

# Appendix III – Service Code Approved Use Summaries

## Screening

### Service Code Approved Use Summary

CODE #	5
CODE NAME	Screening 5

#### DEFINITION

This is a non-billable code which may be used when performing an initial screening.

It may also be used when providing education and/or consultation to clients regarding mental health service programs in order to prevent the onset of mental health problems.

#### SERVICE INDICATORS - TABLE VALUES

##### Person Contacted:

B – Client with Family  
**C – Client\***  
 F – Family/Legal Guardian  
 O – Other

##### Place of Service:

A – Office  
 B – SNF Patch / Psych Services \*\*  
 C – Correctional Facility  
 D – IP Psych Unit at Medical Hosp \*\*  
 E – Homeless Emergency Shelter  
 F – Faith Based (church)  
 G – Health Care – Primary Care  
 H – Home  
 I - SNF Medical Care \*\*  
 J – Client Job Site  
 K – IMD/State Hospital \*\*  
 L – Crisis Residential  
 M – IP Medical Non-Psych \*\*  
 N – IP Free Standing Psych Hosp \*\*  
**O – Other Community/Field Based\***  
 P – Emergency Room \*\*  
 R – Residential Care-Children  
 S – School\*\*  
 V – Residential Care-Adult

##### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
 T – Telephone  
 V – TTY

##### Appointment Types:

1 – Scheduled  
**2 – Unscheduled/Walk-in\***  
 3 – Cancelled by Client  
 4 – Cancelled by Program  
 5 – No Show

##### EBP:

90-Homework Assignment Given  
 91--Homework Assignment Completed  
 92-Child Family Team Meeting

##### Billing Type:

See Language Table

##### Intensity Type:

B- Bilingual Program Staff  
 G-Client Chosen Interpreter  
 E-Emergency  
 D-External Interpreter Agency  
 F-Internal Interpreter Org Level  
 N- Not Applicable  
 U-Urgent

##### **\*Defaults**

\*\*Must also select Outside Facility from list

#### AUTHORIZED CREDENTIAL

ALL – excluding ADMIN

## Assessment Psychosoc Interact

### Service Code Approved Use Summary

<b>CODE #</b>	<u>9</u>
<b>CODE NAME</b>	Assessment Psychosoc Interact 9

#### DEFINITION

A service activity designed to evaluate the current status of a client's mental, emotional, or behavioral health. Assessment includes but is not limited to the following: mental status determination, analysis of client's clinical history; analysis of relevant cultural issues and history and diagnosis. The Server may be gathering information from a variety of sources.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

#### SERVICE INDICATORS - TABLE VALUES

##### Person Contacted:

B – Client with Family

##### **C – Client\***

F – Family/Legal Guardian

O – Other

##### Place of Service:

##### **A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

##### Contact Type:

E – Telehealth

##### **F – Face-to-Face\***

T – Telephone

V – TTY

##### Appointment Types:

##### **1 – Scheduled\***

2- Unscheduled/Walk-in\*

3 – Cancelled by Client

4 – Cancelled by Program

5- No Show

##### EBP:

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

##### Billing Type:

See Language Table

##### Intensity Type:

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

##### **\* Defaults**

\*\*Must also select Outside Facility from list

#### AUTHORIZED CREDENTIAL

ASW	AMFT	LCSW	LPCC, APCC	MD Trainee
LMFT	Trainee	PHD-Lic	PsyA	RN
PHD-Reg	PSYD-LIC, WPSY-D	PSYD-Reg	Physician Assistant	WPSYCAND
MD	DO	Nurse Practitioner	MHRS	WLMFT, WLCSW, WPHD LPT

## Assessment Psychosocial

### Service Code Approved Use Summary

<b>CODE #</b>	10
<b>CODE NAME</b>	Assessment Psychosocial 10

### DEFINITION

A service activity designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes but is not limited to the following: mental status determination, analysis of client's clinical history; analysis of relevant cultural issues and history and diagnosis. The Server may be gathering information from a variety of sources.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O – Other

#### Place of Service:

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
T – Telephone  
V – TTY

#### Appointment Types:

**1 – Scheduled\***  
2- Unscheduled/Walk-in\*  
3 – Cancelled by Client  
4 – Cancelled by Program  
5- No Show

#### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic, WPSYD	PSYD-Reg	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
MHRS	WLMFT, WLCSW, WPHD	WPSYCAND	
LPT			

**Medication Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>11</u>
<b>CODE NAME</b>	<u>Medication Evaluation 11</u>

**DEFINITION**

Prescribing practitioner's mental health assessment of client including assessment of need for psychiatric medications.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2- Unscheduled/Walk-in* 3 – Cancelled by Client 4 – Cancelled by Program 5- No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	
<b>*Defaults</b> **Must also select Outside Facility from list		

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**Psychological Testing**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>12</u>
<b>CODE NAME</b>	<u>Psychological Testing 12</u>

**DEFINITION**

Psychological testing including psycho diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, (e.g., WAIS-R, Rorschach, MMPI) with interpretation and report. Client must be present for the evaluation, but report interpretation and writing can be done without the client present.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2- Unscheduled/Walk-in* 3 – Cancelled by Client 4 – Cancelled by Program 5- No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	
<b>*Defaults</b> **Must also select Outside Facility from list		

**AUTHORIZED CREDENTIAL**

PHD-Lic	WPSYCAND	PSYD-Lic
WPHD	WPSYD	

**Plan Development**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>13</u>
<b>CODE NAME</b>	<u>Plan Development 13</u>

**DEFINITION**

A service activity that consists of development of client plans, approval of client plans, and/or monitoring of a client's progress. Includes team meetings for these purposes. Whenever possible, client should be present for these activities.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2- Unscheduled/Walk-in* 3 – Cancelled by Client 4 – Cancelled by Program 5- No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**UNIT TYPES AND UNIT/SUBUNITS**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Evaluation of Records for Assessment**

**Service Code Approved Use Summary**

<b>CODE #</b>	14
<b>CODE NAME</b>	Eval of Recrd for Assessmnt 14

**DEFINITION**

Evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for clinical diagnostic and treatment purposes.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

**O – Other\***

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

**N – No Contact\***

**Appointment Types:**

- 1 – Scheduled
- 2 – Unscheduled/Walk-in\***
- 3 – Cancelled by Client
- 4 – Cancelled by Program

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

\*Defaults

**AUTHORIZED CREDENTIAL**

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic, WPSYD	PSYD-Reg	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
MHRS	WLMFT, WLCSW, WPHD	WPSYCAND	

**External Report Preparation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>15</u>
<b>CODE NAME</b>	<u>External Report Preparation 15</u>

**DEFINITION**

Preparation of report of client's mental health status, history, treatment, or progress (other than for legal or consultative purposes) for other providers or agencies.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

**O – Other\***

**Place of Service:**

**A – Office\***

**Contact Type:**

**N – No Contact\***

**Appointment Types:**

1 – Scheduled

**2 – Unscheduled/Walk-in\***

3 – Cancelled by Client

4 – Cancelled by Program

**Billing Type:**

See Language Table

**Intensity Type:**

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

**EBP:**

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN



**Psychological Testing Technician**

**Service Code Approved Use Summary**

<b>CODE #</b>	16
<b>CODE NAME</b>	Psych Test- Technician 16

**DEFINITION**

Psychological testing performed by a qualified health care professional under the supervision of a licensed, registered, or waived psychologist. This psychological testing may include psycho diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, (e.g., WAIS-R, Rorschach, MMPI) with interpretation and report. Client must be present for the evaluation, but report interpretation and writing can be done without the client present. Co-signature required by licensed or waived psychologist.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O – Other

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T – Telephone
- V – TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2- Unscheduled/Walk-in\*
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5- No Show

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**\* Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ASW	AMFT	LCSW	LPCC, APCC
LMFT	MHRS	Nurse Practitioner	PsyA
Physician Assistant	RN	Trainee	
WLCSW	WLMFT	PHD-Reg, PSYD-Reg	

## **Medication Training and Support**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>19</u>
<b>CODE NAME</b>	<u>Meds Training and Support 19</u>

### **DEFINITION**

Psychiatric medication-related services provided by nurse or physician including obtaining informed consent linked to providing Medication Support Services activities; instructions in the use, risks and benefits of and alternatives for medication; and plan development related to Medication Support Services. This may include services to client, family and caregivers.

#### **Note:**

Some service activities under Medication Support Services (Title 9, CCR 1810.225) are Medicare reimbursable, whereas others are not as of DMH Letter 11-06, April 29, 2011. MHPs may now use procedure code H00 (Medication Training and Support) to claim the above non-Medicare reimbursable service activities under Medication Support Services directly to Medi-Cal.

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O – Other

#### **Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T – Telephone  
V – TTY

#### **Appointment Types:**

**1 – Scheduled\***  
2- Unscheduled/Walk-in\*

#### **EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **Billing Type:**

See Language Table

#### **Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

RN	LVN	LPT
PHARMD	Physician Assistant	MD
Nurse Practitioner	MD Trainee	DO

## **MEDICATION SERVICES COMPREHENSIVE**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>20</u>
<b>CODE NAME</b>	Med Services Comprehensive 20

### **DEFINITION**

Psychiatric medication-related services provided by nurse or physician including prescribing, administering, and dispensing; evaluation of the need for medication; evaluation of clinical effectiveness of side effects; and collateral related to Medication Support Services. This may include services to client, family and caregivers.

#### **Note:**

This service code definition and name were further clarified in DMH Letter 11-06, April 29, 2011.

