



Behavioral Health

# **SCOPE OF PRACTICE AND BILLING GUIDE**

**March 22, 2016**

## Quality Management Division

303 E. Vanderbilt Way, San Bernardino, CA 92415  
Phone (909) 386-8227 • Fax (909) 890-0574



# Scope of Practice and Billing Guide

## Greetings

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Welcome to the latest revision of the Department of Behavioral Health's (DBH) Scope of Practice and Billing Guide (Guide). This Guide is intended to support and assist in providing excellence in Behavioral Health care, including successful compliance with all governing regulations, rules, and billing policies.

Service definitions, as described within, have been cited from California Code of Regulations (CCR), Title 9, Chapter 11, Medi-Cal Specialty Mental Health Services (SMHS), and our Medicare Administrative Contractor (MAC), Noridian. Specific citations have been provided for your reference and review. In many cases, examples have been provided. However, in the case that something is not clear, call us at **(909) 386-8227**. We are here to help!

Please remember that all services as described must meet medical necessity and other requirements as described in the Outpatient Chart Documentation Manual. The information provided in no way represents a guarantee of payment. Benefits for all claims will be based on the client's eligibility, provisions of the law, regulations from Centers for Medicare and Medicaid Services (CMS), Medi-Cal managed care regulations, and the Department of Health Care Services. Although some examples of documentation have been provided throughout, we still encourage you to read the Outpatient Chart Documentation Manual in its entirety.

Please do not hesitate to contact us as we work together to serve the residents of San Bernardino County. If you have suggestions about how Quality Management can improve this guide, please do not hesitate to let us know at **(909) 386-8227**.

Thank you for your commitment to the residents of San Bernardino County.

A handwritten signature in blue ink that reads "Christina Glassco" with a stylized flourish at the end.

Christina Glassco  
Chief Quality Management Officer  
Quality Management Division

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## Scope of Practice and Billing Guide

### Chapter 1 – Overview

#### Overview

Chapter 1 provides general information about the manual as well as definitions and clarifications of areas, which may assist in accurately billing services.

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## Scope of Practice and Billing Guide

### Overview

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#### Introduction

The Medi-Cal claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal Financial Participation (FFP) funds for medically necessary Specialty Mental Health Services provided to Medi-Cal-eligible beneficiaries. The Quality Management Division (QMD) provides technical assistance and oversight to the Medi-Cal/Medicare claiming processes for the Department of Behavioral Health in San Bernardino County. This manual provides information about the system.

Guidelines for billing practices for Medicare, Part B, are also included in this manual. This information is based on Nordin guidelines (<https://www.noridianmedicare.com/>) and the Center for Medicare and Medicaid Services publications 100-1, Chapter 3; publication 100-2, Chapter 15; and publication 100-4, Chapter 12 of the CMS Internet only manual (IOM), found at [www.cms.hhs.gov/manuals/](http://www.cms.hhs.gov/manuals/).

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#### About this Manual

The Scope of Practice and Billing Guide is a publication of the QMD San Bernardino County Department of Behavioral Health (DBH). The manual is designed to serve as a guide to claiming/billing and documenting Medi-Cal and Medicare services provided to DBH eligible clients.

The primary objectives of this manual are to:

- Provide uniform procedures and requirements for billing/claiming.
  - Provide examples for services billed.
  - Provide relevant links to and citations from:
    - DBH Standard Practice Manual (SPM)
    - DBH Outpatient Chart Documentation Manual (OCM)
    - DBH Information Notices (IN)
    - QMD webpage
    - California Department of Health Care Services (DHCS)
    - Centers for Medicare and Medicaid Services (CMS)
- 

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## Scope of Practice and Billing Guide

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#### Quality Management Division

The Department of Behavioral Health Quality Management Division provides contract agencies and DBH clinics with direct access to a central office to address Billing/Claiming questions, offer technical assistance, and troubleshoot issues. Contact information is as follows:

Department of Behavioral Health  
Quality Management Division  
303 E. Vanderbilt Way  
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[www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh)

#### Modes of Service

Mode of Service describes a classification of service types used for Client and Services Information System (CSI) and cost reporting at DBH. This allows any mental health service type recognized by DHCS to be grouped with similar services. The Modes of Service used for direct services cost reporting are:

- 00 – Administration
- 05 – 24-Hour Services (Outpatient Day Services, less than 24-Hours)
- 10 – Less than 24-Hour Day Treatment Program Services
- 15 – Outpatient Services
- 45 – Outreach Services
- 60 – Client Support and Care

For Mental Health Medi-Cal, these Modes of Services are mapped to procedure and revenue codes.

