

Service Code Grid - Specialty Mental Health Plan
Provider Type: LPHA – Children’s Services

ASSESSMENT		
Avatar Code / Description	Info re: TIME	Description
M90791 (M90791N) Psychiatric Diagnostic Evaluation 	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC assessment activities, including: collecting and gathering current info & history info with the client to determine appropriate level of care / treatment needs & recommendations / diagnosis. Identifying current impairments in functioning / trauma / medical info / psychosocial info / strengths / risk factors. Completion of CalAIM Assessment, Diagnosis, MSE, or CANS / ANSA with client. May include consolidating and synthesizing clinical information to inform the assessment, make treatment recommendations, or create diagnostic impression without client present. Provider meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment. Provider consolidating and synthesizing information received from client/caregiver/support person to develop clinical impressions, diagnosis, assessment, or treatment plan.
		Sample Note Language: Met with client to gather information to inform assessment and establish preliminary diagnosis of Major Depressive Disorder. Client reports current symptoms of depression with suicidal ideation without intent. No current substance use problems reported. Clinician plans to meet with client identified collateral source, their mother, to gather additional assessment information.
		Sample Note Language Consolidation/Synthesizing (client/caregiver/support person not present): (*consolidating and synthesizing MUST be used in notes*) Consolidation and synthesis of clinically relevant assessment information to complete the CalAIM Assessment, establish medical necessity criteria for Specialty MH, formulate diagnosis/treatment recommendations. The client meets criteria for services based on Major Depressive Disorder and will be offered mental health services and targeted case management. Clinician plans to call client to schedule psychiatric appointment.
		Sample Note Language: Met with parent / caregiver / significant other to gather information to inform assessment. Support person reported symptoms of severe depression and a history of suicidal ideation with past attempts and two hospitalizations. Collateral information will be included in assessment. Plan is to complete last interview with client to finalize treatment recommendations.

M90885 (M90885N) Psych Eval of Records & Tests	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC activity: review of records to inform assessment, medical necessity (initial & ongoing), and/or for diagnostic purposes when there is <i>no direct patient contact</i> . This may occur at different times during treatment, not *just* when conducting initial assessment, if a provider is reviewing records to inform a change in treatment or to update a diagnosis, etc. <i>or</i> provider reviewing clinically relevant sources of information (meeting notes, assessment scores, previous treatment notes, etc.) to develop clinical impressions, diagnosis, assessment, treatment plan without client present . *Service cannot be done via telehealth
		Sample Note Language: Review of pertinent inpatient records and records received from prior treatment provider(s) to inform assessment. Clinician plans to meet with client again to go over current symptoms of depression & risk factors to finalize assessment and make treatment recommendations.
		Sample Note Language Consolidation/Synthesizing (client/caregiver/support person not present): (*consolidating and synthesizing MUST be used in notes*) Consolidation and synthesizing of clinical information including review client's in patient records, ANSA/CANSA scores, meeting notes, and records received from prior treatment provider to inform assessment and diagnosis. . Clinician plans to continue reviewing clinically relevant information to inform treatment plan.
M96127 Brief Emotional/ Behavioral Assessment	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD, RN, MA & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC • Standalone completion of standardized screening/assessment tools (e.g., CANS, CBCL, depression inventory, attention deficit/ hyperactivity disorder scale) • Scoring and documentation with the standardized instrument may be included. • Client/significant support person not required to be present; scoring & documentation included as 'direct time'. • Can be used for additional time beyond the initial screening tool administration with the client.
		Sample Note Language: After completing CANS with client and family, documented CANS and evaluated Take Home Report for significant changes. Report indicates client has improved in strengths and reduced needs including improved school attendance and activities. Writer will meet with client and family to explore findings at next regularly scheduled family session and will share CANS results with clinical team at the next CFT meeting.

MH0031 Assessment by Non-Physician	Minimum: 8min. Max: None	All provider types: completing assessment activities (see M90791 above). <i>LPHA would typically choose M90791.</i> All provider types: Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment.
MH2000 Comprehensive Multidisciplinary Evaluation	Minimum: 8min. Max: None	All provider types: • Review of a holistic perspective of the client, including psychiatric, physical, psychosocial, family, recreation and occupational areas. • For Child and Family Team (CFT) meetings, child/family must be present; all staff attending can bill entire meeting. CFT meeting billed as KH2000. • Client/Support Person do not have to be present for other types of multidisciplinary meetings. • Not meant for brief check-in, rather intended for use under the following circumstances: ○ The consultation produces actionable item(s) on behalf of the client and/or a change to the client's treatment. ○ Each claiming provider has made a unique contribution to the consultation.
		Sample MDT Meeting Note (MH2000): Therapist attended multidisciplinary case consultation meeting with individual IHBS counselor and parent partner. Provider reported decrease in client anxiety. Given improvement in anxiety and school attendance as focused on by IHBS counselor, team recommendation to family will be reducing frequency of IHBS services and evaluating progress again in 6 weeks. IHBS counselor to discuss with client and family next week.
		Sample CFT Meeting Note (KH2000): Therapist attended multidisciplinary Child and Family Team (CFT) meeting with client, mother, adult sister, family therapist, social worker, and primary teacher. Provider reported work with client on anxiety reduction and client has reported decrease in anxiety overall from 7/10 to 5/10 and CANS demonstrates similar shift. Given additional improvement reported by IHBS counselor, CFT agreed to decrease IHBS to 1x/week for next six-weeks and re-evaluate.