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O – Other

#### **Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T – Telephone  
V – TTY  
N – No Contact

#### **Appointment Types:**

**1 – Scheduled\***  
2- Unscheduled/Walk-in\*

#### **EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **Billing Type:**

See Language Table

#### **Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

RN	LVN	LPT
PHARMD	Physician Assistant	MD
Nurse Practitioner	MD Trainee	DO

**Medication Education Group**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>21</u>
<b>CODE NAME</b>	<u>Medication Education Group 21</u>

**DEFINITION**

Psychiatric medication education group facilitated by physician or nurse. This may include services to client, family and caregivers.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School**	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY
		<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	RN
LVN	LPT	PHARMD

**MEDS EM MINIMAL PROBLEM**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>24</u>
<b>CODE NAME</b>	<u>MEDS EM MINIMAL PROBLEM 24</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client. Usually, the presenting problem(s) are minimal.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM MINOR PROBLEM**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>25</u>
<b>CODE NAME</b>	<u>MEDS EM MINOR PROBLEM 25</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A problem focused history; b) A problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM EXPANDED LOW**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>26</u>
<b>CODE NAME</b>	<u>MEDS EM EXPANDED LOW 26</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) An expanded problem focused history; b) An expanded problem focused examination; c) Medical decision making of low complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are low to moderate severity.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM DETAILED MODERATE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>27</u>
<b>CODE NAME</b>	<u>MEDS EM DETAILED MODERATE 27</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A detailed history; b) A detailed examination; c) Medical decision making of moderate complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T – Telephone
- V – TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	



**MEDS EM COMPREHENSIVE HIGH**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>28</u>
<b>CODE NAME</b>	<u>MEDS EM COMPREHENSIVE HIGH 28</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of high complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

## Psychotherapy Individual

### Service Code Approved Use Summary

<b>CODE #</b>	<u>30</u>
<b>CODE NAME</b>	<u>Psychotherapy Individual 30</u>

### DEFINITION

Psychotherapy conducted with a client: includes insight-oriented, behavior modifying and/or supportive psychotherapy. If family or others are present, the focus of the session shall be on the client's individual goals.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family

**C – Client\***

#### Place of Service:

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

#### Contact Type:

E – Telehealth

**F – Face-to-Face\***

T – Telephone

V – TTY

#### Appointment Types:

**1 – Scheduled\***

2 – Unscheduled/Walk-in

3 – Cancelled by Client

4 – Cancelled by Program

5 – No Show

#### EBP:

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic	PSYD-Reg, WPSYD	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
WPHD	WLMFT, WLCSW	WPSYCAND	

## Psychotherapy Group

### Service Code Approved Use Summary

<b>CODE #</b>	<u>31</u>
<b>CODE NAME</b>	<u>Psychotherapy Group 31</u>

### DEFINITION

Psychotherapy conducted with a group of individuals. Interactions among members are considered to be insight-oriented, behavior modifying and/or supportive. This may include clients with family (can be foster family) for example multi-family groups, clients with clients, or clients with others.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family

**C – Client\***

F – Family/Legal Guardian

#### Place of Service:

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I – SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

#### Contact Type:

E – Telehealth

**F – Face-to-Face\***

#### Appointment Types:

**1 – Scheduled\***

2 – Unscheduled/Walk-in

3 – Cancelled by Client

4 – Cancelled by Program

5 – No Show

#### EBP:

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic	PSYD-Reg, WPSYD	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
WPHD	WLMFT, WLCSW	WPSYCAND	

**Psychotherapy Family**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>32</u>
<b>CODE NAME</b>	<u>Psychotherapy Family 32</u>

**DEFINITION**

Psychotherapy conducted with one or more members of a family. Interactions among members are considered to be insight-oriented, behavior modifying and/or supportive. Beneficiary must be present.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>  <b>B – Client with Family*</b>                  C – Client</p>	<p><b><u>Place of Service:</u></b>  <b>A – Office*</b>                  B – SNF Patch / Psych Services **                  C – Correctional Facility                  D – IP Psych Unit at Medical Hosp **                  E – Homeless Emergency Shelter                  F – Faith Based (church)                  G – Health Care – Primary Care                  H – Home                  I – SNF Medical Care **                  J – Client Job Site                  K – IMD/State Hospital **                  L – Crisis Residential                  M – IP Medical Non-Psych **                  N – IP Free Standing Psych Hosp **                  O- Other Community/Field Based                  P – Emergency Room **                  R – Residential Care-Children                  S – School**                  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>                  E – Telehealth  <b>F – Face-to-Face*</b>                  T – Telephone</p>
<p><b><u>Billing Type:</u></b>                  See Language Table</p>	<p><b><u>Intensity Type:</u></b>                  B- Bilingual Program Staff                  G-Client Chosen Interpreter                  E-Emergency                  D-External Interpreter Agency                  F-Internal Interpreter Org Level                  N- Not Applicable                  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>                  2 – Unscheduled/Walk-in                  3 – Cancelled by Client                  4 – Cancelled by Program                  5 – No Show</p> <p><b><u>EBP:</u></b>                  90-Homework Assignment Given                  91--Homework Assignment Completed                  92-Child Family Team Meeting</p>

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic	PSYD-Reg, WPSYD	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
WPHD	WLMFT, WLCSW	WPSYCAND	

**Collateral**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>33</u>
<b>CODE NAME</b>	<u>Collateral 33</u>

**DEFINITION**

A service activity to a significant support person in the client's life for the purpose of meeting the needs of the client in achieving the goals of the client plan. May include but is not limited to consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client may or may not be present for this service activity.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> F – Family/Legal Guardian <b>O – Other*</b>	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I – SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E - Telehealth F – Face-to-Face <b>T – Telephone*</b> V – TTY C - Correspondence
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> **Must also select Outside Facility from list		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Rehab - Individual**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>34</u>
<b>CODE NAME</b>	Rehab – Individual 34

**DEFINITION**

A service activity provided to a client and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. If family or others are present, the focus of the session shall be on the client's individual goals.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b>	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E - Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

## Rehab - Group

### Service Code Approved Use Summary

<b>CODE #</b>	<u>35</u>
<b>CODE NAME</b>	<u>Rehab – Group 35</u>

### DEFINITION

A service activity provided to a group of individuals and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. This may include clients with family (can be foster family) for example multi-family groups, clients with clients, or clients with others.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family

**C – Client\***

F – Family/Legal Guardian

#### Place of Service:

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

#### Contact Type:

E – Telehealth

**F – Face-to-Face\***

#### Appointment Types:

**1 – Scheduled\***

2 – Unscheduled/Walk-in

3 – Cancelled by Client

4 – Cancelled by Program

5 – No Show

#### EBP:

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

**Rehab - Family**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>36</u>
<b>CODE NAME</b>	Rehab – Family 36

**DEFINITION**

A service activity provided to one or more family members and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. Client may or may not be present.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>B – Client with Family*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V - TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN



**Rehab - Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>37</u>
<b>CODE NAME</b>	Rehab – Evaluation 37

**DEFINITION**

This code is used only in adult County case management programs when completing a Behavioral Health Assessment. A service activity designed to evaluate the current status of a client’s mental, emotional or behavioral health. This Assessment includes but is not limited to the following: analysis of client’s clinical history and relevant cultural issues. The Server may be gathering information from a variety of sources.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T – Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MHRS
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## Psychotherapy Interactive - Individual

### Service Code Approved Use Summary

CODE #	38
CODE NAME	Psych Therapy Interac-Ind 38

#### DEFINITION

Psychotherapy conducted with a client: Including insight-oriented, behavior modifying and/or supportive psychotherapy. Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), “**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**” as that may be a violation of federal statute.

#### SERVICE INDICATORS - TABLE VALUES

<b>Person Contacted:</b> B – Client with Family <b>C – Client*</b>	<b>Place of Service:</b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b>Contact Type:</b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V - TTY
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>Appointment Types:</b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> **Must also select Outside Facility from list		<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

#### AUTHORIZED CREDENTIAL

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic	PSYD-Reg, WPSYD	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
WPHD	WLMFT, WLCSW	WPSYCAND	

**Psychotherapy Interactive - Group**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>39</u>
<b>CODE NAME</b>	<u>Psych Therapy Interac – Group 39</u>

**DEFINITION**

Psychotherapy conducted with a group of individuals. Interactions among members are considered to be insight-oriented, behavior modifying and/or supportive. This may include clients with family (can be foster family) for example multi-family groups, clients with clients, or clients with others. Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), “**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**” as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>          B – Client with Family  <b>C – Client*</b>          F – Family/Legal Guardian</p>	<p><b><u>Place of Service:</u></b>  <b>A – Office*</b>          B – SNF Patch / Psych Services **          C – Correctional Facility          D – IP Psych Unit at Medical Hosp **          E – Homeless Emergency Shelter          F – Faith Based (church)          G – Health Care – Primary Care          H – Home          I - SNF Medical Care **          J – Client Job Site          K – IMD/State Hospital **          L – Crisis Residential          M – IP Medical Non-Psych **          N – IP Free Standing Psych Hosp **          O- Other Community/Field Based          P – Emergency Room **          R – Residential Care-Children          S – School**          V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>          E – Telehealth  <b>F – Face-to-Face*</b></p>
<p><b><u>Billing Type:</u></b>          See Language Table</p>	<p><b><u>Intensity Type:</u></b>          B- Bilingual Program Staff          G-Client Chosen Interpreter          E-Emergency          D-External Interpreter Agency          F-Internal Interpreter Org Level          N- Not Applicable          U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>          2 – Unscheduled/Walk-in          3 – Cancelled by Client          4 – Cancelled by Program          5 – No Show</p> <p><b><u>EBP:</u></b>          90-Homework Assignment Given          91--Homework Assignment Completed          92-Child Family Team Meeting</p>
<p><b>*Defaults</b>  <b>**Must also select Outside Facility from list</b></p>		

**AUTHORIZED CREDENTIAL**

ASW	AMFT	LCSW	LPCC, APCC
LMFT	Trainee	PHD-Lic	PsyA
PHD-Reg	PSYD-Lic	PSYD-Reg, WPSYD	
MD	DO	Nurse Practitioner	
Physician Assistant	MD Trainee	RN	
WPHD	WLMFT, WLCSW	WPSYCAND	

**Collateral Group**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>40</u>
<b>CODE NAME</b>	<u>Collateral Group 40</u>

**DEFINITION**

A service activity provided to a group of significant support persons in the client's life for the purpose of meeting the needs of the client in achieving the goals of the client plan. May include but is not limited to consultation and training of the significant support persons to assist in better utilization of mental health services by the client and better understanding mental illness. This group may be comprised of significant support persons from more than one client.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> F – Family/Legal Guardian <b>O – Other*</b>	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Therapeutic Behavioral Services – PLAN DEV**

**Service Code Approved Use Summary**

<b>CODE #</b>	46
<b>CODE NAME</b>	Theraptic Beh Svcs – PLN DEV 46

**DEFINITION**

Activities include the preparation and development of a TBS care plan, reviewing the Client Plan. (Reimbursable only if review results in documented modifications to the Client Plan) and updating the Client Plan. To be used only by Therapeutic Behavioral Services staff.