#### Service Abbreviations

MH: Mental Health

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**Scope of Practice and Billing Guide**

**Overview, Continued**

**Providers**

Providers, as defined in the San Bernardino County Mental Health Plan, are as follows:

Clinicians (Clin)	<ul style="list-style-type: none"> <li>Licensed, waived, and/or registered Psychologists or out of state licensed mental health professionals</li> <li>Licensed, registered, Clinical Social Workers and Associate Clinical Social Workers</li> <li>Licensed, registered, Marriage and Family Therapists (MFT) and Interns of Marriage and Family Therapy</li> <li>Licensed, registered, Professional Clinical Counselors (LPCC) and Interns of Professional Clinical Counseling</li> </ul>
MD/DO	Physician
MN	Nurse with a Master's degree
RN	Registered Nurse
LVN	Licensed Vocational Nurse (must be supervised by RN or Physician)
PT	Psychiatric Technician
MHS	Mental Health Specialist
SWII	Social Worker II
OT	Occupational Therapist
ADC	Alcohol and Drug Counselor
Registered Medicare Providers	Physicians, licensed Psychologists, and Licensed Clinical Social Workers (LCSWs) who have individual registrations with Medicare.
Pre-Degree Interns	PhD, PsyD, Masters in Social Work (MSW), Marriage and Family Therapy (MFT) graduate students, Licensed Professional Clinic Counselor (LPCC) in formal training status are viewed as clinicians. Use "Clin" Column for supervised scope of practice.
EPSDT Providers	Follow the scope of practice and billing guidelines in this document.
PP	Parent Partners (Case Management and Linkage & Consultation only)

*Continued on next page*



## Scope of Practice and Billing Guide

### Overview, Continued

#### Providers (continued)

**Note:** LPCC includes conducting assessments for the purpose of establishing counseling goals and objectives. Professional clinical counseling is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health. Professional clinical counseling does **not** include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the following additional training and education, beyond the minimum training and education required for licensure:

- A. One (1) of the following:
  - a. Six (6) semester units or nine (9) quarter units specifically focused on the theory and application of marriage and family therapy.
  - b. A named specialization or emphasis area on the qualifying Master's degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.
- B. No less than 500-hours of documented supervised experience working directly with couples, families, or children.
- C. A minimum of six (6) hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle. LPCCs shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

Documentation of these additional requirements must be kept on file at the primary site where services are delivered.

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## Scope of Practice and Billing Guide

### Overview, Continued

#### Definitions and Clarifications

The following are billing definitions and clarifications of areas which may assist in accurately billing services provided:

##### **Non-Client**

A non-client who does not currently have an open episode.

##### **Billing Priorities**

When billing activities, if possible, an activity should be billed as an active, direct service.

##### **Non-Billable (NB) Codes**

Non-Billable means services that cannot be billed to Medi-Cal. If a normally reimbursable service is provided which for some reason cannot be reimbursed, the NB code is used.

##### **Indirect Service Billing**

Indirect Service Billing is used when an activity is not a Direct Service Procedure Code.

##### **Client Not Present**

In some cases, you may provide services in a milieu where you are not face to face with your client. Some examples of such services include Collateral, Plan Development, and Linkage and Consultation. Services provided when the client is not present are noted on the Charge Data Invoice (CDI) as "non-face-to-face." **Services of this type are not reimbursable by Medicare but are by Medi-Cal.** Therefore, in billing Medi-Cal, please note this important distinction.

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## Scope of Practice and Billing Guide

### Overview, Continued

#### Billing Restrictions

Medi-Cal may not be billed for:

- Services to beneficiaries in Institutes for Mental Diseases (IMDs), per CCR, Title 9, Section 1840.210 (unless 21 or younger, or 65 or older), or in jail.
- Education or teaching a class. (When providing services to children whose mental health condition may cause significant functional impairments in an academic milieu, be sure that your interventions link your treatment to the causal symptoms of the mental health condition and do not appear to be singularly academic in nature.)
- Supervision is not billable.