ASSESSMENT (Psychologist only (PhD/PsyD, including Associates)		
Avatar Code / Description	Info re: TIME	Description
M96130 & M96131 Psych Testing Evaluation	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD Psychological testing done by a Psychologist or Psychological Associate, including: testing, integration of client data, interpretation of tests, clinical decision making and interactive feedback to the client and family members.
		Sample Note Language: Completed a battery of tests with client including Thematic Apperception Test (TAT), and MMPI. Time includes preparing client for testing and debriefing with client and family. Plan is to complete additional testing next week, review tests to document assessment, and then make informed clinical recommendations.

PLAN DEVELOPMENT		
Avatar Code / Description	Info re: TIME	Description
MH0032 MH Svc Plan by Non-Physician	Minimum: 8min. Max: None	All provider types: development of client Problem List and/or Care Plans, updating client plans, approval of client plans and/or monitoring of a client's progress. All provider types: Meeting with caregiver/significant support person to develop a care plan/client plan.
		Sample Note Language (TCM Care Plan creation – template in avatar): **BE SURE TO CHOOSE NOTE TYPE MHP TCM CARE PLAN** Sample Note: Writer met with client to provide case management related to their goal to [improve grades in school; specifically, to obtain passing grades in all classes]. Writer will continue to support client through case management services to address their needs identified in the assessment, including coordinating with school resources, until [client obtains passing grades]. Client agrees with this plan.

		Sample Note Language (Problem List Update – template in avatar): **BE SURE TO CHOOSE NOTE TYPE PROBLEM LIST UPDATE / REVIEW** Writer met with [client] to review, add, or remove problems from the Problem List that are current and relevant to the client's behavioral health treatment. Problem(s) identified that need to be [added] are [depression and academic underachievement] identified on this date, 4/24/2024.
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TARGETED CASE MANAGEMENT (TCM – MT1017 / KT1017 requires Care Plan)		
Avatar Code / Description	Info re: TIME	Description
MT1017 Targeted Case Management	Minimum: 8min. Max: None	All provider types: Assisting client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Examples: communication, coordination, and referral; monitoring service delivery to ensure access to service and the service delivery system; monitoring of individual progress. Meeting with caregiver/significant support person for the purpose of connecting them with resources/community supports to address the client’s needs.
		Sample Note Language (TCM Care Plan already documented in previous note): Writer contacted Diversity Center to gather information about how client can access social supports offered to queer youth, as currently they do not have social connections in the community or at school. Learned how to refer client to attend activities. Plan to support client in attending a youth meeting at Center to determine if good fit.
		Sample Note Language (TCM Care Plan already documented in previous note): Met with client’s care coordinator to discuss ongoing challenges with anxiety and ability to manage emotions at school, causing client to miss excessive amounts of school. Recommended coordinators refer client to group for teens offered by community-based provider which tends to have a small number of youths attending. Writer contacted agency & learned referral process. Plan is for writer to discuss this opportunity with client.
MH2021 Community Wrap-Around	Minimum: 8min. Max: None	All provider types: Coordination of care between Specialty Mental Health System and providers who are outside Specialty Mental Health. Examples: Specialty Mental Health refers to the Managed Care System or to Substance Use Disorder treatment (DMC-ODS).

		Sample Note Language: Client's Marijuana Use may qualify client to receive Outpatient SUD treatment in addition to the current mental health services. Contacted Encompass Youth intake team to refer and link to SUD treatment. Encompass staff provided intake process; plan to support client in considering SUD treatment.
KT1017 Intensive Care Coordination	Minimum: 8min. Max: None	All provider types: An intensive form of TCM that facilitates assessment of care planning for, and coordination of services for children and youth who meet certain criteria (involved in multiple child-serving systems, have more intensive needs, whose treatment requires cross-agency collaboration. Must be a Child & Family Team in place. Katie A and Non-Katie A services now use the same "K" Codes.
		Sample Note: Care coordinator spoke with mother and then social worker to prepare for CFT meeting. Both identified new challenges of client not being attentive in the classroom and at home with schoolwork. Plan to add this to agenda for discussion at CFT meeting scheduled next week. (See KH2000 for CFT meeting attendance).

