

# Clinical Guide for Service Coding



## Table of Contents

Subject	Page
Discipline Key.....	2
Medication Support Services.....	4
Crisis Services.....	6
Outpatient- Other Services.....	7
Outpatient- Therapy Services.....	12
Inpatient Services.....	12
Other Services.....	14

## 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
<b>CNS</b>	Clinical Nurse Specialist	<ul style="list-style-type: none"> <li>• Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized</li> <li>• Psychiatric Mental Health Nurse Practitioners</li> <li>• Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized</li> <li>• Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized</li> <li>• Board Certified or Board Eligible Psychiatrist</li> <li>• Board Certified or Board Eligible Psychiatrist</li> <li>• Must meet the requirements of the Board of Registered Nursing as it pertains to diagnosing in order to be considered authorized</li> </ul>
<b>NP</b>	Nurse Practitioner	
<b>RN</b>	Authorized Registered Nurse	
<b>MD</b>	Medical Doctor	
<b>DO</b>	Doctor of Osteopathy	
<b>PA</b>	Physician Assistant	
<b>PT</b>	Psychiatric Technician	
<b>RT</b>	Rehab Therapist	
<b>LCSW</b>	Licensed Clinical Social Worker	
<b>ASW</b>	Associate Clinical Social Worker	
<b>LVN</b>	Licensed Vocational Nurse	
<b>LPCC</b>	Licensed Professional Clinical Counselor	
<b>APCC</b>	Associate Professional Clinical Counselor	

<b>LMFT</b>	Licensed Marriage & Family Therapist	
<b>AMFT</b>	Associate Marriage & Family Therapist	
<b>PhD</b>	Doctor of Philosophy, Clinical Psychologist	
<b>PsyD</b>	Doctor of Psychology, Clinical Psychologist	
<b>Pharm</b>	General Pharmacist	
<b>OT</b>	Occupational Therapist	
<b>MHCM</b>	Mental Health Case Manager	
<b>CMHS</b>	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](#).

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

- **Service Code specifiers:** T - Telephone; N - No Show; C - Cancel; P - Practitioner Cancel; (i.e. 170T, 126N)
- 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 client 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.

## Medication Support Services

Either provided in person with beneficiary, 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**

Service	MHP Code	Allowable Disciplines
<p><b>Meds Evaluation Management Assessment:</b> Initial or diagnostic interview exam or re-exam that includes medical services. The exam includes the following:</p> <ul style="list-style-type: none"> <li>• Chief complaint</li> <li>• History of present illness</li> <li>• Review of systems</li> <li>• Obtaining family and psychosocial history</li> <li>• Completing a mental status examination</li> <li>• Ordering and medical interpretation of laboratory or other diagnostic studies</li> </ul>	<p><b>In Person:</b> 170 170 (N,C,P,T) 370 - Lockout</p> <p><b>Telemedicine:</b> 190 190 (N,C,P,T) 390 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> </ul>
<p><b>Medication Evaluation Management Brief:</b> Evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> <li>• A problem focused history and examination</li> <li>• Straightforward medical decision-making</li> <li>• Usually, the presenting problem(s) are self-limited or minor</li> </ul>	<p><b>In Person:</b> 172 172 (N,C,P,T) 372 - Lockout</p> <p><b>Telemedicine:</b> 192 192 (N,C,P,T) 392 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• MD/DO/NP</li> </ul>

Service	MHP Code	Allowable Disciplines
<p><b>Medication Evaluation Management Follow-Up:</b> Expanded assessment for an established patient, which requires at least two out of these three key components to be present in the medical record:</p> <ul style="list-style-type: none"> <li>• An expanded problem focused history</li> <li>• An expanded problem focused examination</li> <li>• Medical decision making of low complexity</li> <li>• Presenting problems are of low to moderate severity</li> </ul>	<p><b>In Person:</b> 173 173 (N,C,P,T,) 373 - Lockout</p> <p><b>Telemedicine:</b> 193 193 (N,C,P,T) 393 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> </ul>
<p><b>Medication Refill/Injection:</b> Arranging for refill of prescribed medication, administration of prescribed injectable medication</p>	<p>40 340 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• RN</li> <li>• CNS</li> <li>• LVN</li> <li>• PT</li> <li>• NP</li> <li>• PA</li> <li>• Pharm</li> </ul>
<p><b>Medication Education:</b> Includes instruction in the use, risks and benefits of, and alternatives for, medication</p>	<p>41 (T) 341 - Lockout</p>	
<p><b>Medication Education- Group:</b> Includes instruction in the use, risks and benefits of, and alternatives for, medication in a group setting</p>	<p>43</p>	
<p><b>Medication Support Phone:</b> Medication education and management/monitoring of side effects provided by phone</p>	<p>47 347 - Lockout</p>	
<p><b>Hospital Care Subsequent Bedside:</b> Evaluation services provided while client is in a medical hospital setting</p>	<p>840</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> </ul>