Outpatient Case Management **Placement** services may be billed to Medi-Cal for persons who are psychiatrically institutionalized in a Medi-Cal eligible inpatient hospital or nursing facility (or an IMD if 21 or younger, or 65 or older), **for the 30 calendar days immediately prior to discharge** (and for a maximum of three (3) non-consecutive periods of 30 calendar days or less per institutional stay).

**Medicare may not be billed for services occurring in the physical absence of the client**, except for qualifying Telehealth services.

It is forbidden to provide one service but chart and bill for another. You must chart and bill for what you actually provided. For example:

- Translation can be coded as (non-reimbursable) Treatment Support (see below).
- Multiple services may be billed on the same day (with some Medicare exceptions).
- Medi-Cal services are not reimbursable during a psychiatric inpatient stay, except on the day of admission. DBH services may be provided during a stay in a medical hospital.
- Services provided to youth in juvenile hall are not reimbursable by Medi-Cal **unless the young person has been adjudicated and has a court order for placement**.
- Medi-Cal may not be billed for services provided to a person in a jail or prison setting (with the exception of the paragraph above).
- Purely administrative matters, such as scheduling appointments or sending letters to clients are not billable.
- Staff may not bill for more hours for one day than their shift time for that day. (See Plan Dev for writing Interdisciplinary (ID) Notes on a day different from the day of service.)

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## Scope of Practice and Billing Guide

### Overview, Continued

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#### Multiple Providers

For any service, there may be multiple providers if adequately justified. If there are two (2) providers, the service is reported using the CDI identifying staff and co-staff times. If there are more than two (2) providers, additional CDI's are used until the time of all providers is reported. When billable Plan Development occurs in the course of a consultation or supervision, those minutes may be billed for both providers.

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#### Individualized Education Plan (IEP)

Portions of an IEP meeting may be directly billable as Assessment, Plan Development, Linkage & Consultation, or Collateral. Other portions are coded as IEP (non-reimbursable). Consult with the Program Manager II of Children's Services for additional clarification if providing services as part of an IEP team.

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#### Travel

**Billable:**

1. Time spent traveling to see a client is billable if a chartable, billable service occurs in conjunction with the travel.

**Non-Billable:**

1. If no service occurs, there is no billing (as when you drive to the client's home but cannot find the client or any collateral person to talk to and therefore provide no service). Leaving a note is not a service. Simply rescheduling is not a service.
2. Transporting a client is not billable.
3. Scheduling to have a County car is not billable.
4. Travel is not billable for **Medicare**.

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Scope of Practice and Billing Guide

Overview, Continued

Medical Necessity for Adults

Below is a table to assist staff in determining medical necessity for adult clients. A client’s conditions and dysfunction must meet Medi-Cal medical necessity criteria for “significant impairment in an important area of life function,” per CCR, Title 9, Section 1830.205.

In the past, this has been applied by some practitioners as including any and all impairment. Impairments must make achieving acceptable levels of normal living and functioning impossible in areas of self-responsibility, earning a living, carrying out planned and routine daily activities, education toward appropriate adult functioning, and maintenance of minimal social contacts. Impairment that makes functioning in these areas difficult but not impossible does not qualify for specialty mental health services. Additionally, functional impairments, as described above, must be clearly linked to the mental health condition.

	THINKING	EMOTIONS	RELATIONSHIPS	VOCATION
<b>CATEGORY 3 (SEVERE)</b>	Confused; can't think straight; Distorted view of reality leads to bizarre behavior and shunning by others or to contact with police; can't carry out simple instructions; communications incoherent; severe obsessions (unable to focus on other things); May be unable to provide for basic needs	Emotions out of control so much that others can't stand being around the person; person can't stand himself; extreme emotions lead to strange or dangerous behavior; Lethargy or true mania; Constant desire to die; very flat affect; seriously suicidal	Can't sustain relationships; others shun or avoid, including family; Can't communicate in order to establish connection; Ends up isolated or only with others who are severely dysfunctional; cannot sustain parenting; persistent danger of harming others; grossly inappropriate behavior; relating problems result in being kicked out of living situations often	Can't get or hold job or volunteer/Work; Can't maintain daily routine of even personal activities
<b>CATEGORY 2 (MODERATE)</b>	Often makes poor decisions; often fails to understand things and others; magical beliefs; speech hard to understand; Has been homeless	Chronic sadness; labile emotions; Occasional wish to die or periods of suicidality; Troubling anxiety; Affect somewhat flat; temporarily disabling panic attacks	Has pals or connections that last for a while but that may be destructive; Some family contacts but family avoids; parents have had cps visits; Abusive or marginally so toward children; Occasionally inappropriate behavior	Can attend clubhouse many days but irregular; gets job occasionally but for no longer than a few months

