PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Specialty Mental Health Services
Direct Client Care—DHCS policy states that only direct client care should be counted towards selection of service time when documenting a service. Direct client care can include time spent meeting directly with the client, caregivers, significant support persons, and other professionals, unless the procedure codes states client is required to be present for that service. Direct client care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a client visit. However, travel time and documentation time should still be documented separately in the progress notes. Direct client care is not the same as "face-to-face" service.

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
Assessment Services			
70	H0031- Assessment Contribution	Used to document assessment work/services completed by clinical staff including gathering the beneficiary's mental health and medical history, substance use exposure and use, and identifying strengths, risks, and barriers to achieving goals. Although licensed, registered, and waivered staff are permitted to utilize this code, **SCSS/MHRS and Other Qualified Providers should utilize this code when documenting assessment work/services.** **Assessment Contribution Examples**: 1. Conducting CANS/ANSA with existing clients. 2. Discussion w/ client's family/significant support person/other professionals and appraisal of client's functioning during the assessment process—including prior to completion of initial CalAIM assessment. 3. Completion of other clinical assessments (within scope of practice).	AOD, CNS, LVN, AMFT/LMFT, ASW/LCSW, APCC/LPCC, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
	90791- Assessment LPHA	Used to document assessment work/services that include: an integrated biopsychosocial assessment, including completing a psychiatric diagnostic evaluation, diagnosis, Mental Status Exam (MSE), medication history, and/or assessment of relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health. **Assessment LPHA Examples**: 1. Assessment interview, CANS/ANSA completion, and write-up of CalAIM assessment form (new clients). 2. Conducting CANS/ANSA with existing clients. 3. Discussion w/ client's family/significant support persons/other professionals and appraisal of client's functioning during the assessment process. 4. Completing Diagnosis and MSE forms. 5. Completion of other clinical assessments/evaluations. ****Testing can be done only by licensed psychologists. Waivered psychologists, psychological assistants, and clinical psychology graduate students may provide testing with oversight and co-signature by a licensed psychologist or psychiatrist with training in psychological assessment.**	CNS, MD/DO, NP, PA, PhD/PsyD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
	90792- Prescriber Assessment (OP)	Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. This procedure code is mainly utilized by physicians and other qualified healthcare providers to document "Psychiatric Evaluation" services. **Prescriber Assessment Examples**: 1. In depth psychosocial assessment of an established client. 2. Assessment of an individual new to your caseload and who doesn't meet criteria for "New Patient" (see E&M service codes).	CNS, MD/DO, NP, PA
	90885- Review of Hospital Records	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnosis purposes. **Review of Hospital Records Examples**: 1. Reviewing hospital records in preparation for a post hospital visit. 2. Reviewing records (assessment, prior MH records, prior psychiatry notes) prior to initial appointment with a client or when completing a reassessment to inform your diagnosis. 3. Reviewing records in preparation for diagnosis update.	CNS, APCC/LPCC, MD/DO, AMFT/LMFT, ASW/LCSW, NP, PA, PhD/PsyD, Graduate students with a co-signature from a licensed staff member and oversight.
	H2000-MDT/CFT Meeting	Services related to the completion of a multidisciplinary evaluation (i.e. an evaluation that is administered and informed by professionals from various areas of expertise). **MDT/CFT Meeting Examples:** 1. Attending and participating in CFT meetings. 2. Attending and participating in a multidisciplinary client assessment and evaluation meeting.	AOD, CNS, APCC/LPCC, LVN, LPT, MD/DO, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
Care Coordination Services			
70	T1017- Targeted Case Management (TCM) Intensive Care Coordination (ICC)	TCM and ICC are specialized services which will provide coordination and support for access to medical, educational, social, prevocational, vocational, rehabilitative, or other community services for a beneficiary. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development. This is also the code utilized to capture Intensive Care Coordination (ICC) services. **TCM Examples**: 1. Linking clients to community resources to address client's symptoms and conditions. 2. Coordinating placement within 30 days of discharge from inpatient hospital.	AOD, CNS, APCC/LPCC, LVN, LPT, MD/DO, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
		3. Discussing individual's progress/monitoring service delivery with collaborative treatment providers and client's family/significant support persons. **ICC Examples**: 1. Assessing the adequacy and availability of resources. 2. Reviewing information from family and other sources. 3. Evaluating effectiveness of previous interventions. 4. Ensuring the active participation of client and individuals involved and clarifying their roles. 5. Identifying the interventions/course of action targeted at the client's and family's assessed needs. 6. Monitoring to ensure that identified services and activities are progressing appropriately. 7. Developing a transition plan for the client and family to foster long-term stability, including the effective use of natural supports and community resources.	
