (HZ\*) | 89 | **50** | NA |
| **Administrative Days** |
| Acute General Hospital | 0101 (HE\*) | 11 | **19** | 07 | Per diem service not claimed by individual staff |
| Local Psychiatric Hospital, age 21 or under | 0101 (HA\*) | 11 | 08 |
| Local Psychiatric Hospital, age 22-64 | 0101 (HB\*) | 11 | NA |
| Local Psychiatric Hospital, age 65 or over | 0101 (HC\*) | 11 | 09 |
| Psych Hospital, PDP | 0101 | 11 | NA |
| Acute Hospital, PDP | 0101 (HX\*) | 11 | NA |

\*Contract providers submitting electronic claims to the Department must attach the letter modifiers in the claims transmission.

**Notes:**

**•** These services are recorded in the clinical record and reported into the IS as days.

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**Electroconvulsive Therapy (ECT) (mode 15)**

**Network Individual & Group Physicians Only**

This service may only be delivered in an Outpatient Hospital (Place of Service Code 22)

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Type** | **Code\*** | **Allowable Discipline(s)** |
| ECT including monitoring | Single seizure | 90870 | Network MD/DO only |
| Multiple seizures/day | 90871 |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are categorized in the data system as Medication Support Services and are recorded in the clinical record and reported into the IS in hours:minutes.

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**Evaluation and Management - Hospital Inpatient Services (mode 15 Network Physicians and admitting psychologists Only**

This service may only be delivered at one of these locations: Inpatient Hospital (Place of Service Code 21)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Components** | **Severity of Condition** | **Duration of****Face-to-Face****or on Unit** | **Code\*** | **Allowable Discipline(s)** |
| **Initial Care**The first hospital encounter the admitting physician has with a client on the inpatient unit for the management and evaluation of a new client that requires three components.Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** detailed history**•** detailed or comprehensive exam**•** straight-forward or lowcomplexity decision-making | Low | **Ind, Gp, & Org**1-29 minutes | 99221 | NetworkMD/DO and AdmittingPsychologistsonly |
| **•** comprehensive history**•** comprehensive examination**•** decision-making of moderatecomplexity | Moderate | **Indiv & Group**30-69 minutesOrg 30-45 minutes | 99222 |
| **•** comprehensive history**•** comprehensive examination**•** decision-making of highcomplexity | High | **Indiv & Group**70+ minutes**Organizational**30-45 minutes | 99223 |
| **Subsequent**Care, per day, for the evaluation and management of a client that requires at least two of three components.Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** Problem focused history**•** Problem focused examination**•** straight-forward or lowcomplexity decision-making | Stable, recovering, or improving | **Ind, Gp, & Org**1-24 minutes | 99231 |
| **•** expanded problem focused history**•** expanded problem focused exam**•** decision-making of moderatecomplexity | Inadequate response totherapy or minorcomplication | **Ind, Gp, & Org**25-34 minutes | 99232 |
| **•** detailed history**•** detailed examination**•** decision making of moderate tohigh complexity | Unstable,Significant complication,or new problem | **Indiv & Group**35+ minutes**Organizational**35-45 minutes\*\* | 99233 |
| **Discharge** | All services on day of discharge | N/A | **Ind, Gp, & Org**1-24 minutes | 99238 |
| **I&G**: 25+ min **Org**: 25-45 min\*\* | 99239 |

\*Plus CPT modifiers, when appropriate

\*\* Maximum reimbursement is for 45 minutes of service.

**Notes:**

**•** These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours:minutes.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Evaluation & Management - Nursing Facility (mode 15**

**Network Physicians Only**

This service may be delivered at any of these locations: Skilled Nursing Facility (Place of Service Code 31), Nursing

Facility (POS Code 32), Intermediate Care Facility/Mentally Retarded (POS Code 54), Residential Substance Abuse

Treatment Facility (POS Code 55), or Psychiatric Residential Treatment Center (POS Code 56).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Components** | **Severity of Condition****and/or Plan****Requirements** | **Duration of****Face-to-Face****or on Unit** | **Code\*** | **Allowable Discipline(s)** |
| **Assessment**Annual assessment for the evaluation and management of a new or established client that requires three components. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** detailed history**•** comprehensive examination**•** straight-forward or lowcomplexity decision-making | Stable, recovering, orimproving;Affirmation of planof care required | **Ind, Gp, & Org**20-39 minutes | 99301 | NetworkMD/DOonly |
| **•** detailed history**•** comprehensive examination**•** decision-making of moderateto high complexity | Significant complicationor new problem;New plan of carerequired | **Ind, Gp, & Org**40-49 minutes | 99302 |
| **•** comprehensive history**•** comprehensive examination**•** decision-making of moderateto high complexity | Creation plan of care required | **Indiv & Group**50+ minutes**Organizational**50 minutes\*\* | 99303 |
| **Subsequent**Care, per day, for the evaluation and management of a new or established client that requires three components.Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** Problem focused history**•** Problem focused examination**•** straight-forward or lowcomplexity decision-making | Stable, recovering, or improving | **Ind, Gp, & Org**1-19 minutes | 99311 |
| **•** expanded history**•** expanded examination**•** decision-making of moderatecomplexity | Inadequate response totherapy or minorcomplication | **Ind, Gp, & Org**20-39 minutes | 99312 |
| **•** detailed history**•** detailed examination**•** decision making of moderateto high complexity | Unstable,Significant complicationor new problem | **Indiv & Group**40+ minutes**Organizational**41-50 minutes\*\* | 99313 |
| **Discharge** | All services on day of discharge | N/A | **Ind, Gp, & Org**20-39 minutes | 99315 |
| **I&G**: 40+ min**Org**: 41-50 min\*\* | 99316 |