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**Scope of Practice and Billing Guide**

**Overview, Continued**

<b>CATEGORY 1 (MILD)</b>	Misses the point; communication fails on occasion; illogical at times; Occasional poor judgment	No consistent complaint about depression or anxiety; Upsets lead to work days lost occasionally	Family tolerates; has one or two long-term friends; Sometimes inappropriate with children; Occasional fighting	Can maintain daily routines and schedules; holds jobs for longer than 6 mos.
<b>CATEGORY 0 (NONE)</b>	Thinking within normal limits; no striking deficit	Emotions within normal limits; emotions do not cause significant dysfunction; upset is appropriate for situation	Relationships within normal limits; has some friends; can interact effectively to get what he/ she wants in most cases	Holds job or engages in avocation or regular activities "normally"

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# Scope of Practice and Billing Guide

## Chapter 2 – Reimbursable Services

**Overview** Chapter 2 provides details of the various reimbursable services that can be provided.

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## Scope of Practice and Billing Guide

### Reimbursable Services

**Definition**

All services must be demonstrative of **medical necessity** and address the mental health condition of the client. All service definitions, as listed in the guide, are direct citations from CCR, Title 9, Chapter 11, Medi-Cal Specialty Mental Health Services. This section will identify and describe reimbursable services.

**Modes of Service 5/ Service Function Codes (SFC)**

MODE	MODE OR SERVICE: DAY	
5	24-Hour Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	10-18	Hospital Inpatient
	19	Hospital Inpatient – Administrative Day
	20-29	Psychiatric Health Facility
	40-49	Adult Crisis Residential
65-79	Adult Residential	

**Hospital Inpatient, SFC 10-18**

**Service Definition: CCR, Title 9, Section 1820.205**

Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general 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.

**CDI Codes:**

111 Inpatient Day
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**Medicare CPT Codes: Not Medicare Billable.**

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Hospital  
Inpatient –  
Administrative  
Days, SFC 19**

**Service Definition: CCR, Title 9, Section 1820.220**

"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.

**CDI Codes:**

119 Administrative Day

**Medicare CPT Codes:** Not Medicare Billable.

**Psychiatric  
Health Facility,  
SFC 20-29**

**Service Definition: CCR, Title 9, Section 1810.236 & Title 22, Section 77001**

"Psychiatric Health Facility" means a facility licensed by the Department under the provisions of California Code of Regulations, Title 22, Chapter 9, Division 5, beginning with Section 77001. For the purposes of this Chapter, psychiatric health facilities that have been certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context.

"Psychiatric Health Facility Services" means therapeutic and/or rehabilitative services provided in a psychiatric health facility, other than a psychiatric health facility that has been certified by the State Department of Health Services as a Medi-Cal provider of inpatient hospital services, 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 in outpatient settings.

**CDI Codes:**

121 Psychiatric Health Facility

**Medicare CPT Codes:** Not Medicare Billable.

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### Adult Crisis Residential, SFC 40-49

**Service Definition: CCR, Title 9, Section 1810.208**

“Crisis Residential Treatment Service” means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis, which do not have medical 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 (7)-days-a-week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

**CDI Codes:**

141 Adult Crisis Residential	140 NB
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**Medicare CPT Codes:** Not Medicare Billable.

#### Adult Residential, SFC 65-79

**Service Definition: CCR, Title 9, Section 1810.203**

“Adult Residential Treatment Service” means rehabilitative services provided in a non-institutional, residential setting, for beneficiaries who would be at risk of 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 (7)-days-a-week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

**CDI Codes:**

166 Adult Residential	165 NB
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**Medicare CPT Codes:** Not Medicare Billable.