## Crisis Services

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

Service	MHP Code	Allowable Disciplines								
<p><b>Crisis Intervention:</b></p> <ul style="list-style-type: none"> <li>• Emergency, unplanned response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member.</li> <li>• Stabilizing an immediate crisis within the community or clinical treatment setting.</li> <li>• Provided face-to-face, by telephone, or by telemedicine with the beneficiary and/or significant support persons.</li> <li>• Service could include one or more of the following: Assessment, Collateral, Therapy, Referral</li> <li>• Unplanned service that does not need a treatment plan in order to provide service.</li> </ul>	<p><b>Intervention -</b> 31 (includes phone)</p> <p><b>Crisis Assessment -</b> 180</p> <p><b>Crisis Therapy</b> - 181</p>	<ul style="list-style-type: none"> <li>• PT</li> <li>• MHRS/CMHS</li> <li>• PA</li> <li>• NP</li> <li>• OT</li> <li>• Other Qualified Provider</li> </ul>								
<p><b>Crisis Stabilization:</b></p> <ul style="list-style-type: none"> <li>• Unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting.</li> <li>• 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 beneficiary or others, or substantially increase the risk of the beneficiary becoming gravely disabled.</li> <li>• Service includes one or more of the following service components:             <table border="0" data-bbox="163 998 1024 1161"> <tr> <td>1) Assessment</td> <td>5) Crisis Intervention</td> </tr> <tr> <td>2) Collateral</td> <td>6) Medication Support Services</td> </tr> <tr> <td>3) Therapy</td> <td>7) Referral</td> </tr> <tr> <td>4) Targeted Case Management</td> <td></td> </tr> </table> </li> <li>• Services are provided in a certified locked facility, providing mostly involuntary services</li> </ul>	1) Assessment	5) Crisis Intervention	2) Collateral	6) Medication Support Services	3) Therapy	7) Referral	4) Targeted Case Management		<p>90</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PA</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW,</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• LVN</li> <li>• PT</li> </ul>
1) Assessment	5) Crisis Intervention									
2) Collateral	6) Medication Support Services									
3) Therapy	7) Referral									
4) Targeted Case Management										

## Outpatient - Other Services

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

Service	MHP Code	Allowable Disciplines
<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Service activity designed to evaluate the status of a beneficiary's mental, emotional, or behavioral health</li> <li>• Assessment includes all of, but not limited to the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures.</li> <li>• May include psychological or neuropsychological evaluations.</li> </ul>	<p>103 103 (N,C,P,T) 303 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• NP</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN (Can bill assessment, but cannot provide diagnosis)</li> <li>• PA</li> </ul>
<p><b>Assessment using Play equipment:</b></p> <ul style="list-style-type: none"> <li>• May include assessment using play equipment to obtain the criteria listed above.</li> </ul>	<p>106 106 (N,C,P,T) 307 - Lockout</p>	
<p><b>Plan Development:</b></p> <ul style="list-style-type: none"> <li>• Development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.</li> <li>• Documenting the plan for the provision of services to a beneficiary who meets medical necessity criteria.</li> </ul>	<p>159 159 (N,C,P,T) 359 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PhD/PsyD</li> <li>• PA</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• MHCM/CMHS (needs to be co-signed by one of above disciplines)</li> </ul>

Service	MHP Code	Allowable Disciplines
<p><b>Rehabilitation:</b> Recovery or resiliency focused service activity identified to address a mental health need in the client plan.</p> <ul style="list-style-type: none"> <li>• Providing assistance in restoring, improving, and/or preserving a beneficiary's 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 beneficiary.</li> <li>• Rehabilitation also includes support resources, and/or medication education.</li> <li>• Rehabilitation may be provided to a beneficiary or a group of beneficiaries</li> </ul>	<p><b>Individual -</b> 158 158 (N,C,P,T) 358 - Lockout</p> <p><b>Group -</b> 85 85 (N,C,P) 358 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PA</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW,</li> <li>• LMFT/AMFT</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• LVN</li> <li>• LPT</li> <li>• RT</li> <li>• MHCM/CMHS</li> </ul>
<p><b>Case management: Linkage and Consultation</b></p> <ul style="list-style-type: none"> <li>• Assisting with identification and pursuit of resources, ensuring access to needed services and monitoring client progress</li> <li>• Activities include, but are not limited to: <ol style="list-style-type: none"> <li>1. Consultation, communication, coordination (both within the agency and with other parties)</li> <li>2. Creating and monitoring referrals</li> <li>3. Monitoring service delivery to ensure access and reduce barriers to access</li> <li>4. Monitoring progress in treatment</li> </ol> </li> </ul>	<p>205 205 (N,C,P, T) 305 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PA</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/ASW</li> <li>• LPCC/APCC</li> <li>• OT</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• LVN</li> <li>• LPT</li> <li>• MHCM/CMHS</li> </ul>