**SERVICE INDICATORS - TABLE VALUES**

<b>Person Contacted:</b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b>Place of Service:</b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b>Contact Type:</b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>Appointment Types:</b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> **Must also select Outside Facility from list		<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL
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**Therapeutic Behavioral Services - DIRECT**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>47</u>
<b>CODE NAME</b>	<u>Theraptic Beh Svcs – DIRECT 47</u>

**DEFINITION**

One-to-one therapeutic contacts with the client for a specified short-term period of time (shadowing), which are designed to maintain the child/youth's community placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. Mental health provider is on-site and is immediately available to intervene for a specified period of time, up to 24 hours per day, depending on the need of the child/youth. Parent or Significant Others may be present. To be used only by Therapeutic Behavioral Services staff.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b>	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

\*Defaults  
\*\*Must also select Outside Facility from list

**Unit Types and Unit/SubUnits**

<b>AUTHORIZED CREDENTIAL</b> All
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**Therapeutic Behavioral Services – ASSESSMENT**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>48</u>
<b>CODE NAME</b>	<u>Theraptic Beh Svcs – ASSMNT 48</u>

**DEFINITION**

An activity conducted by a provider to assess a child/youth’s current problem presentation, maladaptive at risk behaviors that require TBS, member class inclusion criteria, and clinical need for TBS services. Periodic re-assessments for continued medical necessity and clinical need for TBS is included. To be used only by Therapeutic Behavioral Services staff.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>                  B – Client with Family  <b>C – Client*</b>                  F – Family/Legal Guardian                  O – Other</p>	<p><b><u>Place of Service:</u></b>                  A – Office                  B – SNF Patch / Psych Services **                  C – Correctional Facility                  D – IP Psych Unit at Medical Hosp **                  E – Homeless Emergency Shelter                  F – Faith Based (church)                  G – Health Care – Primary Care                  H – Home                  I - SNF Medical Care **                  J – Client Job Site                  K – IMD/State Hospital **                  L – Crisis Residential                  M – IP Medical Non-Psych **                  N – IP Free Standing Psych Hosp **                  O- Other Community/Field Based                  P – Emergency Room **                  R – Residential Care-Children                  S – School**                  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>                  C - Correspondence                  E – Telehealth  <b>F – Face-to-Face*</b>                  N – No Contact                  T - Telephone                  V - TTY</p>
<p><b><u>Billing Type:</u></b>                  See Language Table</p>	<p><b><u>Intensity Type:</u></b>                  B- Bilingual Program Staff                  G-Client Chosen Interpreter                  E-Emergency                  D-External Interpreter Agency                  F-Internal Interpreter Org Level                  N- Not Applicable                  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>                  2 – Unscheduled/Walk-in                  3 – Cancelled by Client                  4 – Cancelled by Program                  5 – No Show</p>
<p><b><u>EBP:</u></b>                  90-Homework Assignment Given                  91--Homework Assignment Completed                  92-Child Family Team Meeting</p>		
<p><b>*Defaults</b>                  **Must also select Outside Facility from list</p>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

# **Therapeutic Behavioral Services - COL**

## **Service Code Approved Use Summary**

<b>CODE #</b>	<u>49</u>
<b>CODE NAME</b>	<u>Theraptic Beh Svcs – COL 49</u>

### **DEFINITION**

Contacts with family members, caregivers, and other significant individuals in the life of a Therapeutic Behavioral Services client. To be used only by Therapeutic Behavioral Services staff.

### **SERVICE INDICATORS - TABLE VALUES**

<b>Person Contacted:</b> <b>F – Family/Legal Guardian*</b> O – Other	<b>Place of Service:</b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b>Contact Type:</b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>Appointment Types:</b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

### **AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN



## Case Management Brokerage

### Service Summary Code Approved Use

<b>CODE #</b>	<u>50</u>
<b>CODE NAME</b>	<u>Case Mgt / Brokerage 50</u>

### DEFINITION

Case management services provided to assist the client to access needed housing, medical, educational, social, prevocational, vocational, rehabilitative, alcohol or drug treatment, or other needed community services. Includes targeted case management services of monitoring the beneficiary's progress toward client plan goals and placement services.

\*SC 800 to be used in a lock out setting

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family  
C – Client  
F – Family/Legal Guardian  
**O – Other\***

#### Place of Service:

A – Office  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### Contact Type:

C - Correspondence  
E – Telehealth  
F – Face-to-Face  
N – No Contact  
T - Telephone  
V - TTY

#### Appointment Types:

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

## PATH Section 8 Assistance

### Service Code Approved Use Summary

<b>CODE #</b>	<u>51</u>
<b>CODE NAME</b>	<u>PATH Section 8 Assistance 51</u>

### DEFINITION

Targeted training, guidance, information sharing, and assistance to, or on behalf of PATH-enrolled individuals who encounter complex access issues related to housing. This code may only be used by specific PATH-funded programs.

### SERVICE INDICATORS - TABLE VALUES

<b>Person Contacted:</b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b>Place of Service:</b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b>Contact Type:</b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>Appointment Types:</b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

**PATH Referral- Specific Service**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>52</u>
<b>CODE NAME</b>	<u>PATH Referral- Specific Svc 52</u>

**DEFINITION**

Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers. This code may only be used by PATH-funded programs.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**JFS-Mental Comp Screening 53**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>53</u>
<b>CODE NAME</b>	JFS Mental Comp Screening 53

**DEFINITION**

A non-billable service activity in response to an order from the Juvenile Court designed to assess a detained juvenile's mental, emotional or behavioral health, and competency to stand trial. Assessment may include clinical interview, mental status examination, and standardized psycho-diagnostic tools assessing personality, psychopathology, emotionality, intellectual abilities, developmental history and status, and mental competency to stand trial. The Server may be gathering information from a variety of sources. Client must be present in the evaluation, but report interpretation and writing can be done without the client present.  
To be used only by Juvenile Forensic Services staff.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility*</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b>
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

PSYD-Lic	WPhD
PHD-Lic	WPSYD
MD	
PsyA	

**JFS- JFAST Evaluation 54**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>54</u>
<b>CODE NAME</b>	JFS- JFAST Evaluation 54

**DEFINITION**

JFAST is the Forensic Assistance for Stabilization and Treatment of Juvenile Offenders program. A non-billable service activity in response to an order from the Juvenile Court designed to assess a detained juvenile's appropriateness for inclusion in the JFAST program. The evaluation includes but is not limited to assessment of the youth's mental illness, prognosis with treatment, treatment options, treatment availability, youth and parent/guardian willingness to participate. The Server may be gathering information from a variety of sources. Client must be present in the evaluation, but report writing can be done without the client present. To be used only by Juvenile Forensic Services staff.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility*</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b>
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

PHD-Lic	WPHD	WPSYD
PSYD-Lic	WLMFT, WLCSW	
LMFT		
LCSW		
MD		
PsyA		

**Case Management Institutional Individual**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>55</u>
<b>CODE NAME</b>	<u>Case Mgt Institutional Indv 55</u>

**DEFINITION**

Non-billable services that are specifically provided as an individual service by a case manager with an "institution" (IMD, SNF, ICF, State Hospital) caseload.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site <b>K – IMD/State Hospital* **</b> L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Case Management Institutional Group**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>56</u>
<b>CODE NAME</b>	<u>Case Mgt Institutional Grp 56</u>

**DEFINITION**

Non-billable services that are specifically provided as a bulk/group service by a case manager with an "institution" (IMD, SNF, ICF, State Hospital) caseload.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site <b>K – IMD/State Hospital* **</b> L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

## Certified Peer Support Services

### Service Code Approved Use Summary

<b>CODE #</b>	<u>57</u>
<b>CODE NAME</b>	<u>Behavioral Health Prevention Education Service</u>

#### DEFINITION

Group activity providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills to help the beneficiaries achieve desired outcomes. These non-clinical groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services. This service/service code is only applicable to Certified Peer Support Specialists.

#### SERVICE INDICATORS - TABLE VALUES

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital* ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

#### AUTHORIZED CREDENTIAL

Certified Peer Support Specialist only
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## Certified Peer Support Services

### Service Code Approved Use Summary

<b>CODE #</b>	<u>58</u>
<b>CODE NAME</b>	<u>Self Help/Peer Services</u>

### DEFINITION

Peer Support Specialist led non-clinical activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment, including support for beneficiaries in transitions between levels of care, and in developing their own recovery goals and processes. Peer Support Specialist role is to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and maintenance of community living skills. Activities may include but are not limited to, advocacy on behalf of the beneficiary, resource navigation, and collaboration with the beneficiaries and others providing care or support to the beneficiary. This service/service code is only applicable to Certified Peer Support Specialists. 