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Modes of Service 10/ Service Function Codes (SFC)**

MODE	MODE OR SERVICE: DAY	
10	Day Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	20-24	Crisis Stabilization – Emergency Room
	25-29	Crisis Stabilization – Urgent Care
	81-84	Day Treatment Intensive – Half Day
	85-89	Day Treatment Intensive – Full Day
	91-94	Day Rehabilitation – Half Day
95-99	Day Rehabilitation – Full Day	

**Crisis Stabilization – Emergency Room, SFC 20-24**

**Service Definition: CCR, Title 9, Section 1840.338, 1840.348, 1840.105(a)(4) and 1810.210**

“Crisis Stabilization” means a service lasting less than 24-hours, provided 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 meet the crisis stabilization contact, site, and staffing requirements. Crisis Stabilization shall be provided on site at a licensed 24- hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization. The maximum allowance for “crisis stabilization-emergency room” shall apply when the service is provided in a 24-hour facility, including a hospital outpatient department. Staffing requirements are detailed in CCR, Title 9, Section 1840.348. Outpatient sites must be Medi-Cal certified to provide and bill for Crisis Stabilization services.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Crisis  
Stabilization –  
Urgent Care,  
SFC 25-29**

**Service Definition: CCR, Title 9, Section 1840.338, 1840.348, 1840.105(a)(4) and 1810.210**

Crisis Stabilization means a service lasting less than 24-hours, provided 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 meet the crisis stabilization contact, site, and staffing requirements. Crisis Stabilization shall be provided on site at a licensed 24- hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP to perform crisis stabilization. The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. Staffing requirements are detailed in CCR, Title 9, Section 1840.348. Outpatient sites must be Medi-Cal certified to provide and bill for Crisis Stabilization services.

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Crisis Stabilization**  
(continued)

Crisis Stabilization is a package program that is billed as a bundled service per hour. This means that individual Specialty Mental Health Services, (i.e., assessment, collateral, medication services), are not billed individually. They are billed at one rate, under the provisions governing Crisis Stabilization Services.

**CDI Codes:**

151 Crisis Stabilization – ER	153 Crisis Stabilization – UR
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**Medicare CPT Codes:** Not Medicare Billable

**Who can provide Crisis Stabilization:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Crisis Stabilization	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Within their scope of practice and per CCR, Title 9 requirements, as listed in Division 1, Section 627.

**Notes:**

- **Crisis Stabilization activities** must include a physical and mental health assessment and may additionally includes, but is not limited to, therapy and collateral. (CCR, Title 9, Sections 1810.210 & 1840.338.)
- **Crisis Stabilization services** are recorded in the clinical record and reported into SIMON in hours.
- **Medi-Cal Crisis Stabilization Lockouts (CCR, Title 9, Section 1840.368):**
  - This service is not reimbursable on days when Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services.
  - No other Specialty Mental Health Services except Targeted Case Management are reimbursed during the same time period this service is claimed.
  - The maximum number of hours claimable for this service is **20 hours** within a 24-hour period.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Day Treatment Intensive, SFC 81-89**

**Service Definition: CCR, Title 9, Section 1810.213**

“Day Treatment Intensive” means a structured multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain placement in a more restrictive setting, or maintain the individual in a community setting which provides services to a distinct group of individuals. Services are available at least three (3) hours and less than twenty-four (24)-hours each day the program is open. Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service. Service activities may include but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral. . For all scheduled hours of operation, there is at least one staff person present and available to the group in the therapeutic milieu.

**Notes:**

- These services are recorded in the clinical record and reported into SIMON as either full day or half day.
- For Children, these services may focus on social and functional skills necessary for appropriate development and social integration. It may not be integrated with an educational program. Contact with families of these clients is expected.
- Ensure all essential requirements for a DTI are met, as specified by the MHP contract for Medi-Cal specialty mental health services.
  - Required service components: Daily Community Meetings, Process Groups, Skill-building Groups, and Adjunctive Therapies.
  - Required and qualified staff are providing services.
- For Day Treatment Intensive: Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.
- Notes must be completed in a timely manner according to guidelines of timeliness and frequency and must be legible: Daily progress notes on activities and a weekly clinical summary.
- Specific times, location, and assigned staff must be documented.
- Each staff's contribution needs to be documented in the note and the signature on the note needs to be from the staff providing the actual service along with the person's type of professional degree, licensure or job title; and the date of the signature.
- **Clients are expected to be in attendance** for all scheduled hours of the program, but a service may be claimed in unusual situations if the client has been in attendance at least **50%** of the hours of operation of the program.