\*Plus CPT modifiers, when appropriate

\*\* Maximum reimbursement is for 50 minutes of service.

**Notes:**

**•** These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours minutes.

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Evaluation and Management Domiciliary, Board & Care, or Custodial Care Facility (mode 15**

**Network Physicians Only**

This service may only be delivered at a Custodial Care Facility (Place of Service Code 33)

It will be categorized in the data system as an Individual Service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Components** | **Severity of****Presenting****Problem** | **Code\*** | **Allowable Discipline(s)** |
| **New Client**Service for the evaluation and management of a new client that requires three components.Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** Problem focused history**•** Problem focused examination**•** straight-forward or low complexitydecision-making | Low | 99321 | NetworkMD/DOonly |
| **•** expanded history**•** expanded examination**•** decision-making of moderate | Moderate | 99322 |
| **•** detailed history**•** detailed examination**•** decision-making of high complexity | High | 99323 |
| **Established Client**Services for the evaluation and management of an established client that requires at least two of three components.Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** Problem focused history**•** Problem focused examination**•** straight-forward or low complexitydecision-making | Stable, recovering, or improving | 99331 |
| **•** expanded history**•** expanded examination**•** decision-making of moderatecomplexity | Inadequate responseto therapy or minorcomplication | 99332 |
| **•** detailed history**•** detailed examination**•** decision making of high complexity | Significantcomplicationor new problem | 99333 |

\*Plus CPT modifiers, when appropriate

\*\* Maximum reimbursement for Network Organizational MD/DO is for 50 minutes of service.

**Notes:**

**•** These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours:minutes.

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**Evaluation and Management - Office or other Outpatient Services (mode 15**

**Network Physicians Only**

This service may be only be delivered in an Office (Place of Service Code 11)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Components** | **Severity of Presenting Problem(s)** | **New Client** | **Established Client** |  |
| **Duration of Face-to-Face with Client and/or Family and Code\*** | **Duration of Face-to-Face with Client and/or Family and Code\*** | **Allowable Discipline(s)** |
| Evaluation and management of a client that includes at least the three components noted in the next column.Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** problem focused history**•** problem focused examination**•** straightforward medical decisionmaking | Minor | No Code | No Code | NetworkMD/DOonly |
| **•** expanded problem focused history**•** expanded problem focused exam**•** straightforward medical decisionmaking | Low to Moderate | **Ind, Gp, & Org**20-29 minutes 99202 | No Code |
| **•** detailed history**•** detailed examination**•** medical decision making of lowcomplexity | Moderate | **Ind, Gp, & Org**30-39 minutes 99203 | **Ind, Gp, & Org**20-24 minutes 99213 |
| **•** comprehensive history**•** comprehensive examination**•** medical decision making ofmoderate complexity | Moderate to High | **Indiv & Group**40-59 minutes**Org**: 40-50 minutes99204\*\* | **Ind, Gp, & Org**25-39 minutes99214 |
| **•** comprehensive history**•** comprehensive examination**•** medical decision making of highcomplexity | Moderate to High | **Indiv & Group**60+ minutes99205**Org**: NA | **Indiv & Group**40+ minutes99215**Org**:Not Reimbursed |

\*Plus CPT modifiers, when appropriate

\*\*Maximum reimbursement for Network Organizational MD/DO is for 50 minutes of service.

**Notes:**

**•** These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours:minutes,

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Evaluation and Management – Consultations, Office or Other Outpatient (mode 15) Dept of Health Services & Network Physicians & Psychologists**

This service may be delivered in any setting other than Inpatient Hospital: Office (Place of Service Code 11), Home (POS 12),

Urgent Care (POS 20), Outpatient Hospital (POS 22), Hospital ER (POS 23), Ambulatory Surgical Center (POS 24),