Service	MHP Code	Allowable Disciplines
<p><b>Case Management - Placement</b></p> <ul style="list-style-type: none"> <li>• Providing supportive assistance to the client in the evaluation for determination of need, and securing of adequate and appropriate living arrangements.</li> <li>• Activities include, but are not limited to:               <ol style="list-style-type: none"> <li>1. Assisting the client in securing housing</li> <li>2. Engaging in activities that help the client to negotiate the housing process and housing systems</li> <li>3. Accessing services necessary to secure placement</li> </ol> </li> </ul>	<p>206 206T</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PhD, PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• OT</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• LVN</li> <li>• LPT</li> <li>• MHCM/CMHS</li> </ul>
<p><b>Collateral:</b> Service activity to a <u>significant support person</u>* or persons (see definition below) in a beneficiary's life for providing support to the beneficiary in achieving client treatment plan goals</p> <ul style="list-style-type: none"> <li>• Includes one or more of the following:               <ol style="list-style-type: none"> <li>1. Consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services</li> <li>2. Consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary</li> <li>3. Family counseling with the significant support person(s) to improve the functioning of the beneficiary.</li> </ol> </li> <li>• The beneficiary may or may not be present for this service activity</li> </ul>	<p>150 150 (N,C,P,T)  350 - Lockout</p>	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN</li> <li>• NP</li> <li>• CNS</li> <li>• LVN</li> <li>• LPT</li> <li>• MHCM/CMHS</li> </ul>

\*Significant Support Person: persons, in the opinion of the beneficiary 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 beneficiary who is a minor, the legal representative of a beneficiary who is not a minor, a person living in the same household as the beneficiary, the beneficiary's spouse, and relatives of the beneficiary.

Service	MHP Code	Allowable Disciplines
<p><b>Collateral - Group</b></p> <ul style="list-style-type: none"> <li>Criteria listed above related to providing services in a group setting</li> </ul>	<p>153 153 (N,C,P, T)  353 - Lockout</p>	<ul style="list-style-type: none"> <li>MD/DO</li> <li>PhD/PsyD</li> <li>LCSW/ASW</li> <li>LMFT/AMFT</li> <li>LPCC/APCC</li> <li>RN</li> <li>NP</li> <li>CNS</li> <li>LVN</li> <li>LPT</li> <li>MHCM/CMHS</li> </ul>
<p><b>INTENSIVE CARE COORDINATION (ICC):</b></p> <ul style="list-style-type: none"> <li>Services delivered using a Child Family Team to develop and guide the planning and service delivery process.</li> <li>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.</li> <li>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</li> </ul>	<p>207</p>	<ul style="list-style-type: none"> <li>MD/DO</li> <li>PhD/PsyD</li> <li>LCSW/ASW</li> <li>LMFT/AMFT</li> <li>LPCC/APCC</li> <li>RN</li> <li>CNS</li> <li>Other Qualified Provider</li> <li>PT</li> <li>MHRS</li> <li>PA</li> <li>NP</li> <li>OT</li> <li>Pharm</li> <li>LVN</li> </ul>
<p><b>INTENSIVE HOME BASED SERVICES (IHBS):</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Helps the child or youth develop skills to achieve the goals and objectives of the plan.</li> <li>IHBS are not traditional therapeutic services.</li> <li>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</li> </ul>	<p>127</p>	<ul style="list-style-type: none"> <li>Paraprofessionals under clinical supervision</li> <li>Peers, including parent partners</li> </ul>