	99451- Physician to Physician Consult	Utilized to document time spent by a consulting physician to access data/information via an EHR, telephone, internet, performing data review and/or analysis and concludes with completing a written report. Does not require F2F between consulting physician & beneficiary. **Physician to Physician Consult Example**: 1. Used by a physician when requested to provide an opinion or treatment recommendation.	MD/DO
Medication Support Services			
	Prescriber New E/M (OP)- 99202, 15-29 minutes 99203, 30-44 minutes 99204, 45-59 minutes 99205, 60-104 minutes	Standard psychiatry services for new patients. "New Patient" = The individual has not received any professional services within the last three years from the physician, or another physician of the same specialty who belongs to the same group practice. **Prescriber New E/M (OP) Example**: 1. Identifying the client's chief complaint; obtaining the history of the present illness; conducting a review of systems; reviewing past, social, and medical history; conducting a psychiatric examination of the client; reviewing/ordering labs, tests, or medical records for the purposes of medical decision making; evaluating risk associated with presenting problems and proposed interventions; prescribing and documenting medication response and compliance; and developing plan for follow-up if needed.	CNS, MD/DO, NP, PA
	Prescriber Progress E/M (OP)- 99212, 10-19 minutes 99213, 20-29 minutes 99214, 30-39 minutes	Standard psychiatry services for established patients. "Established Patient" = The individual has received professional services within the last three years from the physician, or another physician of the same specialty who belongs to the same group practice.	CNS, MD/DO, NP, PA

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
	99215, 40-84 minutes	**Prescriber Progress E/M (OP) Example**: 1. Identifying the client's chief complaint; obtaining the history of the present illness; conducting a review of systems; reviewing past, social, and medical history; conducting a psychiatric examination of the client; reviewing/ordering labs, tests, or medical records for the purposes of medical decision making; evaluating risk associated with presenting problems and proposed interventions; prescribing and documenting medication response and compliance; and developing plan for follow-up if needed.	
	H0034- Medication Training & Support	Service code is used primarily by medical staff when providing medication education, training and support, monitoring/ discussing/ reviewing side effect, to an individual. **Medication Training & Support Examples**: 1. Monitoring adherence to psychiatric medications by client and/or in discussion with significant supports. 2. Gathering information and evaluating clinical effectiveness and side effects of medication. 3. Obtaining of informed consent outside of a regular appointment. 4. Education and instruction in the use, risks, and benefits of, and alternatives for, medication. 5. Collateral and plan development related to the delivery of the service to the client (e.g., consulting with other treatment providers).	AOD, CNS, LVN, LPT, MD/DO, SCSS/MHRS, NP, OQP, PA, RN
	H0034 Medication Training & Support - Group	Service code is used primarily by medical staff when providing medication education, training and support, monitoring/ discussing/ reviewing side effect, in a group setting. **Medication Training & Support Examples:** 1. A group focused on medication education. 2. A group focused on medication side effects.	AOD, CNS, LVN, LPT, MD/DO, SCSS/MHRS, NP, OQP, PA, RN
	96372- Medication Injection	Utilized to document psychiatric medication intramuscular injections.	CNS, MD/DO, NP, PA, RN, LVN, LPT
	H0033- Oral Medication Administration	Administration of oral medication with direct observation.	AOD, CNS, LVN, LPT, MD/DO, AMFT/LMFT, ASW/LCSW, APCC/LPCC, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
	T1001- Nursing Assessment	Documents the provision of services related to a nursing assessment/evaluation. Includes, but is not limited to, assessment of current physical and psychological needs, analysis of history/medical history, diagnosis, vitals, and mental status exam. **Nursing Assessment Examples**: 1. First meeting with client and assessing needs, capacity to manage medications, etc. 2. Completing AIMs assessment. 3. Meeting with client prior to psychiatry appointment to obtain vitals, history of medical/psychiatric medications, etc.	CNS, LPT, LVN, NP, RN
Peer Support			
70	H0038- Peer Support Services	Engagement and therapeutic activity provided to the client and/or their significant support person(s). Engagement means activities and coaching to encourage and support clients to participate in behavioral health treatment. Therapeutic activities are structured, non-clinical activities to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the client's treatment to attain and maintain recovery within their communities. **Peer Support Services Examples**: 1. Coaching clients to participate in behavioral health treatment. 2. Advocating on behalf of the client and/or their families. 3. Support clients in linking to community resources.	Certified Peer Support Specialist
	H0025- Behavioral Health Prevention Education Service	Educational skill building groups to clients and/or their families in the following areas: socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services. **Behavioral Health Prevention Education Service Examples**: 1. Group focused on building coping skills. 2. Group focused on identifying elements of recovery.	Certified Peer Support Specialist
Plan Development			
70	H0032- Plan Development, non-physician	Plan Development means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress. **Plan Development Examples**: 1. Developing Targeted Case Management goals and interventions. 2. Discussing goals/interventions with client. 3. Discussing individual's progress on treatment goals with collaborative treatment providers.	AOD, CNS, LVN, LPT, AMFT/LMFT, ASW/LCSW, APCC/LPCC, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
		4. Team meetings devoted to specific clients where solution-focused team consultation is needed to make clinical/client care decisions related to the client's progress.	
