Clinical Guide for MH Service Coding

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Discipline Key

The following disciplines can provide reimbursable services within the Fresno County Mental Health Plan (FCMHP) for Specialty Mental Health Services. Services provided by some disciplines may be limited as defined by the Department of Health Care Services (DHCS) and by the FCMHP.

Abbreviation	Specialist	Additional Requirements
CNS	Clinical Nurse Specialist	Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized
NP	Nurse Practitioner	Psychiatric Mental Health Nurse Practitioners
		 Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized
RN	Authorized Registered Nurse	Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized
MD	Medical Doctor	Board Certified or Board Eligible Psychiatrist
DO	Doctor of Osteopathy	Board Certified or Board Eligible Psychiatrist
PA	Physician Assistant	Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized
РТ	Psychiatric Technician	
RT	Rehab Therapist	
LCSW	Licensed Clinical Social Worker	
ASW	Associate Clinical Social Worker	
LVN	Licensed Vocational Nurse	
LPCC	Licensed Professional Clinical Counselor	
APCC	Associate Professional Clinical Counselor	
LMFT	Licensed Marriage & Family Therapist	
AMFT	Associate Marriage & Family Therapist	

PhD	Doctor of Philosophy, Clinical Psychologist
PsyD	Doctor of Psychology, Clinical Psychologist
Pharm	General Pharmacist
ОТ	Occupational Therapist
МНСМ	Mental Health Case Manager
CMHS	Community Mental Health Specialist

Service Codes for Specialty Mental Health Services (SMHS)

The following list includes brief descriptions of claimable and non-claimable treatment services as well as the Fresno County Mental Health Plan specific service codes. For more comprehensive descriptions of treatment services and claiming requirements, refer to the current Fresno County MHP Documentation and Billing manual.

<u>Specifiers</u> - Service codes may have specifiers/numbers that indicate variations of the service provided.

- **Service Code specifiers**: T Telephone; V Telehealth (two-way synchronous audio-visual communication); N No Show; C Cancel; P Practitioner Cancel; (i.e. 170T, 126N)
 - Note: Telephone services also require **Phone** to be selected in the Location field. For telehealth services, select **Telehealth Not at Home** (02-T)¹ or **Telehealth at Home** (10-T)² in the Location field.
- Lockout services are indicated by a leading '3' in front of the last two numbers of the claimable service code (i.e. 326-Individual Therapy, 350-Collateral):
 - Used when services are provided while the person-served is located at an acute inpatient hospital, psychiatric health facility (PHF), crisis stabilization unit, day treatment program during program hours, Jail or Juvenile Hall unless the services were provided prior to admission, or if the juvenile has been adjudicated.

¹ Use service code **Telehealth Not at Home (02-T)** when person served is not located in their home when receiving services through telecommunication technology.

² Use service code **Telehealth at Home (10-T)** when person served is located in their home (which is a location other than a hospital or other facility) when receiving services through telecommunication technology.

Medication Support Services

Either provided in person with person-served, by phone, or by Telemedicine support services. (See MHP Documentation and Billing Manual for requirements for telemedicine services)

Specifiers: N - No Show; C - Client Cancel; P - Practitioner Cancel; T - Telephone Service; V - Telehealth

Service	MHP Code	Allowable Disciplines
 Meds Evaluation Management Assessment: Initial or diagnostic interview exam or re-exam that includes medical services. The exam includes the following: Chief complaint History of present illness 	In Person: 170 170 (N,C,P,T) 370 - Lockout	• MD/DO • NP
 Review of systems Obtaining family and psychosocial history Completing a mental status examination Ordering and medical interpretation of laboratory or other diagnostic studies 	Telemedicine: 190 190 (N,C,P) 390 - Lockout	
 Medication Evaluation Management Brief: Evaluation and management of an established person-served, which requires at least two of these three key components: A problem focused history and examination Straightforward medical decision-making Usually, the presenting problem(s) are self-limited or minor 	In Person: 172 172 (N,C,P,T) 372 - Lockout Telemedicine: 192 192 (N,C,P) 392 - Lockout	MD/DO NP
 Medication Evaluation Management Follow-Up: Expanded assessment for an established person-served, which requires at least two out of these three key components to be present in the medical record: An expanded problem focused history An expanded problem focused examination Medical decision making of low complexity Presenting problems are of low to moderate severity 	In Person: 173 173 (N,C,P,T) 373 - Lockout Telemedicine: 193 193 (N,C,P) 393 - Lockout	MD/DO NP