### SERVICE INDICATORS - TABLE VALUES

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital* ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

Certified Peer Support Specialist only
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**Substance Abuse Education**

**Service Code Approved Use Summary**

<b>CODE #</b>	63
<b>CODE NAME</b>	Substance Abuse Education 63

**DEFINITION**

Substance abuse education provided in conjunction with mental health services. This new code is used by Juvenile Forensics Programs only and is not billable.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O - Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility\***
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face
- N – No Contact
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled
- 2 – Unscheduled/Walk-in

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

## Community Services

### Service Code Approved Use Summary

<b>CODE #</b>	<u>65</u>
<b>CODE NAME</b>	Community Services 65

#### DEFINITION

Mental Health Services that are provided in the community at large and are generally intended to be outreach activities to persons or organizations.

#### SERVICE INDICATORS - TABLE VALUES

##### Person Contacted:

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O - Other

##### Place of Service:

A – Office  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital\*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
**O- Other Community/Field Based \***  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

##### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

##### Appointment Types:

**1 – Scheduled\***  
**2 – Unscheduled/Walk-in**  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

##### Billing Type:

See Language Table

##### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

##### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

\*Defaults

\*\*Must also select Outside Facility from list

#### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

**Service Attempt Failure**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>66</u>
<b>CODE NAME</b>	<u>Service Attempt Failure 66</u>

**DEFINITION**

Services that were intended to be provided to a client, but when the client is contacted he/she declines or refuses service or the client presents for services but vacates the premises prior to receiving the service.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

B – Client with Family

**C – Client\***

**Place of Service:**

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

**Contact Type:**

**F – Face-to-Face\***

**Appointment Types:**

6 – Services Refused

7 – Left Before Services Provided

**EBP:**

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

**Billing Type:**

See Language Table

**Intensity Type:**

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

\*Defaults

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

## Crisis Intervention

### Service Code Approved Use Summary

CODE #	70
CODE NAME	Crisis Intervention 70

### DEFINITION

Response to an unplanned event enabling client to cope with a crisis while maintaining his/her status as a functioning community member to the greatest extent possible. Includes related components such as assessment, evaluation, collateral contacts and therapy. Crisis Intervention is only provided to the client or the client with family present.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family

**C – Client\***

F – Family/Legal Guardian

O - Other

#### Place of Service:

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

#### Contact Type:

E – Telehealth

**F – Face-to-Face\***

T - Telephone

V - TTY

#### Appointment Types:

1 – Scheduled

**2 – Unscheduled/Walk-in\***

3 – Cancelled by Client

4 – Cancelled by Program

5 – No Show

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

#### EBP:

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

**Katie A. (KTA) Intensive Care Coordination**

**Service Summary Code Approved Use**

<b>CODE #</b>	<u>82</u>
<b>CODE NAME</b>	<u>Intensive Care Coordin ICC 82</u>

**DEFINITION**

Intensive Care Coordination (ICC) is a service that is mandated for members of the Katie A Subclass and available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services. ICC is provided through collaboration between the members of a **Child and Family Team (CFT)**. A Child and Family Team must be identified in order to provide ICC. ICC requires active, integrated and collaborative participation by the provider and at least one member of the CFT. ICC is a service that is used for the identification and coordination of ancillary supports and systems which promote safety, permanency and well-being. ICC services are offered to clients with significant and complex functional impairment and/or whose treatment requires cross-agency collaboration.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>  B – Client with Family  <b>C – Client*</b>  F – Family/Legal Guardian  O – Other  T - Team</p>	<p><b><u>Place of Service:</u></b>  <b>A – Office*</b>  B – SNF Patch / Psych Services **  C – Correctional Facility  D – IP Psych Unit at Medical Hosp **  E – Homeless Emergency Shelter  F – Faith Based (church)  G – Health Care – Primary Care  H – Home  I - SNF Medical Care **  J – Client Job Site  K – IMD/State Hospital **  L – Crisis Residential  M – IP Medical Non-Psych **  N – IP Free Standing Psych Hosp **  O- Other Community/Field Based  P – Emergency Room **  R – Residential Care-Children  S – School**  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>  E – Telehealth  <b>F – Face-to-Face*</b>  T - Telephone  V - TTY</p>
<p><b><u>Billing Type:</u></b>  See Language Table</p>	<p><b><u>Intensity Type:</u></b>  B- Bilingual Program Staff  G-Client Chosen Interpreter  E-Emergency  D-External Interpreter Agency  F-Internal Interpreter Org Level  N- Not Applicable  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>  2 – Unscheduled/Walk-in  3 – Cancelled by Client  4 – Cancelled by Program  5 – No Show</p>
		<p><b><u>EBP:</u></b>  90-Homework Assignment Given  91--Homework Assignment Completed  92-Child Family Team Meeting</p>
<p><b>*Defaults</b>  **Must also select Outside Facility from list</p>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Katie A. (KTA) Intensive Home Based Services**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>83</u>
<b>CODE NAME</b>	<u>In Home Based Services IHBS 83</u>

**DEFINITION**

Intensive Home-Based Services (IHBS) are **mental health rehabilitative services** that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other T - Team	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Crisis Stabilization**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>90</u>
<b>CODE NAME</b>	<u>Crisis Stabilization 90</u>

**DEFINITION**

Response lasting less than 24 hours to or on behalf of an individual exhibiting acute psychiatric symptoms provided in a 24 hour health facility or hospital based outpatient program as an alternative to hospitalization.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b> <b><u>Place of Service:</u></b> <b>P- Emergency Room Hospital*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN



**Crisis Stabilization- ESU**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>91</u>
<b>CODE NAME</b>	<u>Crisis Stabilization ESU 91</u>

**DEFINITION**

“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Sections 1810.210).

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b> <b><u>Place of Service:</u></b> <b>U- Urgent Care Facility</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Day Treatment**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>95</u>
<b>CODE NAME</b>	<u>Day Treatment 95</u>

**DEFINITION**

These services are provided to a distinct group of individuals and occur in a therapeutic, organized and structured setting. There are two levels for day treatment:

- 1) Day Treatment Intensive provides an organized and structured multi-disciplinary treatment program as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain a client in a community setting.
- 2) Day Rehabilitation provides evaluation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development.

Day Treatment services shall be pre-authorized. A Day Treatment service shall only be entered when the client attended for at least 50% of that program's scheduled time for that day.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Place of Service:</u></b> <b>A – Office*</b>		
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Utilization Review Authorizations**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>99</u>
<b>CODE NAME</b>	<u>Utilization Rev-Authorizations 99</u>

**DEFINITION**

This is an administrative code used for the evaluation of the necessity and appropriateness of services. Includes review of appropriateness of admissions, services ordered and provided, length of stay and discharge practices. **Used by the Administrative Services Organization (ASO).**

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>O – Other*</b>	<b><u>Place of Service:</u></b> <b>A – Office*</b>	<b><u>Contact Type:</u></b> <b>N – No Contact*</b>
		<u>Appointment Types:</u> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

N/A

**MEDS EM NEW MINOR PROBLEM**

**Service Code Approved Use Summary**

<b>CODE #</b>	100
<b>CODE NAME</b>	Meds EM New Minor Prob 100

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A problem focused history; b) A problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM NEW EXPANDED PROBLEM**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>101</u>
<b>CODE NAME</b>	<u>Meds EM New Expanded Prob 101</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client which requires these 3 key components: a) An expanded problem focused history; b) An expanded problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are low to moderate severity.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**MEDS EM NEW DETAILED LOW**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>102</u>
<b>CODE NAME</b>	<u>Meds EM New Detailed Low 102</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A detailed history; b) A detailed examination; c) Medical decision making of low complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian

**Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

**Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

**Appointment Types:**

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

**EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM NEW COMPREHENSIVE MODERATE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>103</u>
<b>CODE NAME</b>	<u>Meds EM New Comp Mod 103</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of moderate complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM NEW COMPREHENSIVE HIGH**

**Service Code Approved Use Summary**

<b>CODE #</b>	104
<b>CODE NAME</b>	Meds EM New Comp High 104

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of high complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM MINIMAL PROBLEM - INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>105</u>
<b>CODE NAME</b>	<u>Meds EM Minimal Prob INT 105</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client. Usually, the presenting problem(s) are minimal.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), **“Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services”** as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in**
- 3 – Cancelled by Client**
- 4 – Cancelled by Program**
- 5 – No Show**

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

\*Defaults

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**MEDS EM MINOR PROBLEM - INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	106
<b>CODE NAME</b>	Meds EM Minor Prob INT 106

**DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A problem focused history; b) A problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in**
- 3 – Cancelled by Client**
- 4 – Cancelled by Program**
- 5 – No Show**

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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## **MEDS EM EXPANDED LOW - INTERACTIVE**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>107</u>
<b>CODE NAME</b>	<u>Meds EM Expanded Low INT 107</u>

### **DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) An expanded problem focused history; b) An expanded problem focused examination; c) Medical decision making of low complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are low to moderate severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian

#### **Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### **Appointment Types:**

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### **Billing Type:**

See Language Table

#### **Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### **EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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# **MEDS EM DETAILED MODERATE - INTERACTIVE**

## **Service Code Approved Use Summary**

<b>CODE #</b>	108
<b>CODE NAME</b>	Meds EM Detailed Mod INT 108

### **DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A detailed history; b) A detailed examination; c) Medical decision making of moderate complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