THERAPY		
Avatar Code/ Description	Info re: TIME	Description
M90832S (M90832NS) Psycho-therapy	Minimum: 16min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC meeting with the client to provide therapeutic interventions that focus 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.
		Sample Note Language: Checked in with client using scaling question to determine current level of anxiety. Explored what would make client's anxiety rating a point higher and a point lower. Writer asked exception-seeking questions to explore times in which client has experienced lower ratings of anxiety and explored what was different about those situations. Discussed how they would know if their anxiety was completely gone and what would be different. Clinician plans to continue to meet with client weekly to work toward achieving therapy goals which include x, y, z.
M90853 (M90853N) Group Psychotherapy	Minimum: 23min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC meeting with a group of clients to provide therapeutic interventions as described below.

		Sample Note Language: Client participated in group for youth with anxiety. Client was engaged during the group and shared thoughtful comments & feedback to peers. Group provided mindfulness meditation exercises and psychoeducation about mindfulness and meditation practices to increase coping skills & stress management ability. Next group meets on 5/3/2024
M90847 (M90847N) Family Psychotherapy	Minimum: 26min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC providing conjoint psychotherapy with client and their family present.
		Sample Note Language: At client's request provided family therapy with client, Mom & Dad present. Client identified that symptoms of anxiety and depression have increased due to the stress of recent divorce and client wanted to talk this through with parents so they can support anxiety reduction. Supported client to share symptoms and triggers with parents and provided education to family regarding how to support client. Discussed family communication patterns with goal to decrease client involvement in parental disagreements. Plan is to follow up with family at client's request.
M90849 (M90849N) Multiple- Family Group Psychotherapy	Minimum: 43min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC Allows for documentation of groups that include multiple clients and their families.

REHABILITATION		
Avatar Code/ Description	Info re: TIME	Description
MH2017 Psychosocial Rehabilitation	Minimum: 8min. Max: None	All provider types: Skill building to help client restore, improve, or preserve functioning socially, in their communication, or in their daily living skills. Improves self-sufficiency and/or self-regulation. Providing assistance to address a beneficiary's mental health needs. All provider types: Meeting with caregiver/significant support person for the purpose of coaching, skill development as a means to support the client with managing behavioral health needs.

		Sample Note Language: This writer facilitated mindfulness-based breathing exercise to assist client with strengthening stress management skills, which directly impacts their experience of depression symptoms. Writer taught deep breathing exercise and body relaxation techniques to client & coached client on using these skills when feeling stress. Encouraged client to continue practicing skills to manage symptoms of depression that include sadness until the next rehabilitation session. Plan = client will practice these skills during the next week, we will continue to meet once a week to develop stress management techniques to alleviate depression.
MH2017G Group Psychosocial Rehabilitation	Minimum: 8min. Max: None	All provider types: Skill building as above in a group setting. Sample Note Language: Facilitated depression group focusing on maintaining connection to supportive groups and people to help increase self-awareness around signs of isolation and how it interacts with feelings of sadness and increased depressive symptoms. Clients participated in A & E activity to practice social skills. Follow up plan: participants will find one way to decrease isolation over the next week and share their experiences with the group at the next group session.

Intensive Home-Based Services (IHBS)		
Avatar Code / Description	Info re: TIME	Description
K90791 (K90791N) IHBS Psych Dx Eval	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC assessment activities, as listed in 90791, while providing IHBS. Provider meeting with caregiver/significant support person for the purpose of assessing while providing IHBS. Sample Note Language: See assessment (M90791) example.
KH0031 IHBS MH Assessment by Non-Physician	Minimum: 8min. Max: None	All provider types: Assessment activities, as listed in MH0031, while providing IHBS. All provider types: Meeting with caregiver/significant support person for the purpose of assessing while providing IHBS. Sample Note Language: See assessment (MH0031) example.
K96127 Brief Emotional/ Behavioral Assessment	Minimum: 31min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD, RN, MA & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC • Standalone completion of standardized screening/assessment tools (e.g., CANS, CBCL, depression inventory, attention deficit/ hyperactivity disorder scale) • Scoring and documentation with the standardized instrument may be included.

