

Service code Grid – Specialty Mental Health

Provider Type: Non-LPHA

ASSESSMENT			
Service	Old Code	New Code	Description
Mental Health Assessment by Non-Physician	M433	MH0031	Used to document assessment work, all disciplines may utilize; LPHA would typically choose M90791.

CRISIS INTERVENTION			
Service	Old Code	New Code	Description
Crisis Intervention	M471	MH2011	This service remains the same as it was prior to Payment Reform. Crisis intervention by non-LPHA staff.

PLAN DEVELOPMENT			
Service	Old Code	New Code	Description
Mental Health Service Plan Developed	M432	MH0032	Service activity that consists of one or more of the following: development of client problem list and/or plans, approval of client plans and/or monitoring of a beneficiary's progress.

COLLATERAL			
Service	Old Code	New Code	Description
Mental Health Assessment by Non-Physician	M431	MH0031	Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment.
Mental Health Service Plan Development	M432	MH0032	Meeting with caregiver/significant support person to develop a care plan/client plan.

Psychosocial Rehabilitation	M411	MH2017	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.
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TARGETED CASE MANAGEMENT (TCM)			
Service	Old Code	New Code	Description
Targeted Case Management	M401	MT1017	TCM is still what it has always been / no change to the description of this service. TCM can be with significant support people, or solely with the client. Meeting with caregiver/significant support person for the purpose of connecting them with resources/community supports to address the client's needs.
Intensive Care Coordination (EPSDT)	K401	KT1017	ICC is still what it has always been. It is an intensive form of TCM that facilitates assessment of, care planning for, and coordination of services for children and youth who meet certain criteria. Katie A and Non-Katie A services now use the same "K" Codes.
Community Based Wrap-Around Services	M401	H2021	Refers to coordination of care between providers in the Specialty Mental Health System and providers who are outside Specialty Mental Health. ONLY used to show that delivery-system coordination of care has occurred. For other kinds of care coordination, other service codes must be used. Examples: Specialty Mental Health refers to the Managed Care System (mild to moderate mental health services) or the Drug Medi-Cal Organized Delivery System (DMC-ODS).

REHABILITATION			
Service	Old Code	New Code	Description
Psychosocial Rehabilitation	M445 M448 M411 M412	MH2017	A recovery-or resiliency-focused service activity identified to address a beneficiary's mental health needs. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Includes providing support resources, and/or medication education.

Group Psychosocial Rehabilitation	M455	MH2017G	Same as above, but in a group.
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Intensive Home-Based Services (IHBS)			
Service	Old Code	New Code	Description
IHBS Mental Health Assessment by Non-Physician	M431	KH0031	Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment.
Mental Health Service Plan Development	M411 M412	KH0032	Meeting with caregiver/significant support person to develop a care plan/client plan.
Psychosocial Rehabilitation	NK414	KH2017	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.

Therapeutic Behavioral Services (TBS)			
Service	Old Code	New Code	Description
Therapeutic Behavioral Services (TBS)	M447	MH2019	Intensive, individualized, one-to-one behavioral health service activity available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.