Service	MHP Code	Allowable Disciplines
Medication Refill/Injection:		MD/DO
Arranging for refill of prescribed medication, administration of prescribed	40	• RN
injectable medication	340 - Lockout	• CNS
Medication Education:		• LVN
Medication education and management/monitoring of side effects, includes	41	• PT
instruction in the use, risks and benefits of, and alternatives for medication	41 (T,V)	• NP
	341 - Lockout	• PA
Medication Education- Group:		Pharm
Medication education and management/monitoring of side effects, includes	43	
instruction in the use, risks and benefits of, and alternatives for medication in a	43 (T, V)	
group setting		
Hospital Care Subsequent Bedside:		
Evaluation services provided while person-served is in a medical hospital setting	840	MD/DO
		• NP

Crisis Services

Service Code specifiers: T - Telephone; N - No Show; C - Client Cancel; P - Practitioner Cancel

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Service	MHP Code	Allowable Disciplines	
Stabilizing an immediate crisis within the community or clinical treatment setting to address case management needs relative to unplanned crisis intervention.	Intervention - 31 (includes phone)	All disciplines (Non-physician use preferred)	

Service	MHP Code	Allowable Disciplines
 Crisis Intervention (cont'd): Emergency, unplanned response service enabling a person-served to cope with a crisis, while assisting the person-served in regaining their status as a functioning community member. Stabilizing an immediate crisis within the community or clinical treatment setting. Provided face-to-face, by telephone, or by telemedicine with the person-served and/or significant support persons. Service could include one or more of the following: Assessment, Collateral, Therapy, Referral. Unplanned service that does not need a treatment plan in order to provide service. 	Crisis Assessment – 180 ³ Crisis Therapy - 181	 MD/DO PA PhD/PsyD LCSW/ASW, LMFT/AMFT LPCC/APCC RN NP
 Crisis Stabilization: Unplanned, expedited service lasting less than 24 hours, to or on behalf of a person-served to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services, which, if the condition and symptoms are not treated, present an imminent threat to the person-served or others, or substantially increase the risk of the person-served becoming gravely disabled. Service includes one or more of the following service components:	90	 MD/DO PA PhD/PsyD LCSW/ASW, LMFT/AMFT LPCC/APCC RN NP CNS LVN PT

 $^{^{3}}$ Must use service codes 180 & 181 for Crisis Intervention to best capture the specific intervention performed.

Outpatient - Other Services

Specifiers: N - No Show; C - Client Cancel; P - Practitioner Cancel; T - Telephone Service; V - Telehealth

Service	MHP Code	Allowable Disciplines
 Assessment: Service activity designed to evaluate the status of a person's-served mental, emotional, or behavioral health Assessment includes all of, but not limited to the following: mental status determination, analysis of the person's-served clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures. May include psychological or neuropsychological evaluations. 	103 103 (N,C,P,T,V) 303 - Lockout	 MD/DO NP PhD/PsyD LCSW/ASW LMFT/AMFT LPCC/APCC RN (Can bill assessment, but cannot provide diagnosis)
Assessment using Play equipment:	106 106 (N,C,P,T,V) 307 - Lockout	• PA
 Assessment - Family First Prevention Services Act (FFPSA) Qualified Individual (QI): Assessment of child's mental and behavioral health needs and strengths. Evaluation of the child's safety factors, risk behaviors, and protective factors. Determining whether the services provided by a Short-Term Residential Therapeutic Program (STRTP) are medically necessary for the person served, documenting mental and behavioral health interventions and treatment recommended and that an STRTP is the most effective and appropriate level of care in the least restrictive environment. 	104 104 (T,V) 304 - Lockout	

Service	MHP Code	Allowable Disciplines
 Plan Development: Development of person-served plans, approval of person-served plans and/or monitoring of a person's-served progress. Documenting the plan for the provision of services to a person-served who meets medical necessity criteria. 	159 159 (N,C,P,T,V) 359 - Lockout	 MD/DO PhD/PsyD PA LCSW/ASW LMFT/AMFT LPCC/APCC
Plan Development – Family First Prevention Services Act (FFPSA) Qualified Individual (QI): • Develop short-term and long-term behavioral health goals and identify mental health and substance use disorder services and supports needed	160 160 (T,V) 360 - Lockout	 RN NP CNS MHCM/CMHS (needs to be co-signed by one of above disciplines)
 Rehabilitation: Recovery or resiliency focused service activity identified to address a mental health need in the person-served plan. Providing assistance in restoring, improving, and/or preserving a person's-served functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the person-served. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a person-served or a group of persons-served. 	Individual - 158 158 (N,C,P,T,V) 358 - Lockout Group - 85 85 (N,C,P,V) 358 - Lockout	 MD/DO PA PhD/PsyD LCSW/ASW, LMFT/AMFT RN NP CNS LVN LPT RT MHCM/CMHS