Service	MHP Code	Allowable Disciplines
<p><b>Therapeutic Behavioral Services (TBS)</b></p> <ul style="list-style-type: none"> <li>• Intensive, individualized, one-to-one, short-term outpatient treatment intervention for clients who qualify based on entitlement criteria.</li> <li>• Services typically provided in the home and/or community.</li> <li>• TBS services are supplemental to other ongoing SMHS the client is already.</li> <li>• 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.</li> </ul>	816	<ul style="list-style-type: none"> <li>• MD/DO</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN</li> <li>• CNS</li> <li>• Other Qualified Provider</li> <li>• PT</li> <li>• MHRS</li> <li>• PA</li> <li>• NP</li> <li>• OT</li> <li>• Pharm</li> <li>• LVN</li> </ul>
<p><b>Day Treatment Intensive:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The Program must be certified as a day treatment program to use this code.</li> <li>• Must include, at a minimum, the following service components:             <ol style="list-style-type: none"> <li>1. Therapeutic Milieu</li> <li>2. Community Meetings conducted at least once per day</li> <li>3. Process Groups</li> <li>4. Skill-building Groups</li> <li>5. Adjunctive Therapies</li> <li>6. Psychotherapy (individual or group)</li> <li>7. Written weekly schedules.</li> </ol> </li> <li>• This is a bundled service which may include one or more of the following components: Assessment, Plan Development, Therapy, Rehabilitation, Collateral</li> </ul>	62 62 (N,C,P)	<ul style="list-style-type: none"> <li>• MD/DO,</li> <li>• PhD,</li> <li>• PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• RN,</li> <li>• CNS</li> <li>• PA</li> <li>• OT</li> </ul> <p>Services provided by either one of the disciplines above, and/or under the direction of disciplines listed above. Claiming and documentation must include one of above disciplines</p>

## **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 beneficiary's 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 beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning during which the beneficiary is present.

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

Service	MHP Code	Allowable Disciplines
<b>Individual Therapy (See definition above)</b>	126 25 - Phone 126 (N,C,P) 326 - Lockout	<ul style="list-style-type: none"> <li>• MD/DO,</li> <li>• PhD/PsyD</li> <li>• LCSW/ASW</li> <li>• LMFT/AMFT</li> <li>• LPCC/APCC</li> <li>• NP</li> <li>• CNS</li> </ul>
<b>Individual Play Therapy (See definition above)</b>	129 129 (N,C,P) 329 - Lockout	
<b>Family Therapy (See definition above)</b>	156 156 (N,C,P,T) 356 - Lockout	
<b>Group Therapy (See definition above)</b>	82 82 (N,C,P) 382 - Lockout	

## **Inpatient Services**

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

Services	MHP Code	Allowable Disciplines
<p><b>Inpatient Acute Day:</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health services provide a specialized set of services to clients experiencing an acute psychiatric episode at a hospital facility</li> <li>• Clients may present at the facility on a voluntary or involuntary basis (W &amp; I Code 5150/5585)</li> <li>• Clients who cannot be safely treated at a lower level of care AND the must demonstrate one or more of the following conditions:               <ol style="list-style-type: none"> <li>1) A Danger to Self</li> <li>2) A Danger to Others</li> <li>3) Gravely Disabled</li> </ol> </li> <li>• Need for continued psychiatric evaluation or treatment that can only be provided if the beneficiary remains in a hospital setting</li> </ul>	398	Multiple disciplines provide services, must under the direction of a licensed psychiatrist.
<p><b>Inpatient Administrative Day:</b></p> <ul style="list-style-type: none"> <li>• Administrative days may be billed if the client remains in an inpatient setting because no appropriate residential placement options can be found.</li> <li>• Placements attempts must be documented at least once per week in order to bill administrative days, which includes but not limited to:               <ol style="list-style-type: none"> <li>a. The status of the placement option</li> <li>b. Date of the contact</li> <li>c. Signature of the person making the contact</li> <li>d. Name of the facility</li> </ol> </li> <li>• During the hospital stay, a beneficiary previously has met medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services.</li> </ul>	399	Multiple disciplines provide services, must under the direction of a licensed psychiatrist.
<p><b>Psychiatric Health Facility (PHF) Inpatient</b></p> <ul style="list-style-type: none"> <li>• See criteria for inpatient</li> <li>• Services provided at an MHP certified facility</li> <li>• Services provided to a client in active custody-----&gt;</li> </ul>	68  69 - Jail Hold	Multiple disciplines provide services, most under the direction of a licensed psychiatrist.

Services	MHP Code	Allowable Disciplines
<b>Psychiatric Health Facility (PHF) Inpatient:</b> <ul style="list-style-type: none"> <li>Administrative Day- not reimbursable</li> <li>Administrative days in the PHF use this code if the client remains in the PHF because no appropriate residential placement options can be found</li> </ul>	70	Multiple disciplines provide services, most under the direction of a licensed psychiatrist.

## Other Services

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