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

Day Treatment Intensive, SFC 81-89 (continued)

**Notes (continued):**

- Exact hours of attendance for Day Treatment Intensive must be documented. The total time (number of hours and minutes) the beneficiary actually attended the program that day must be documented.
- If there is an unavoidable absence, there must be a separate entry in the medical record documenting the reason for the unavoidable absence.
- Staff to client ratio for Day Treatment Intensive is 1:8 and for Day Rehabilitation is 1:10. When more than twelve (12) clients are in the program, there must be staff from at least two (2) of these disciplines: MD/DO, RN, PhD/PsyD, LCSW, MFT, and PT.
- Before entering billing into SIMON, ensure that all services claimed were actually provided and are documented in the note.

**CDI Codes:**

283 Half Day	285 Full Day	280 NB
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**Medicare CPT Codes:** Not Medicare Billable.

**Billings:** Medi-Cal - Bill by half-day for more than three (3) but less than four (4) hours or full-day for more than four (4) hours. As outlined in your Written Program Description and Written Weekly Schedule.

**Who can provide Day Treatment Intensive:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Day Tx Intensive (DTI) (same for DTR)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Continued on next page



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### Day Treatment Rehabilitative, SFC 91-99

**Service Definition: CCR, Title 9, Section 1810.212**

Day Treatment Rehabilitative provides evaluation, rehabilitation, and therapy to maintain or restore personal independence and functioning consistent with the individual's needs for learning and development. It is an organized and structured program that provides services to a distinct group of individuals identified to receive the service. The service must be available more than four (4) hours-per-day for full-day billing. Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service. For all scheduled hours of operation, there is at least one staff person present and available to the group in the therapeutic milieu.

**Notes:**

- Ensure all essential requirements for a DTR are met, as specified by the MHP contract for Medi-Cal specialty mental health services.
  - Required service components: Daily Community Meetings, Process Groups, Skill-building Groups, and Adjunctive Therapies.
  - Required and qualified staff are providing services.
- Exact hours of attendance for Day Treatment Rehabilitative must be documented. The total time (number of hours and minutes) the beneficiary actually attended the program that day must be documented.
- If there is an unavoidable absence, there must be a separate entry in the medical record documenting the reason for the unavoidable absence.
- Notes must be completed in a timely manner according to guidelines of timeliness and frequency and must be legible: Weekly progress note.
- Specific times, location, and assigned staff must be documented.
- Each staff's contribution needs to be documented in the note and the signature on the note needs to be from the staff providing the actual service along with the person's type of professional degree, licensure or job title; and the date of the signature.
- Before entering billing into SIMON, ensure that all services claimed were actually provided and are documented in the note.

**CDI Codes:**

291 Day Rehabilitative, Half Day	295 Day Rehabilitative, Full Day	290 NB
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**Medicare CPT Codes: Not Medicare Billable**

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Day Treatment  
 Rehabilitative,  
 SFC 91-99**  
 (continued)

**Billings:** Medi-Cal - Bill by half-day for more than three (3) but less than four (4) hours or full-day for more than four (4) hours. As outlined in your Written Program Description and Written Weekly Schedule. (See **Outpatient Chart Manual** for charting and billing instructions.)

**Who can provide Day Treatment Rehabilitative:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Day Tx Rehab (DTR) (same for DTI)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Modes of Service 15/ Service Function Codes (SFC)**

MODE	MODE OR SERVICE: DAY	
15	Outpatient Services	
	SFC RANGE	SERVICE FUNCTIONS (FS) TITLE
	Case Management/Brokerage (Targeted Case Management)	
	01-06, 08, 09	Case Management – Linkage/Consultation & Plan Development (Targeted Case Management)
		Case Management – Placement
	07	Intensive Care Coordination
	Mental Health Services	
	10-19	Collateral
	30-56, 59	Assessment
	30-57, 59	Psychological Testing
	30-56, 59	Individual Therapy
		Group Therapy
		Rehabilitation/Activities of Daily Living (ADL Counseling)
		Plan Development
	57	Intensive Home Based Mental Health Services
	58	Therapeutic Behavioral Services (TBS)
	Medication Support Services	
	60-68, 69	Medication Visit and Medication Education Group
70-79	Crisis Intervention	

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Case Management – Linkage/ Consultation & Plan Development (Targeted Case Management), SFC 01-06, 08, 09**

**Service Definition: CCR, Title 9, Section 1810.249**

Case Management – Linkage/Consultation & Plan Development (Targeted Case Management) means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. 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; and plan development.