Service	MHP Code	Allowable Disciplines
 Assisting with identification and pursuit of resources, ensuring access to needed services and monitoring person-served progress Activities include, but are not limited to: Consultation, communication, coordination (both within the agency and with other parties) Creating and monitoring referrals Monitoring service delivery to ensure access and reduce barriers to access Monitoring progress in treatment 	205 205 (N,C,P, T,V) 305 - Lockout	 MD/DO PA PhD/PsyD LCSW/ASW LMFT/ASW LPCC/APCC OT RN NP CNS LVN LPT MHCM/CMHS
 Providing supportive assistance to the person-served in the evaluation for determination of needs and securing of adequate and appropriate living arrangements. Activities include, but are not limited to: Assisting the person-served in securing housing Engaging in activities that help the person-served to negotiate the housing process and housing systems Accessing services necessary to secure placement 	206 206(N,C,T,V)	 MD/DO PhD, PsyD LCSW/ASW LMFT/AMFT LPCC/APCC OT RN NP CNS LVN LPT MHCM/CMHS

Service	MHP Code	Allowable Disciplines
Collateral: Service activity to a significant support person or persons* (see definition below) in a person's-served life for providing support to the person-served in achieving treatment plan goals Includes one or more of the following: 1. Consultation and/or training of the significant support person(s) that would assist the person-served in increasing resiliency, recovery, or improving utilization of services 2. Consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the person-served 3. Family counseling with the significant support person(s) to improve the functioning of the person-served. The person-served may or may not be present for this service activity	150 150 (N,C,P,T, V) 350 - Lockout	Allowable Disciplines MD/DO PhD/PsyD LCSW/ASW LMFT/AMFT LPCC/APCC RN NP CNS LVN LVN LPT MHCM/CMHS

^{*}Significant Support Person: Persons, in the opinion of the person-served or the person providing services, who have or could have a significant role in the successful outcome of treatment, including but not limited to a parent, legal guardian, other family member, or other unrelated individual of a person-served who is a minor, the legal representative of a person-served who is not a minor, a person living in the same household as the person-served, the person's-served spouse, and relatives of the person-served.

Service	MHP Code	Allowable Disciplines
 Collateral - Group Criteria listed above related to providing services in a group setting 	153 153 (N,C,P, T, V) 353 - Lockout	 MD/DO PhD/PsyD CNS LCSW/ASW LVN LMFT/AMFT LPCC/APCC MHCM/CMHS RN

Service	MHP Code	Allowable Disciplines
 Intensive Care Coordination (ICC): Services delivered using a Child Family Team to develop and guide the planning and service delivery process. Requires more frequent and active participation by the ICC coordinator to ensure that the needs of the child or youth are appropriately and effectively met. Available for youth under the age of 21 that are eligible for the full scope of Medi-Cal services; and meets medical necessity criteria for SMHS 	207 207 (N,C,P, T, V)	 MD/DO PhD/PsyD MHRS LCSW/ASW PA LMFT/AMFT NP LPCC/APCC OT RN Pharm CNS Other Qualified Provider
 Intensive Home-Based Services (IHBS): Intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child or youth and his/her significant support persons Helps the child or youth develop skills to achieve the goals and objectives of the plan. IHBS are not traditional therapeutic services. Available for youth under the age of 21 that are eligible for the full scope of Medi-Cal services; and meets medical necessity criteria for SMHS 	127 127 (N,C,P, T, V)	 Paraprofessionals under clinical supervision Peers, including parent partners
 Intensive Care Coordination - Family First Prevention Services Act (FFPSA) Qualified Individual (QI): Consultation with the placing agency caseworker regarding harm reduction strategies for safety risks. Child and family team (CFT) engagement. Coordination with CFT, which may include consultation with the placing agency, meetings, consultation regarding recommendations pursuant to the QI Assessment Report, analyzing additional resources and supports for the provision of services in the least restrictive setting. Recommend services and supports consistent with the child's treatment goals. Recommend any additional services or supports needed to support the child's transition plan. 	209 209 (T,V) 309 - Lockout	

Service	MHP Code	Allowable Disciplines
 Therapeutic Behavioral Services (TBS) Intensive, individualized, one-to-one, short-term outpatient treatment intervention for persons-served who qualify based on entitlement criteria. Services typically provided in the home and/or community. TBS services are supplemental to other ongoing SMHS the person-served is already receiving. Available for youth under the age of 21 that are eligible for the full scope of Medi-Cal services; and meets medical necessity criteria for SMHS. 	816	 MD/DO PhD/PsyD MHRS LCSW/ASW PA LMFT/AMFT NP LPCC/APCC RN Pharm CNS Other Qualified Provider
 Structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. The Program must be certified as a day treatment program to use this code. Must include, at a minimum, the following service components: Therapeutic Milieu Community Meetings conducted at least once per day Process Groups Skill-building Groups Adjunctive Therapies Psychotherapy (individual or group) Written weekly schedules. This is a bundled service which may include one or more of the following components: Assessment, Plan Development, Therapy, Rehabilitation, Collateral 	62 62 (N,C,P)	 MD/DO, PhD, PsyD LCSW/ASW LMFT/AMFT LPCC/APCC RN, CNS PA OT (Services provided by either, one of the disciplines above, and/or under the direction of disciples listed above. Claiming and documentation must include one of above disciplines)