Skilled Nursing Facility (POS 31), Nursing Facility (POS 32), Custodial Care Facility (POS 33), Hospice (POS 34)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Components** | **Presenting Problems** | **Duration of****Face-to-Face,****Client and/or****Family** | **Code\*** | **Allowable Discipline(s)** |
| **New or Established Client**Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs. | **•** problem focused history**•** problem focused examination**•** straightforward decision-making | Self limited or Minor | **Ind, Gp, & Org**20-29 minutes | 99241 | SD/MC MD/DONetworkMD/DO & PhD/PsyDonly |
| **•** expanded problem focused history,**•** expanded problem focused exam**•** straightforward decision-making | Low Severity | **Ind, Gp, & Org**30-39 minutes | 99242 |
| **•** detailed history**•** detailed examination**•** decision-making of low complexity | Moderate Severity | **Indiv & Group**40-59 minutes **Org**: 40-50 min | 99243 |
| **•** comprehensive history**•** comprehensive examination**•** decision-making of moderate complexity | Moderate to High Severity | **Indiv & Group**60-79 minutes **Org**: NA | **Indiv & Group**99244**Org**: NotReimbursed |
| **•** comprehensive history**•** comprehensive examination**•** decision-making of high complexity | Moderate to High Severity | **Indiv & Group**80+ minutes **Org**: NA | **Indiv & Group**99245**Org**: NotReimbursed |

\*Plus CPT modifiers, when appropriate

**Notes:**

**•** These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours:minutes

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County of Los Angeles – Department of Mental Health A Guide to Procedure Codes – October 2016

**Evaluation and Management – Consultations, Inpatient (mode 15) Dept of Health Services & Network Physicians and Admitting Psychologists**

This service may only be delivered at one of these locations: Outpatient Hospital (Place of Service Code 22)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Components** | **Severity of****Presenting****Problem** | **Initial Consultation** | **Confirmatory Consult** |  |
| **Code\*** | **Code\*** | **Allowable Discipline(s)** |
| **Initial Inpatient or Nursing Facility**Service for the evaluation and management of a new or established client that requires three components. | **,** Problem focused history**,** Problem focused examination**•** straightforward decision making | Self limited or minor | 20-39 min 99251 | 99271 | SD/MC |
| **•** expanded problem focused history**•** expanded problem focused exam**,** straightforward decision making | Low | 40-54 min 99252 | 99272 |
|  |  |  |  |  |  |

**Confirmatory**

Service to a new or established client to confirm an existing opinion regarding services.

Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.

detailed history detailed examination decision-making of low complexity

comprehensive history comprehensive examination decision-making of moderate complexity

comprehensive history comprehensive examination decision-making of high complexity

Moderate

Moderate to high

high

55-79 min 99253

80-109

min

99254

110+ min 99255

99273

99274

99275

Network MD/DO & Admitting PhD/PsyD

\*Plus CPT modifiers, when appropriate

\*\* Maximum reimbursement for Network Organizational MD/DO & Admitting PhD/PsyD is for 50 minutes of service.

**Notes:**

These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the IS in hours:minutes.

**Follow-up Inpatient**

Service to an established client to complete a consultation, monitor progress, or recommend modifications to management or a new plan of care based on changes in client status. At least two of three components are required. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client’s and/or family’s needs.

Problem focused history Problem focused examination straightforward or low complexity decision-making

expanded problem focused history expanded problem focused exam decision-making of moderate complexity

detailed history detailed examination decision-making of high complexity

Stable,

recovering, or

improving

Inadequate

response to

therapy or minor

complication

Significant

complication

or new problem

1-19 minutes 99261

20-29 minutes 99262

30-39 minutes 99263

Not Reimbursed

**Individual, Group, & Organizational**

20-39 minutes 90805

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**Services by Community Partners (MODE 15**

|  |  |  |
| --- | --- | --- |
| **Service** | **Code** | **Allowable Discipline(s)** |
| **Comprehensive Community Support (Community Partner contract providers ONLY)**Specialty Mental Health Services including assessment, individual therapy, and family psychotherapy with one client present; the duration of the visit must be at least 45 minutes, | H2016 | All disciplines operating within the FQHC contract |

**Notes:**

**•** All of these services are classified as Individual Mental Health Services and are reported under Service Function 43.

**•** These services are recorded in the clinical record and reported into the IS as one unit.

**Therapeutic Behavioral Services (TBS)**

**Definition**

Therapeutic Behavioral Services (TBS) are *supplemental* specialty mental health services covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Title 9, California Code of Regulations (CCR), Section 1810.215 states, “EPSDT supplemental specialty mental health services” means those services defined in Title 22, [*CCR*] Section 51184, that are “provided to correct or ameliorate the diagnoses listed in Section 1830.205, and that are not otherwise covered by this chapter."

TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal. TBS is never a primary therapeutic intervention; it is always used in conjunction with a primary specialty mental health service. TBS is available for children/youth who are being considered for placement in an RCL 12 or above (whether or not an RCL 12 or above placement is available) or who meet the requirements of at risk of hospitalization in an acute care psychiatric facility (whether or not the psychiatric facility is available). TBS is designed to help children/youth and their parents/caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the child’ and family’s needs.

A "Specialty Mental Health Service" must be one of the following as defined by

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