In California, Targeted Case Management (TCM) can be provided to the following target populations:

- Individuals age 18 and older who are in frail health and who would otherwise need institutional care.
- Individuals age 18 or older who are on probation and who have medical and/or mental needs.
- Individuals age 18 and older who are unable to handle personal, medical, or other affairs or who are under conservator.
- Persons who have been identified as needing public health case management such as women, infants, children, pregnant women, persons with HIV/AIDS or reportable communicable diseases, persons who use medical technological devices, and persons with multiple diagnoses.
- Individuals who need outpatient clinic services and case management who have not followed a medical regime.
- Individuals who have language barriers or other communication barriers that result in difficulties complying with medical plan.

Plan development for Linkage & Consultation (L&C) is separately billed when done at a time other than with Mental Health Services (MHS) or Medication Support Services (MSS) Plan Development.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Case Management – Linkage/ Consultation & Plan Development (Targeted Case Management), SFC 01-06, 08, 09**  
(continued)

**Examples of Billable Services:**

- Locating a needed resource for client (including schools for children.)
- Facilitating client obtaining a needed resource, coaching client, clarifying eligibility requirements, determining whether client is eligible, appealing pre-application denial, informing other agencies about client, etc.
- Referring client from a field-based program to a clinic.
- Reviewing social security benefits in relation to working.
- Being with client at initial meeting regarding vocational training to help manage client's anxiety.
- Helping client understand reporting requirements of supplemental security income (SSI.)
- Visiting client in workplace to monitor job coaching and other supports.
- Seeking appropriate educational services for a child.
- That portion of an IEP meeting that involves getting the right mental health services for the child.
- Reviewing incident report and then making sure that client has the right services

**Examples of Non-Billable Services:**

- Advising, problem-solving, or fixing problems by themselves are not billable as L&C.
- Resource-finding without a specific client's need in mind is not billable as CM L&C.
- Meeting with client to discuss how to get rent money is not billable as CM L&C.
- Any service which does not fall within the service definition of CM L&C cannot be billed as CM L&C.
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CM L&C.

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Case Management – Linkage/ Consultation & Plan Development (Targeted Case Management), SFC 01-06, 08, 09**  
 (continued)

**Limitation on Services:**

Will not be reimbursed if client is in a justice or psychiatric hospital setting (unless a juvenile in juvenile hall adjudicated and with a placement order). L&C may be carried out during a client's stay in a medical hospital.

**CDI Codes:** Linkage and Consultation

561 CM	560 NB
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**CDI Codes:** Linkage and Consultation (Plan Development)

571 CM	570 NB
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**Medicare CPT Codes:** Not separately billable (included in service billing).

**Who can provide Linkage and Consultation Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Linkage and Consultation Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Case Management – Placement, SFC 01-06, 08, 09**

**Service Definition:** CCR, Title 9, Section 1810.249

**Case Management/Brokerage** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, and rehabilitative or other community services. 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; and plan development.

Supportive assistance to the client or other helpers in the assessment of housing need and in locating and securing adequate and appropriate living arrangements in a licensed facility, including locating appropriate placement, securing funding, pre-placement visits, negotiation of housing or placement contracts, and placement follow-up.

Case management services **must** meet all medical necessity criteria and address the mental health condition or the mental health impairment **directly**.

**Examples of Billable Services:**

- Calling to locate an opening in an appropriate facility (includes board and care homes, IMD's, state hospitals).
- Other direct actions to locate a placement for the individual.