### **SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

\*Defaults  
\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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# **MEDS EM COMPREHENSIVE HIGH - INTERACTIVE**

## **Service Code Approved Use Summary**

<b>CODE #</b>	109
<b>CODE NAME</b>	Meds EM Comp High INT 109

### **DEFINITION**

Office or other outpatient visit for the evaluation and management of an established client, which requires at least 2 of these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of high complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian

#### **Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### **Appointment Types:**

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### **Billing Type:**

See Language Table

#### **Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### **EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**MEDS EM NEW MINOR PROBLEM -INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>110</u>
<b>CODE NAME</b>	<u>Meds EM New Minor Prob INT 110</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A problem focused history; b) A problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**MEDS EM NEW EXPANDED PROBLEM- INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>111</u>
<b>CODE NAME</b>	<u>Meds EM New Expand Prob INT111</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client which requires these 3 key components: a) An expanded problem focused history; b) An expanded problem focused examination; c) Straightforward medical decision making. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are low to moderate severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), **“Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services”** as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM NEW DETAILED LOW- INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	112
<b>CODE NAME</b>	Meds EM New Detailed Low INT 112

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A detailed history; b) A detailed examination; c) Medical decision making of low complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>                  B – Client with Family  <b>C – Client*</b>                  F – Family/Legal Guardian</p>	<p><b><u>Place of Service:</u></b>  <b>A – Office*</b>                  B – SNF Patch / Psych Services **                  C – Correctional Facility                  D – IP Psych Unit at Medical Hosp **                  E – Homeless Emergency Shelter                  F – Faith Based (church)                  G – Health Care – Primary Care                  H – Home                  I - SNF Medical Care **                  J – Client Job Site                  K – IMD/State Hospital **                  L – Crisis Residential                  M – IP Medical Non-Psych **                  N – IP Free Standing Psych Hosp **                  O- Other Community/Field Based                  P – Emergency Room **                  R – Residential Care-Children                  S – School**                  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>                  E – Telehealth  <b>F – Face-to-Face*</b>                  T - Telephone                  V - TTY</p>
<p><b><u>Billing Type:</u></b>                  See Language Table</p>	<p><b><u>Intensity Type:</u></b>                  B- Bilingual Program Staff                  G-Client Chosen Interpreter                  E-Emergency                  D-External Interpreter Agency                  F-Internal Interpreter Org Level                  N- Not Applicable                  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>                  2 – Unscheduled/Walk-in                  3 – Cancelled by Client                  4 – Cancelled by Program                  5 – No Show</p>
		<p><b><u>EBP:</u></b>                  90-Homework Assignment Given                  91--Homework Assignment Completed                  92-Child Family Team Meeting</p>
<p><b>*Defaults</b>                  **Must also select Outside Facility from list</p>		

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	



**MEDS EM NEW COMPREHENSIVE MODERATE-INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>113</u>
<b>CODE NAME</b>	<u>Meds EM New Comp Mod INT 113</u>

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of moderate complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), **“Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services”** as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

MD Physician Assistant	DO MD Trainee	Nurse Practitioner
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**MEDS EM NEW COMPREHENSIVE HIGH- INTERACTIVE**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>114</u>
<b>CODE NAME</b>	Meds EM New Comp High INT 114

**DEFINITION**

Office or other outpatient visit for the evaluation and management of a new client, which requires these 3 key components: a) A comprehensive history; b) A comprehensive examination; c) Medical decision making of high complexity. Service is consistent with the nature of the problem(s) and the client's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid Services (CMS), **“Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services”** as that may be a violation of federal statute.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in**
- 3 – Cancelled by Client**
- 4 – Cancelled by Program**
- 5 – No Show**

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

## **MEDICATION EVALUATION - INTERACTIVE**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>115</u>
<b>CODE NAME</b>	<u>Medication Eval INT 115</u>

### **DEFINITION**

Prescribing practitioner's mental health assessment of client including assessment of need for psychiatric medications.

Interactive complexity includes the need to manage high reactivity, emotions or behavior of participants that interferes/complicates implementation or delivery of treatment services. It also may include mandated reporting such as in situations involving abuse or neglect. May include the use of play equipment, other physical devices, and interpreter or translator services. Per the Center for Medicare and Medicaid

Services (CMS), "**Interactive CPT add-on code generally should not be billed solely for the purpose of translation or interpretation services**" as that may be a violation of federal statute.

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian

#### **Place of Service:**

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### **Appointment Types:**

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### **Billing Type:**

See Language Table

#### **EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

\*Defaults

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

MD	DO	Nurse Practitioner
Physician Assistant	MD Trainee	

**MAA Case Management / Non-Open Non SPMP**

**Service Code Approved Use Summary**

<b>CODE #</b>	201
<b>CODE NAME</b>	MAA CasMgt / Non-Opn NonSPMP 201

**DEFINITION**

Gathering information about an individual's health and mental health needs. Assisting individuals to access Medi-Cal physical health and mental health services by providing referrals, follow-up, and arranging transportation for mental health care.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL

**MAA Crisis Referral Non-Open**

**Service Code Approved Use Summary**

<b>CODE #</b>	202
<b>CODE NAME</b>	MAA Crisis Refrl/Non-Open 202

**DEFINITION**

Intervening in a crisis situation by making a referral to mental health services for an individual not currently enrolled in mental health system.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL
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**MAA Medi-Cal Eligible Intake**

**Service Code Approved Use Summary**

<b>CODE #</b>	203
<b>CODE NAME</b>	MAA MCal Elig Intake 203

**DEFINITION**

Screening and assisting applicants for mental health services with the application for Medi-Cal benefits.

**SERVICE INDICATORS – TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL

**MAA Medi-Cal Outreach**

**Service Code Approved Use Summary**

<b>CODE #</b>	204
<b>CODE NAME</b>	MAA Medi-Cal Outreach 204

**DEFINITION**

Informing Medi-Cal recipients or potential eligible about Medi-Cal services (including Short-Doyle); Assisting at risk Medi-Cal recipients or potential eligible to understand the need for mental health services; Actively encouraging reluctant and difficult to reach Medi-Cal recipients or potential eligible to accept needed mental health and health services.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
\*\*Must also select Outside Facility from list

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

**MAA Mental Health Outreach**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>205</u>
<b>CODE NAME</b>	<u>MAA Mental Health Outreach 205</u>

**DEFINITION**

Informing at-risk populations about the need for and availability of Medi-Cal and non-Medi-Cal mental health services. Telephone, walk-in, or drop-in services for referring persons to Medi-Cal and non-Medi-Cal mental health programs.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting	

**\*Defaults**  
\*\*Must also select Outside Facility from list

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL



**MAA SPMP Case Management / Non-Open**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>206</u>
<b>CODE NAME</b>	MAA SPMP Case Mgm / Non-Open 206

**DEFINITION**

Gathering information about an individual's health and mental health needs, when performed by SPMP staff. Assisting individuals to access Medi-Cal physical health and mental health services by providing referrals, follow-up, and arranging transportation for mental health care. (County only)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

\*Defaults  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

**MAA Program Planning Development SPMP**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>207</u>
<b>CODE NAME</b>	<u>MAA Prog Plan &amp; Devel SPMP 207</u>

**DEFINITION**

Developing strategies to increase system capacity and to close service gaps. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children and adolescents. (County only)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O – Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I – SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T – Telephone V – TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

\*Defaults  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

# **MAA Program Planning Development Non-SPMP**

## **Service Code Approved Use Summary**

<b>CODE #</b>	<u>208</u>
<b>CODE NAME</b>	MAA Prog Plan & Dev Non-SPMP 208

### **DEFINITION**

Developing strategies to increase system capacity and to close service gaps. Interagency coordination to improve delivery of mental health services to seriously mentally ill adults or seriously emotionally disturbed children and adolescents.

### **SERVICE INDICATORS - TABLE VALUES**

<b>Person Contacted:</b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b>Place of Service:</b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b>Contact Type:</b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>Appointment Types:</b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

### **AUTHORIZED CREDENTIAL**

ALL
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## MAA Implementation / Training

### Service Code Approved Use Summary

<b>CODE #</b>	<u>209</u>
<b>CODE NAME</b>	<u>MAA Implementation / Train 209</u>

### DEFINITION

Attending training sessions, meetings, and conferences involving MAA. Training staff on state, federal, and local MAA claiming. Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O- Other

#### Place of Service:

**A – Office\***  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### Appointment Types:

1 – Scheduled  
**2 – Unscheduled/Walk-in\***  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

\*Defaults

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL

**Arsonist Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>301</u>
<b>CODE NAME</b>	<u>Z Arsonist Eval 301</u>

**DEFINITION**

A forensic evaluation performed under CA Penal Code Section 457. Ordered by Superior Court for the purposes of sentencing persons convicted of Arson. Only used by the Adult Forensic Psychiatry Program in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL

**Involuntary Meds – Restore Sanity Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>302</u>
<b>CODE NAME</b>	Z Invol Meds-Restr San Eval 302

**DEFINITION**

A forensic evaluation ordered by Superior Court to determine whether a person who was found to be mentally incompetent to stand trial can be involuntarily medicated in order to restore sanity. Only used by the Adult Forensic Psychiatry Program in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult  <b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY  <b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show  <b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL

**Mental Competency Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>303</u>
<b>CODE NAME</b>	<u>Z Mental Competency Eval 303</u>

**DEFINITION**

A forensic evaluation performed under Penal Codes 1368, 1369, 1370 and ordered by Superior Court in order to determine if a person is mentally competent to stand trial.