	99366- Team Case Conference with Client/Family Present	Documents medical team conference with interdisciplinary team, participation by a non-physician. Face to face with patient and/or family present. **Team Conference (w. client/family present) Examples**: 1. Team meetings with the client and/or family, where client's treatment, needs and progress are discussed and reviewed.	CNS, APCC/LPCC, AMFT/LMFT, ASW/LCSW, NP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
	99368- Team Conference with Client/Family absent	Documents medical team conference with interdisciplinary team, participation by non-physician. Patient and/or family not present. **Team Conference (w/o client/family present) Examples**: 1. Team meetings without the client and/or family, where client's treatment, needs and progress are discussed and reviewed.	CNS, APCC/LPCC, AMFT/LMFT, ASW/LCSW, NP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
	99367- Medical Team Conference, Participation by Physician. Pt and/or Family Not Present	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present; participation by physician. **Medical Team Conference (w/o client/family present) Examples:** **1.** Team meetings where the doctor participates, without the client and/or family, and discusses the client's treatment, needs and progress.	MD/DO
Rehabilitation Services			
70	H2017- Psychosocial Rehab-Individual Intensive Home-Based Services (IHBS)	"Rehabilitation" is a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary'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 is also the code utilized to capture Intensive Home Based (IHBS) services. **Rehab/Individual Examples**: 1. Improving rehabilitation skills as linked to functional impairments and/or treatment goals (e.g., assisting with daily living skills, practicing grooming and hygiene skills, increasing use of good sleep hygiene skills and habits to improve sleep) the client and/or significant supports to assist them in implementing the strategies. **IHBS Examples**: 2. Skill-based interventions for the remediation of behaviors or improvement of symptoms, including the implementation of a positive behavioral plan and/or	AOD, CNS, LVN, LPT, MD/DO, APCC/LPCC, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
		modeling interventions for the child/youth's family and/or significant others to assist them in implementing the strategies. 3. Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks or the avoidance of exploitation by others. 4. Support child/youth's success in achieving educational objectives or in seeking and maintaining housing and living independently.	
	H2017- Psychosocial Rehab-Group	"Rehabilitation" is a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. **Rehab Group Examples**: 1. Skill building for rehabilitation skills as linked to functional impairments and/or treatment goals. 2. Support groups focusing on skills training.	AOD, CNS, LVN, LPT, MD/DO, APCC/LPCC, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
N/A	H2019- Therapeutic Behavioral Services (TBS)	Therapeutic Behavioral Services (TBS) is an adjunctive program that supports other services patients are currently receiving. TBS is an intensive, individualized, one-to-one behavioral health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal. **TBS Examples**: 1. Functional behavior analysis of challenging behaviors to develop TBS plan. 2. Designing a specific behavior intervention plan to address targeted behavior. 3. Teaching parents/caregivers how to implement the TBS behavior plan.	All direct services staff from Designated TBS Providers who have prior Authorization to provide TBS services.