		• Client/significant support person not required to be present; scoring & documentation included as 'direct time'. • Can be used for additional time beyond the initial screening tool administration with the client. Sample Note Language: See assessment (M96127) example.
KH2000 Comprehensive Multidisciplinary Evaluation	Minimum: 8min. Max: None	All provider types: • Review of a holistic perspective of the client, including psychiatric, physical, psychosocial, family, recreation and occupational areas. • For Child and Family Team (CFT) meetings, child/family must be present; all staff attending can bill entire meeting • Client/Support Person does not have to be present for other types of multidisciplinary meetings • Not meant for brief check-in, rather intended for use under the following circumstances: ○ The consultation produces actionable item(s) on behalf of the client and/or a change to the client's treatment. ○ Each claiming provider has made a unique contribution to the consultation. Sample Note Language: See assessment (KH2000) example.
KH0032 IHBS MH Svc Plan by Non- Physician	Minimum: 8min. Max: None	All provider types: Development of client Problem List and/or Care Plans, updating client plans, approval of client plans and/or monitoring of a client's progress for the purpose of IHBS provision. All provider types: Meeting with caregiver/significant support person to develop a care plan/client plan for the purpose of IHBS provision. Sample Note Language: See plan development (MH0032) example.
K90832S (K90832NS) Psychotherapy	Minimum: 16min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC providing psychotherapy, as listed in 90832S, while providing IHBS. Sample Note Language: See psychotherapy (90832S) example.
K90847 (K90847N) IHBS Family Therapy w Pt	Minimum: 26min. Max: None	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC providing conjoint psychotherapy with client and their family present while providing IHBS. Sample Note Language: See family psychotherapy (90847) example.

KH2017 IHBS Psychosocial Rehabilitation	Minimum: 8min. Max: None	All provider types: Skill building to help client restore, improve or preserve functioning socially, in their communication, or in their daily living skills. Improves self-sufficiency and/or self-regulation. Providing assistance to address a beneficiary's mental health needs. All provider types: Meeting with caregiver/significant support person for the purpose of coaching, skill development as a means to support the client with managing behavioral health needs.
		Sample Note Language: Writer provided support to client who was struggling to maintain behavior needed to participate in classroom. Intervened to support client to use stress management skill of deep breathing as a method to be able to remain at desk. Provided client with stress ball and counted with them as they squeezed the ball 10 times. Encouraged client to practice deep breathing / counting on their own. Plan = client and aide to continue practicing these skills to allow increased time in classroom / learning.
		Sample Note: IHBS worker met with client and mother at their home to support after school routines due to client's behavioral issues, including resistance to completing schoolwork which most days leads to anger outbursts/tantrums. Reviewed with Mom and client creating a visual schedule that supports client in identifying his afterschool responsibilities. Supported client in choosing a snack, spending time mindfully eating his snack outdoors while checking in about his day and current mood. Supported client and modeled for Mom how to help client complete homework assignment before screentime was permitted. This writer explained and modeled, to client and Mom, different methods of providing choice and ownership of his time management. Plan is to continue to support client and Mom with successful interactions at home.

CRISIS INTERVENTION		
Avatar Code / Description	Info re: TIME	Description
M90839 Psychotherapy for Crisis Intervention	Minimum: 30min. MAX time: 8 hours of crisis intervention in a day across all providers	Provider types: MD/DO, NP/CNS, PA, PhD/PsyD & Licensed/Waivered LCSW/ASW, LMFT/AMFT, LPCC/ APCC An unplanned, expedited service to address a condition that requires more timely response than a regularly scheduled visit. Supporting a client to cope with a crisis and regain functioning with the goal to stabilize an immediate crisis situation and maintain the client in the community if possible. Includes MSE and disposition. Treatment includes therapy, mobilizing resources and implementation of interventions to address the crisis. Use this code when there is a psychotherapy element in your interventions.

	NOTE: 90839 cannot be done via telehealth or telephone Code = MH2011 if service provided via phone / telehealth	Sample Note Language: Received call from mother who reported that client had been depressed for a couple days and now was refusing to leave their room and reporting suicidal ideation. Mom unsure what to do and requesting support from writer. Writer did a home visit & talked with client to assess presentation and symptoms of depression. Client reported that her family is constantly irritating, she is having trouble sleeping and unable to stop thinking about cousin's death by suicide. Client reported a vague plan which was unlikely but was willing to engage in safety planning. Clinician practiced mindfulness stress reduction techniques with client such as slowing breaths, grounding, and visualization to help client de-escalate as well as journaling to assist client in identifying thoughts and feelings around her cousin's death. Client agreed to leave room & do an art expression activity. Planned next steps: Clinician will refer client to medication management services as well as family therapy and will follow up with client on safety plan created in next session.
MH2011 Crisis Intervention	Minimum: 8min. MAX time: 8 hours of crisis intervention in a day across all providers	All provider types doing crisis activities (see M90830 above). LPHA would typically choose M90839.