Only used by programs approved to use this service code.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility \***
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL
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**Narcotic Addiction Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>304</u>
<b>CODE NAME</b>	<u>Z Narcotic Addiction Eval 304</u>

**DEFINITION**

A forensic evaluation ordered by Superior Court under W&I 3051, 3100 allows for commitment of person to Dept. of Corrections for confinement in narcotics detention, treatment and rehabilitation. Only used by the Adult Forensic Psychiatry Program in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL



**Pre-Sentencing Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>306</u>
<b>CODE NAME</b>	<u>Z Pre-Sentencing Eval 306</u>

**DEFINITION**

A forensic evaluation ordered by Superior Court to determine a person's mental health issues prior to sentencing. Only used by the Adult Forensic Psychiatry Program in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

## Mental Health Forensic Evaluation

### Service Code Approved Use Summary

<b>CODE #</b>	<u>307</u>
<b>CODE NAME</b>	<u>ZZ MH Forensic Eval 307</u>

### DEFINITION

A forensic evaluation requested or required by HHS/Mental Health/County Administration. Includes exams performed under W&I 5000-5550 (LPS and Murphy Conservatorship), PC 4011 (Prisoner exams), W&I 6600 (Sexually Violent Predator Exams). Only used by Adult Forensic Psychiatry Program in the Downtown Courthouse.

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O- Other

#### Place of Service:

A – Office  
B – SNF Patch / Psych Services \*\*  
**C – Correctional Facility \***  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### Appointment Types:

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL

**Child Sex Offender Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>308</u>
<b>CODE NAME</b>	<u>Z Child Sex Offender Eval 308</u>

**DEFINITION**

A forensic evaluation ordered by Superior Court to determine the level of risk for re-offense posed by an individual convicted of a sex offense involving a child. Child Sex Offender (PC 288.1)  
Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O- Other

**Place of Service:**

A – Office  
B – SNF Patch / Psych Services \*\*  
**C – Correctional Facility \***  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

**Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

**Appointment Types:**

**1 – Scheduled\***  
**2 – Unscheduled/Walk-in**  
**3 – Cancelled by Client**  
**4 – Cancelled by Program**  
**5 – No Show**

**Billing Type:**

See Language Table

**EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

**Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL
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**180-Day Commitment Evaluation  
Service Code Approved Use Summary**

<b>CODE #</b>	<u>309</u>
<b>CODE NAME</b>	<u>Z 180-Day Commitment Eval 309</u>

**DEFINITION**

A forensic evaluation ordered by Superior Court to determine if a mentally ill patient remains dangerous to others after expiration of the initial 14 day commitment. 180 Day Commitment (W&I 5303.1)  
Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<p><b>Person Contacted:</b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other</p>	<p><b>Place of Service:</b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult</p>	<p><b>Contact Type:</b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY</p>
<p><b>Billing Type:</b> See Language Table</p>	<p><b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent</p>	<p><b>Appointment Types:</b> <b>1 – Scheduled*</b> <b>2 – Unscheduled/Walk-in</b> <b>3 – Cancelled by Client</b> <b>4 – Cancelled by Program</b> <b>5 – No Show</b></p>
<p><b>*Defaults</b> <b>**Must also select Outside Facility from list</b></p>		<p><b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting</p>

**AUTHORIZED CREDENTIAL**

ALL

**Other Superior Court Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	310
<b>CODE NAME</b>	Z Other Superior Ct Eval 310

**DEFINITION**

All other forensic evaluations ordered by Superior Court. (e.g., PC 2970)  
Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL

**Mentally Disordered Offender Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>311</u>
<b>CODE NAME</b>	<u>Z Detention of MDO 311</u>

**DEFINITION**

A forensic evaluation ordered by Superior Court to determine whether a mentally ill offender is dangerous to self, others, or is gravely disabled. Mentally Disordered Offender (W&I 5150). Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>*Defaults</u></b> **Must also select Outside Facility from list	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting	

**AUTHORIZED CREDENTIAL**

ALL

**Sanity/Sanity Restoration Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	312
<b>CODE NAME</b>	Z SANITY/RESTR SANITY EVAL 312

**DEFINITION**

A forensic evaluation requested or required by HHS/Mental Health/County Administration to determine the mental state of an offender at the time of commission of an offense. Sanity, Restoration and Placement (PC 1026, 1026.2, 1027) Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>  B – Client with Family  <b>C – Client*</b>  F – Family/Legal Guardian  O- Other</p>	<p><b><u>Place of Service:</u></b>  A – Office  B – SNF Patch / Psych Services **  <b>C – Correctional Facility *</b>  D – IP Psych Unit at Medical Hosp **  E – Homeless Emergency Shelter  F – Faith Based (church)  G – Health Care – Primary Care  H – Home  I - SNF Medical Care **  J – Client Job Site  K – IMD/State Hospital **  L – Crisis Residential  M – IP Medical Non-Psych **  N – IP Free Standing Psych Hosp **  O- Other Community/Field Based  P – Emergency Room **  R – Residential Care-Children  S – School**  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>  E – Telehealth  <b>F – Face-to-Face*</b>  T - Telephone  V - TTY</p>
<p><b><u>Billing Type:</u></b>  See Language Table</p>	<p><b><u>Intensity Type:</u></b>  B- Bilingual Program Staff  G-Client Chosen Interpreter  E-Emergency  D-External Interpreter Agency  F-Internal Interpreter Org Level  N- Not Applicable  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>  2 – Unscheduled/Walk-in  3 – Cancelled by Client  4 – Cancelled by Program  5 – No Show</p>
		<p><b><u>EBP:</u></b>  90-Homework Assignment Given  91--Homework Assignment Completed  92-Child Family Team Meeting</p>

\*Defaults  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

**Termination of Parental Rights Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>313</u>
<b>CODE NAME</b>	Z TERMNTE PARENT RIGHT EVAL 13

**DEFINITION**

A forensic evaluation requested or required by HHS/Mental Health/County Administration to determine whether a mentally ill individual would have an incapacity in the area of providing parental care. Termination of Parental Rights (W&I 727.31) Only used by the Adult Forensic Examining Unit (FEU) in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility \***
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL
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**Mental Health Forensic Evaluation**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>314</u>
<b>CODE NAME</b>	<u>Z MDO Evaluation 314</u>

**DEFINITION**

A forensic evaluation requested or required by HHS/Mental Health/County Administration. Includes exams performed under Penal Code 2990 (Mentally Disordered Offender Exams). Only used by Adult Forensic Psychiatry Program in the Downtown Courthouse.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** <b>C – Correctional Facility *</b> D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL
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## **Interactive Add On**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>785</u>
<b>CODE NAME</b>	<u>Interactive Add On 785</u>

### **DEFINITION**

This Add-On code is only to be used when an Interactive service code is entered and must be entered along with the primary service code at the time of service entry. These primary service codes are listed below:

- 9 Assessment- Psychosocial Interactive
- 38 Psychotherapy Interactive- Individual
- 39 Psychotherapy Interactive- Group
- 115 Medication Eval- INT

### **SERVICE INDICATORS - TABLE VALUES**

#### **Person Contacted:**

B – Client with Family

**C – Client\***

F – Family/Legal Guardian

O- Other

#### **Place of Service:**

**A – Office\***

B – SNF Patch / Psych Services \*\*

C – Correctional Facility

D – IP Psych Unit at Medical Hosp \*\*

E – Homeless Emergency Shelter

F – Faith Based (church)

G – Health Care – Primary Care

H – Home

I - SNF Medical Care \*\*

J – Client Job Site

K – IMD/State Hospital \*\*

L – Crisis Residential

M – IP Medical Non-Psych \*\*

N – IP Free Standing Psych Hosp \*\*

O- Other Community/Field Based

P – Emergency Room \*\*

R – Residential Care-Children

S – School\*\*

V – Residential Care-Adult

#### **Contact Type:**

E – Telehealth

**F – Face-to-Face\***

T - Telephone

V - TTY

#### **Appointment Types:**

**1 – Scheduled\***

2 – Unscheduled/Walk-in

3 – Cancelled by Client

4 – Cancelled by Program

5 – No Show

#### **Billing Type:**

See Language Table

#### **Intensity Type:**

B- Bilingual Program Staff

G-Client Chosen Interpreter

E-Emergency

D-External Interpreter Agency

F-Internal Interpreter Org Level

N- Not Applicable

U-Urgent

#### **EBP:**

90-Homework Assignment Given

91--Homework Assignment Completed

92-Child Family Team Meeting

\*Defaults

\*\*Must also select Outside Facility from list

### **AUTHORIZED CREDENTIAL**

ALL

## **Non-Billable- Case Management**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>800</u>
<b>CODE NAME</b>	<u>Non-Bill Case Management 800</u>

### **DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below. \* See service code 50 for lock-outs.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 50

### **SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

### **AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Medication/Med Support**

**Service Code Approved Use Summary**

<b>CODE #</b>	801
<b>CODE NAME</b>	Non-Bill Med/Support Svcs 801

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for all medication services, including medication support and evaluation and mgmt.