Outpatient - Therapy Services

Service activity using therapeutic intervention(s) that focuses on symptom reduction and restoration of functioning and reduces/eliminates functional impairments. Therapeutic intervention(s) includes the application of cognitive, affective, verbal or nonverbal strategies based on person's-served developmental needs, wellness needs, and adjustment to impairments, and recovery and resiliency.

Therapeutic interventions are used to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. Therapy may be delivered to a person-served or group of persons-served and may include family therapy directed at improving the person's-served functioning during which the person-served is present.

Service Code specifiers: T - Telephone; N - No Show; C - Client Cancel; P - Practitioner Cancel; V - Telehealth

Service	MHP Code	Allowable Disciplines
Individual Therapy (See definition above) Individual Play Therapy (See definition above)	126 126 (N,C,P,T,V) 326 – Lockout 129 129 (N,C,P,V) 329 - Lockout	 MD/DO, PhD/PsyD LCSW/ASW LMFT/AMFT LPCC/APCC NP CNS
Family Therapy (See definition above) Group Therapy (See definition above)	156 156 (N,C,P,T,V) 356 - Lockout 82 82 (N,C,P,V) 382 - Lockout	

Inpatient Services

Inpatient mental health services provide a specialized set of services to persons-served experiencing an acute psychiatric episode. Persons-served may present at the facility on a voluntary or involuntary basis (W & I Code 5150/5585).

Services	MHP Code	Allowable Disciplines
 Inpatient Acute Day: Inpatient mental health services provide a specialized set of services to personsserved experiencing an acute psychiatric episode at a hospital facility. Person-served may present at the facility on a voluntary or involuntary basis (W & I Code 5150/5585). Persons-served who cannot be safely treated at a lower level of care AND must demonstrate one or more of the following conditions:	398	Multiple disciplines provide services, must be under the direction of a licensed psychiatrist.
 Inpatient Administrative Day: Administrative days may be billed if the person-served remains in an inpatient setting because no appropriate residential placement options can be found. Placements attempts must be documented at least once per week in order to bill administrative days, which includes but not limited to:	399	Multiple disciplines provide services, must be under the direction of a licensed psychiatrist.
 Psychiatric Health Facility (PHF) Inpatient See criteria for inpatient Services provided a MHP certified facility Services provided to a person-served in active custody 	68 69 - Jail	Multiple disciplines provide services, most be under the direction of a licensed psychiatrist.
	Hold	

Services	MHP Code	Allowable Disciplines
Psychiatric Health Facility (PHF) Inpatient:		Multiple disciplines provide services,
Administrative Day- not reimbursable	70	most be under the direction of a licensed
Administrative days in the PHF use this code if the person-served remains in		psychiatrist.
the PHF because no appropriate residential placement options can be found		

Other Services

Services	MHP Code	Allowable Disciplines
Triage - Service provided in order to obtain persons'-served needs to direct them to the appropriate provider, including non-mental health services	957	Any Discipline (medical/clinical/non-clinical or medical)
Note to Chart - Documenting service or information that is relevant to person-served treatment that does not qualify as a SMHS	956	Any discipline
Note to Chart - Group: Documenting service or information that is relevant to personserved treatment that does not qualify as a SMHS, provided in a group setting	958	Any discipline
Note to Chart - Hospital Follow Up-Declined: Person-served <u>directly</u> declines services upon contact from staff member after discharge from hospital or Psychiatric Health Facility (PHF)	956D	Any discipline
Note for Chart - Hospital Follow-Up-Telephone: An <u>unsuccessful</u> attempt was made to contact person-served (i.e. no answer, left a voice message) after discharge from psychiatric hospital or PHF	956T	Any discipline
Note to Chart - Hospital Follow-Up Scheduled: Use this one if you successfully contacted person-served AND scheduled a future appointment for person-served for any direct service after discharge from psychiatric hospital or PHF	956S	Any discipline
Note to Chart - Hospital Follow-up Letter: Use the one if you sent a letter to personserved in an attempt to get person-served into services after discharge from psychiatric hospital or PHF	956L	Any discipline