Therapy Services			
70	Individual Therapy- 90832, 30 minutes 90834, 45 minutes 90837, 60 minutes	"Individual Therapy" services provided to a beneficiary focused primarily on symptom reduction and restoration of functioning to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal, or nonverbal strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. **Individual Therapy Examples**: 1. Therapeutic intervention to treat behavioral, interpersonal, and psychological problems (insight-oriented, behavior-modifying, and/or supportive treatment to individuals using established mental health therapeutic techniques).	CNS, MD/DO, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, PhD/PsyD, Graduate students with a co-signature from a licensed staff member and oversight.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
		2. Providing evidence-based practices to meet treatment goals (e.g., CBT strategies of cognitive restructuring and systematic desensitization to improve anxiety).	
	90847- Family Therapy-Client Present	"Family Therapy" services for the purposes of improving the beneficiary's functioning. The patient must be present for this service. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present. **Family Therapy Examples**: 1. Providing services to a family or subset of the family (with the client present) with the focus on family dynamics relevant to the client's symptoms, conditions, and treatment goals. 2. Providing services to a child-parent dyad to improve caregiver and client relationship.	CNS, MD/DO, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, PhD/PsyD, Graduate students with a co-signature from a licensed staff member and oversight.
	90853- Group Therapy	Documents provision of "typical" group therapy services that include multiple beneficiaries. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present. **Group Therapy Examples**: 1. Group psychotherapy focusing on interpersonal dynamics and skill building while addressing client needs such as reducing depression or anxiety or improving interpersonal relationships. 2. Group psychotherapy focusing on anger management.	CNS, MD/DO, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, PhD/PsyD, Graduate students with a co-signature from a licensed staff member and oversight.
	90849- Multi-Family Group Psychotherapy	A group therapy code that allows for documentation of groups that include multiple families vs. a single family. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present. **Multi-Family Group Therapy Examples**: 1. A group for multiple family units with a focus on anxiety in children.	CNS, MD/DO, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, PhD/PsyD, Graduate students with a co-signature from a licensed staff member and oversight.
	90867 – Prescriber TMS Initial Note	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management, per session.	CNS, DO, MD, NP, PA
	90868 – Prescriber TMS Progress Note	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	CNS, DO, MD, NP, PA
	90869 – Prescriber TMS Calibration Note	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; re-determination, including cortical mapping, motor threshold determination, delivery and management.	CNS, DO, MD, NP, PA

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
Crisis Intervention Services			
70	H2011- Crisis Intervention	Crisis Intervention is an unplanned or expedited service that lasts less than 24 hours and is provided to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. This service includes one or more of the following service components: assessment, collateral, therapy and/or referral. **Crisis Intervention Examples:** 1. Phone or individual contact related to individual in crisis. 2. Urgent appointment to assess suicidality, grave disability, danger to self or others, or other type of crisis.	AOD, CNS, LVN, LPT, MD/DO, APCC/LPCC, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
Crisis Stabilization Services			
70	S9484- Crisis Stabilization Unit	Crisis Stabilization: Urgent Care services. This code is only used for billing the CSU bundled service. **For shift notes, use Client Non-Billable Srvc Must Document code.** **Crisis Stabilization Examples**: 1. All-inclusive services for individuals who need continued treatment and stabilization for extended periods of time up to 20 hours.	Only used by CSU clerical staff entering billing information.
Mobile Crisis Services			
70	H2011- Mobile Crisis Encounter	Used when the mobile crisis team is dispatched to a site to address a person's crisis. This is a bundled service, and we bill a flat rate regardless of time indicated. (Staff continue to track time spent on each encounter).	All direct services staff from Designated Mobile Crisis Team Providers who have prior Authorization to provide Mobile Crisis services.
	A0140- Transportation Mileage	Mobile Crisis Add On - Used when transporting a client to a treatment facility; measures mileage.	All direct services staff from Designated Mobile Crisis Team Providers who have prior Authorization to provide Mobile Crisis services.
	T2007- Transportation, Staff Time	Mobile Crisis Add On - Used when transporting a client to a treatment facility OR when accompanying a client who is being transported by law enforcement, ambulance, or other valid transportation method; measures time spent during the transportation.	All direct services staff from Designated Mobile Crisis Team Providers who have prior Authorization to provide Mobile Crisis services.

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
	Mobile Crisis Follow Up	Follow up (or attempted follow up) with the client within 72 hours of the initial mobile crisis response. This will include the continued resolution of the crisis, as appropriate, and may include updates to the crisis plan, or additional referrals to ongoing treatment.	All direct services staff from Designated Mobile Crisis Team Providers who have prior Authorization to provide Mobile Crisis services.