**SERVICE INDICATORS - TABLE VALUES**

<p><b><u>Person Contacted:</u></b>                  B – Client with Family  <b>C – Client*</b>                  F – Family/Legal Guardian                  O- Other</p>	<p><b><u>Place of Service:</u></b>  <b>A – Office*</b>                  B – SNF Patch / Psych Services **                  C – Correctional Facility                  D – IP Psych Unit at Medical Hosp **                  E – Homeless Emergency Shelter                  F – Faith Based (church)                  G – Health Care – Primary Care                  H – Home                  I - SNF Medical Care **                  J – Client Job Site                  K – IMD/State Hospital **                  L – Crisis Residential                  M – IP Medical Non-Psych **                  N – IP Free Standing Psych Hosp **                  O- Other Community/Field Based                  P – Emergency Room **                  R – Residential Care-Children                  S – School**                  V – Residential Care-Adult</p>	<p><b><u>Contact Type:</u></b>                  E – Telehealth  <b>F – Face-to-Face*</b>                  T - Telephone                  V - TTY</p>
<p><b><u>Billing Type:</u></b>                  See Language Table</p>	<p><b><u>Intensity Type:</u></b>                  B- Bilingual Program Staff                  G-Client Chosen Interpreter                  E-Emergency                  D-External Interpreter Agency                  F-Internal Interpreter Org Level                  N- Not Applicable                  U-Urgent</p>	<p><b><u>Appointment Types:</u></b>  <b>1 – Scheduled*</b>                  2 – Unscheduled/Walk-in                  3 – Cancelled by Client                  4 – Cancelled by Program                  5 – No Show</p>
		<p><b><u>EBP:</u></b>                  90-Homework Assignment Given                  91--Homework Assignment Completed                  92-Child Family Team Meeting</p>
<p><b>*Defaults</b>                  **Must also select Outside Facility from list</p>		

**AUTHORIZED CREDENTIAL**

RN	PHARMD	LVN
Nurse Practitioner	MD Trainee	MD
DO	LPT	Physician Asst

**Non-Billable- Mental Health Service**

**Service Code Approved Use Summary**

<b>CODE #</b>	802
<b>CODE NAME</b>	Non-Bill Mental Health Svc 802

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Codes 9, 10, 12, 13, 14, 15, 16, 30-40.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Crisis Intervention Service**

**Service Code Approved Use Summary**

<b>CODE #</b>	803
<b>CODE NAME</b>	Non-Bill Crisis Intervent 803

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 70

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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## Non-Billable- Full Day Intensive Tx

### Service Code Approved Use Summary

<b>CODE #</b>	804
<b>CODE NAME</b>	Non-Bill Full Day Intensive Tx 804

### DEFINITION

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 95

### SERVICE INDICATORS - TABLE VALUES

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> **Must also select Outside Facility from list		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN

## **Non-Billable- Half Day Intensive Treatment**

### **Service Code Approved Use Summary**

<b>CODE #</b>	<u>805</u>
<b>CODE NAME</b>	<u>Non-Bill Half Day Intensive Tx 805</u>

### **DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 95

### **SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

### **AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN



**Non-Billable- Full Day Rehab Tx**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>806</u>
<b>CODE NAME</b>	<u>Non-Bill Full Day Rehab Tx 806</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 95

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Half Day Rehab Treatment**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>807</u>
<b>CODE NAME</b>	<u>Non-Bill Half Day Rehab Tx 807</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 95

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Non-Billable- Therapeutic Behavioral Services**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>808</u>
<b>CODE NAME</b>	<u>Non-Bill TBS 808</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 46, 47, 48, 49

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Inpatient Hospital Bed Day**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>809</u>
<b>CODE NAME</b>	<u>Non-Bill IP Hosp Bed Day 809</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 906 & 907

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp\* \*\***
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Psychiatric Health Facility (PHF) Bed Day**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>810</u>
<b>CODE NAME</b>	<u>Non-Bill PHF Bed Day 810</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 908

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children\***
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Crisis Residential Bed Day**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>811</u>
<b>CODE NAME</b>	<u>Non-Bill Crisis Res Bed Day 811</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 909

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** <b>L – Crisis Residential *</b> M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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**Non-Billable- Adult Residential Bed Day (Non-Crisis)**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>812</u>
<b>CODE NAME</b>	<u>Non-Bill Adult Res Bed Day 812</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 910

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O- Other

**Place of Service:**

A – Office  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
P – Emergency Room \*\*  
R – Residential Care-Children  
S – School\*\*

**Contact Type:**

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

**Appointment Types:**

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

**Billing Type:**

See Language Table

**V – Residential Care-Adult\***

**Intensity Type:**

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

**EBP:**

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

## Non-Billable- Crisis Stabilization- EPU

### Service Code Approved Use Summary

<b>CODE #</b>	<u>813</u>
<b>CODE NAME</b>	<u>Non-Bill Crisis Stabil EPU 813</u>

### DEFINITION

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 90

### SERVICE INDICATORS - TABLE VALUES

#### Person Contacted:

B – Client with Family  
**C – Client\***  
F – Family/Legal Guardian  
O- Other

#### Place of Service:

A – Office  
B – SNF Patch / Psych Services \*\*  
C – Correctional Facility  
D – IP Psych Unit at Medical Hosp \*\*  
E – Homeless Emergency Shelter  
F – Faith Based (church)  
G – Health Care – Primary Care  
H – Home  
I - SNF Medical Care \*\*  
J – Client Job Site  
K – IMD/State Hospital \*\*  
L – Crisis Residential  
M – IP Medical Non-Psych \*\*  
N – IP Free Standing Psych Hosp \*\*  
O- Other Community/Field Based  
**P – Emergency Room \* \*\***  
R – Residential Care-Children  
S – School\*\*  
V – Residential Care-Adult

#### Contact Type:

E – Telehealth  
**F – Face-to-Face\***  
T - Telephone  
V - TTY

#### Appointment Types:

**1 – Scheduled\***  
2 – Unscheduled/Walk-in  
3 – Cancelled by Client  
4 – Cancelled by Program  
5 – No Show

#### Billing Type:

See Language Table

#### Intensity Type:

B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

#### EBP:

90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

#### **\*Defaults**

\*\*Must also select Outside Facility from list

### AUTHORIZED CREDENTIAL

ALL, excluding ADMIN



**Non-Billable- Crisis Stabilization- ESU**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>814</u>
<b>CODE NAME</b>	<u>Non-Bill Crisis Stabil ESU 814</u>

**DEFINITION**

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below.

1. Required signature(s) are missing from documentation
2. Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
3. Service code that is re-entered for Service Code 91

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- U – Urgent Care Facility\***
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Other Support Non-Billable**

**Service Code Approved Use Summary**

<b>CODE #</b>	815
<b>CODE NAME</b>	Non-Bill Other Support Service

**DEFINITION**

A direct support service that is not a Specialty Mental Health Service (SMHS) provided to a client, and therefore, not eligible for insurance (MediCal) reimbursement. Examples include: staff travel time when providing a SHMS between provider sites\*\*\*, providing a client with academic educational service, vocational service that has work or work training as its actual purpose, socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific target behaviors, recreational activities, grooming or personal care assistance, payee related services and solely transportation time when no SMHS service has occurred.

**SERVICE INDICATORS - TABLE VALUES**

<b>Person Contacted:</b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b>Place of Service:</b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** U – Urgent Care Facility* V – Residential Care-Adult	<b>Contact Type:</b> E – Telehealth F – Face-to-Face* T - Telephone V - TTY  <b>Appointment Types:</b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>Billing Type:</b> See Language Table	<b>Intensity Type:</b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b>EBP:</b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN
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## Non-Billable Mental Health Service

### Service Code Approved Use Summary

<b>CODE #</b>	<u>857</u>
<b>CODE NAME</b>	<u>Non-Bill Behavioral Health Prevention Education Service</u>

#### DEFINITION

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below. This code is only billable by the Certified Peer Support Specialist.

- Required signature(s) are missing from documentation.
- Specialty Mental Health Service (SMHS) that is disallowed/voided and must be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
- Service code that is re-entered for Service 57.

#### SERVICE INDICATOR - TABLE VALUES

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital* ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

#### AUTHORIZED CREDENTIAL

Certified Peer Support Specialist only
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## Non-Billable Mental Health Service

### Service Code Approved Use Summary

<b>CODE #</b>	<u>858</u>
<b>CODE NAME</b>	<u>Non-Bill Behavioral Health Prevention Education Service</u>

#### DEFINITION

This code is primarily used for the correction of services that are included in the Total Units of Services (TUOS) reported to the State that have been claimed to a third party payer (Medi-Cal, other insurance) and have been disallowed/recouped based on one or more of the criteria listed below. This code is only billable by the Certified Peer Support Specialist.

- Required signature(s) are missing from documentation.
- Specialty Mental Health Service (SMHS) that is disallowed/voided and must be re-entered into the electronic health record with the non-billable service code for units of service tracking (cost reporting)
- Service code that is re-entered for Service 58.

#### SERVICE INDICATOR - TABLE VALUES

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O - Other	<b><u>Place of Service:</u></b> <b>A – Office</b> B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital* ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> C - Correspondence E – Telehealth <b>F – Face-to-Face*</b> N – No Contact T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
**\*\*Must also select Outside Facility from list**

#### AUTHORIZED CREDENTIAL

Certified Peer Support Specialist only
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**Non-Billable-Katie A. (KTA) Intensive Care Coordination**

**Service Summary Code Approved Use**

<b>CODE #</b>	<u>882</u>
<b>CODE NAME</b>	<u>Non-Bill ICC 882</u>

**DEFINITION**

A Katie A. intensive care coordination (ICC) service provided to members of the SubClass that is not eligible for reimbursement for reasons including but not limited to:

- Service provided in a group home or hospital when beyond the 30 day discharge guideline.
- Service provided in a day treatment program during day program hours.
- Required signature(s) are missing from documentation
- Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into Anasazi with the non-billable service code for units of service tracking (cost reporting)

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client\***
- F – Family/Legal Guardian
- O- Other
- T - Team

**Place of Service:**

- A – Office
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

**\*Defaults**

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Non-Billable-Katie A. (KTA) Intensive Home Based Services**

**Service Summary Code Approved Use**

<b>CODE #</b>	883
<b>CODE NAME</b>	Non-Bill IHBS 883

**DEFINITION**

A Katie A. intensive home-based service (IHBS) provided to members of the SubClass that is not eligible for reimbursement for reasons including but not limited to:

- Service provided in a group home when a discharge plan is not in place
- Required signature(s) are missing from documentation
- Specialty Mental Health Service (SMHS) that is disallowed/voided and must to be re-entered into Anasazi with the non-billable service code for units of service tracking (cost reporting)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian	<b><u>Place of Service:</u></b> A – Office B – SNF Patch / Psych Services ** C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b> 2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Bed Day**

**Service Code Approved Use Summary**

CODE #	<u>900</u>
CODE NAME	<u>Bed Day 900</u>

**DEFINITION**

Service code 900 is used to track services for all those 24 hour programs that do not bill. Examples include IMDs, rehab centers, jail, etc.

**SERVICE INDICATORS - TABLE VALUES**

Service Indicators are not entered for Bed Day Services as they are not entered in the Individual Client Services Maintenance Screen. The Generate Bed Day Utility will create a report that posts the services.

**AUTHORIZED CREDENTIAL**

ALL

**Bed Day Hold**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>903</u>
<b>CODE NAME</b>	<u>Bed Day Hold</u>

**DEFINITION**

Service code 903 is used to hold beds for patients living in a 24 hour facility who are being temporarily served outside the current placement.

**SERVICE INDICATORS – TABLE VALUES**

Service Indicators are not entered for Bed Day Services as they are not entered in the Individual Client Services Maintenance Screen. The Generate Bed Day Utility will create a report that posts the services.

**AUTHORIZED CREDENTIAL**

ALL



**Inpatient Hospital- No Medical Necessity Day 904**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>904</u>
<b>CODE NAME</b>	IP- No Med Nec Day 904

**DEFINITION**

Service provided in an acute psychiatric hospital setting that are not reimbursable by the Department of Health Care Services because the patient does not meet medical necessity for the current day during the inpatient stay and discharge from hospital is not appropriate.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> <b>2 – Unscheduled/Walk-in*</b>
<b><u>Place of Service:</u></b> <b>D - IP/Full Scale Hospital/SNF*</b>	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table *Defaults		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Inpatient Hospital- Acute Bed Day 906**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>906</u>
<b>CODE NAME</b>	IP- Acute Bed Day 906

**DEFINITION**

Services provided in an acute psychiatric hospital that is approved by the Department of Health Care Services to provide psychiatric services. Those services are medically necessary for diagnosis or treatment of a mental disorder in accordance with Section 1820.205.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**  
**C – Client\***

**Contact Type:**  
**F – Face-to-Face\***

**Appointment Types:**  
**2 – Unscheduled/Walk-in\***

**Place of Service:**  
**D - IP/Full Scale  
Hospital/SNF\***

**Intensity Type:**  
B- Bilingual Program Staff  
G-Client Chosen Interpreter  
E-Emergency  
D-External Interpreter Agency  
F-Internal Interpreter Org Level  
N- Not Applicable  
U-Urgent

**EBP:**  
90-Homework Assignment Given  
91--Homework Assignment Completed  
92-Child Family Team Meeting

**Billing Type:**  
See Language Table

\*Defaults

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Inpatient Hospital- Administrative Bed Day 907**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>907</u>
<b>CODE NAME</b>	<u>IP- Administrative Bed Day 907</u>

**DEFINITION**

“Administrative Day Services” means psychiatric inpatient hospital services provided to a beneficiary who has been admitted to the hospital for acute psychiatric inpatient hospital services, and the beneficiary’s stay at the hospital must be continued beyond the beneficiary’s need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary. ( CCR, Title 9, Section 1810.202)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> <b>1 – Scheduled</b> <b>2 – Unscheduled/Walk-in*</b> <b>3 – Cancelled by Client</b> <b>4 – Cancelled by Program</b> <b>5 – No Show</b>
<b><u>Place of Service:</u></b> <b>D- IP/Full Scale Hospital/SNF*</b>	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table *Defaults		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Psychiatric Health Facility Bed Day 908**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>908</u>
<b>CODE NAME</b>	<u>Psych Health Fac Bed Day 908</u>

**DEFINITION**

“Psychiatric Health Facility services” means therapeutic and/or rehabilitative services provided in a psychiatric health facility, on an inpatient basis to beneficiaries who need acute care, which is care that meets the criteria of California Code of Regulations, Title 9, Section 1820.205 and whose physical health needs can be met in an affiliated general acute care hospital or outpatient setting. (CCR, Title 9, Section 1810.237)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Place of Service:</u></b> <b>R – Residential- Child*</b>	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table		
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Crisis Residential Bed Day 909**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>909</u>
<b>CODE NAME</b>	<u>Crisis Residential Bed Day 909</u>

**DEFINITION**

“Crisis Residential Treatment Services” means therapeutic or rehabilitative services provided in a non-institutionalized residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medication complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR, Title 9, Section 1810.208)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Place of Service:</u></b> <b>L – Crisis Residential*</b>	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table		
<b>*Defaults</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Adult Residential Bed Day 910**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>910</u>
<b>CODE NAME</b>	Adult Residential Bed Day 910

**DEFINITION**

“Adult Residential Treatment Services” means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk for hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR, Title 9, Section 1810.203)

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> <b>C – Client*</b>	<b><u>Contact Type:</u></b> <b>F – Face-to-Face*</b>	<b><u>Appointment Types:</u></b> 1 – Scheduled <b>2 – Unscheduled/Walk-in*</b> 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>Place of Service:</u></b> <b>V – Residential – Adult*</b>	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting
<b><u>Billing Type:</u></b> See Language Table		
<b>*Defaults</b> <b>**Must also select Outside Facility from list</b>		

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN

**Pending Void and Reentry**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>998</u>
<b>CODE NAME</b>	<u>Pending Void and Reentry</u>

**DEFINITION**

This code is used when a service has already been claimed and is pending payment or denial by Medi-Cal. This code is only to be used when a service needs to be removed and replaced but the claim is pending State processing. The 998 code is used for tracking those services that need re-entry once the claim has been reconciled. 998 is meant to be a temporary holding place for pending claimed services and must be reconciled once the program has been notified of final claim status from the MH Billing Unit.

**SERVICE INDICATORS - TABLE VALUES**

**Person Contacted:**

- B – Client with Family
- C – Client
- F – Family/Legal Guardian
- O- Other \***

**Place of Service:**

- A – Office\***
- B – SNF Patch / Psych Services \*\*
- C – Correctional Facility
- D – IP Psych Unit at Medical Hosp \*\*
- E – Homeless Emergency Shelter
- F – Faith Based (church)
- G – Health Care – Primary Care
- H – Home
- I - SNF Medical Care \*\*
- J – Client Job Site
- K – IMD/State Hospital \*\*
- L – Crisis Residential
- M – IP Medical Non-Psych \*\*
- N – IP Free Standing Psych Hosp \*\*
- O- Other Community/Field Based
- P – Emergency Room \*\*
- R – Residential Care-Children
- S – School\*\*
- V – Residential Care-Adult

**Contact Type:**

- E – Telehealth
- F – Face-to-Face
- N – No Contact\***
- T - Telephone
- V - TTY

**Appointment Types:**

- 1 – Scheduled\***
- 2 – Unscheduled/Walk-in
- 3 – Cancelled by Client
- 4 – Cancelled by Program
- 5 – No Show

**Billing Type:**

See Language Table

**Intensity Type:**

- B- Bilingual Program Staff
- G-Client Chosen Interpreter
- E-Emergency
- D-External Interpreter Agency
- F-Internal Interpreter Org Level
- N- Not Applicable
- U-Urgent

**EBP:**

- 90-Homework Assignment Given
- 91--Homework Assignment Completed
- 92-Child Family Team Meeting

\*Defaults

\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL

**Void Progress Note**

**Service Code Approved Use Summary**

<b>CODE #</b>	<u>999</u>
<b>CODE NAME</b>	<u>Void Progress Note</u>

**DEFINITION**

The 999 service code is used to label a voided progress note. The 999 service code does not actually indicate that any service was performed, but rather accommodates an administrative function in Anasazi.

**SERVICE INDICATORS - TABLE VALUES**

<b><u>Person Contacted:</u></b> B – Client with Family <b>C – Client*</b> F – Family/Legal Guardian O- Other	<b><u>Place of Service:</u></b> <b>A – Office*</b> B – SNF Patch / Psych Services **  C – Correctional Facility D – IP Psych Unit at Medical Hosp ** E – Homeless Emergency Shelter F – Faith Based (church) G – Health Care – Primary Care H – Home I - SNF Medical Care ** J – Client Job Site K – IMD/State Hospital ** L – Crisis Residential M – IP Medical Non-Psych ** N – IP Free Standing Psych Hosp ** O- Other Community/Field Based P – Emergency Room ** R – Residential Care-Children S – School** V – Residential Care-Adult	<b><u>Contact Type:</u></b> E – Telehealth <b>F – Face-to-Face*</b> T - Telephone V - TTY
<b><u>Billing Type:</u></b> See Language Table	<b><u>Intensity Type:</u></b> B- Bilingual Program Staff G-Client Chosen Interpreter E-Emergency D-External Interpreter Agency F-Internal Interpreter Org Level N- Not Applicable U-Urgent	<b><u>Appointment Types:</u></b> <b>1 – Scheduled*</b>  2 – Unscheduled/Walk-in 3 – Cancelled by Client 4 – Cancelled by Program 5 – No Show
<b><u>EBP:</u></b> 90-Homework Assignment Given 91--Homework Assignment Completed 92-Child Family Team Meeting		

**\*Defaults**  
\*\*Must also select Outside Facility from list

**AUTHORIZED CREDENTIAL**

ALL, excluding ADMIN