Residential Services			
N/A	H0019- Adult Residential Day	Adult Residential: Non-Geriatric services. This code is only used for billing the residential bundled service. **For shift notes, use Shift Summary code.** **ARTS Examples**: Parker Hill; A Step Up 1. Residential treatment for clients who are not experiencing crisis but require residential support to prevent crisis and require support in practicing independent living skills.	All direct services staff from Designated Crisis Residential Treatment and Adult Residential Treatment Providers who have prior Authorization to provide residential treatment services.
	H0018- Crisis Residential Day	Children's-Adult Crisis Residential services. This code is only used for billing the residential bundled service. **For shift notes, use Shift Summary code.** **CRTS Examples**: Progress Sonoma (CRU); Harstad House (CRU II) 1. Residential treatment for clients experiencing an acute psychiatric episode or crisis who do not have medical complications or require nursing care.	All direct services staff from Designated Crisis Residential Treatment and Adult Residential Treatment Providers who have prior Authorization to provide residential treatment services.
Non-Billable Services			
70	Client Non-Billable Srvc Must Document	Any other non-billable service that must be documented and is not better accounted for by other available non-billable procedure codes.	All Direct Service Staff
	Medical Non-Billable	This can be used for documentation in scenarios where none of the medical codes are applicable to support ease and efficiency of finding medical-specific information and documentation. Examples may include scenarios of hospital record review by non-MD/DO providers and/or hospital record review that is not in the context of diagnosis decision-making, hospital record review including labs when patient is not present, or medical trainee/pharmacist/nursing non-billable services	MD/DO, CNS, NP, PA, LVN, RN
	Legal Report Writing	Writing legal documents, such as LPS Conservatorship assessments, JV220s, or other court-related documents. This is also used for other reports. For example: making CPS or APS reports, entering state reporting items, or writing a grant-required report for a specific client.	All Direct Service Staff

PROCEDURE CODES FOR CLIENT-RELATED ACTIVITIES

Timecard Code	Procedure Code & Name	Description & Examples	Who Can Provide?
	Shift Summary	Used to document a Shift Summary note when a client is in an inpatient or residential facility. This is a non-billable service, as the services will be bundled for these facilities.	
Supplemental Codes			
	T1013- Sign Language or Oral Interpretative Services	Interpretation add-on code should be submitted when the provider and the client cannot communicate due to language barriers, and the provider uses an on-site interpreter and/or individual trained in medical interpretation to provide the medical interpretation. The external person providing interpretation services can be a county employee. **Interpretation may not be claimed during an inpatient or residential stay as the cost of interpretation is included in the per diem rate. Interpretation also cannot be claimed for automated/digital translation or relay services. **Sign Language or Oral Interpretative Services Examples**: 1. A team member provides interpretative services for a therapy session for a client who is monolingual Spanish speaking. 2. Utilizing the Language Line to provide interpretative services during a telehealth assessment appointment with a monolingual French speaking client and family.	All Direct Service Staff
	90785- Interactive Complexity	Add-on code to document communication difficulties encountered during assessment/psychiatric evaluation, individual and group therapy services. **Interactive Complexity Examples**: 1. Managing maladaptive communications that complicate service delivery (high anxiety, confrontation/disagreement, reactivity, repeated questions, etc.). 2. Caregiver emotions or behavior that interferes with ability to support the treatment of the individual in care. 3. Evidence of disclosure of a sentinel event/mandated report. 4. Use of play equipment or other devices to overcome barriers to therapeutic interaction.	AOD, CNS, LVN, LPT, MD/DO, APCC/LPCC, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, OQP, PA, PhD/PsyD, RN, Graduate students with a co-signature from a licensed staff member and oversight.
	90887- Interpretation or Explanation of Results of Psychiatric or Other Medical	Add-on code utilized to document interpretation or results of psychiatric or other medical procedures to a family/collateral source. Can be used in combination with certain procedure codes utilized to document the main service provided to the family/collateral source. **Interpretation or Explanation of Results of Psychiatric or Other Medical Examples**: 1. Explaining the results of a depression screening tool to the client/family. 2. Explaining the results of an AIMS screening to the client/family.	CNS, MD/DO, APCC/LPCC, AMFT/LMFT, ASW/LCSW, NP, PA, PhD/PsyD, RN