*Continued on next page*

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Case Management – Placement, SFC 01-06, 08, 09**  
(continued)

**Examples of Non-Billable Services:**

- Monitoring in case there is a problem with the placement is not billable as placement.
- Monitoring in case a lower level of care is possible is not billable as placement.
- Meeting with client to fill out placement paperwork/forms is not billable as placement.
- Fixing a problem that you find while monitoring that could threaten a placement is not billable as placement (may be able to bill MHS Individual Therapy or MHS Rehab/ADL.)
- Any service which does not fall with the service definition of CM placement cannot be billed as placement.
- If you cannot link the necessity of the service to the goal of improving the client's mental health condition, it is not billable as CM placement.

**Limitations on Case Management, Linkage, Consultation and Placement Services:**

Lockouts for Targeted Case Management Services: CCR, Title 9, Section 1840.374

- a) Targeted Case Management Services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection (b):
1. Psychiatric Inpatient Hospital Services.
  2. Psychiatric Health Facility Services.
  3. Psychiatric Nursing Facility Services.
- b) Targeted Case Management Services solely for the purpose of coordinating placement of the beneficiary on discharge from the hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three (3) non-consecutive periods of 30 calendar days or less per continuous stay in the facility.

The above applies to persons in an IMD if they are younger than 21 or 65 or older.

Targeted Case Management Services for Placement services are not billable to Medi-Cal when the client is in a State Hospital.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Case Management – Placement, SFC 01-06, 08, 09**  
 (continued)

**CDI Codes:**

541 CM	540 NB
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**Medicare CPT Codes:** Not separately Medicare billable (included in service billing).

**Who can provide Targeted Case Management Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Case Management	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Special Instructions for Targeted Case Management:**

Billable Placement must involve a facility licensed by the California Department of Public Health, Licensing and Certification Division or the Department of Mental Health

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### **Intensive Care Coordination (Targeted Case Management), SFC 07**

##### **Service Definition:**

Intensive Care Coordination (ICC) is TCM service that facilitates assessment of, care planning for and coordination of services, including urgent services for members of provided to members of EPSDT youth and the Katie A. Subclass members that are determined that would benefit from the service. An ICC coordinator serves as the single point of accountability to:

- Ensure that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized; family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child/youth.
- Facilitate a collaborative relationship among the child/youth, his/her family and involved child-serving systems.
- Support the parent/caregiver in meeting their child/youth's needs.
- Help establish the child and family team (CFT) and provide ongoing support.
- Organize and match care across providers and child serving systems to allow the child/youth to be served in his/her home community.

##### **Service Components/Activities:**

For members of the Katie A Subclass, ICC is integrated into the CFT process. As such the ICC service components include the following:

##### **Comprehensive Assessment and Periodic Reassessment**

These assessment activities are different from the clinical assessment to establish medical necessity for specialty mental health services but must align with the mental health client plan. Information gathering and assessing needs is the practice of gathering and evaluating information about the child/youth and family, which includes gathering and assessing strengths as well as assessing the underlying needs. Assessing also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and wellbeing of children/youth.

##### **Examples of Billable Services when utilizing the assessment component of ICC:**

- Assessing client's and family's needs and strengths
- Assessing the adequacy and availability of resources
- Reviewing information from family and other sources
- Evaluating effectiveness of previous interventions and activities

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Intensive Care Coordination (Targeted Case Management), SFC 07**  
(continued)

**Development and Periodic Revision of the Plan (aka Service Planning and Implementation)**

Planning and implementing services is a dynamic and interactive process that addresses the goals and objectives necessary to assure that children/youth are safe, live in permanent loving families, and achieve well-being. This process is built on an expectation that the planning process and resulting plans reflect the child/youth and family's own goals and preferences and that they have access to necessary services and resources that meet their needs.

**Note:** Unlike other plan development services (i.e., MHS-Plan Development or CM: L&C-Plan Development) ICC must be authorized on the Client Recovery Plan to be provided so it is not practical to use during the development of the first CRP.

The ICC coordinator is responsible for working within the CFT to ensure that plans from any of the system partners (child welfare, education, juvenile probation, etc.) are integrated to comprehensively address the identified goals and objectives and that the activities of all parties involved with service to the child/youth and/or family are coordinated to support and ensure successful and enduring change.

**Examples of Billable Services when utilizing the Service Planning and Implementation component of ICC:**

- Developing a plan with specific goals, activities, and objectives
- Ensuring the active participation of client and individuals involved and clarifying the roles of the individuals involved
- Identifying the intervention/course of action targeted at the client's and family's assessed needs

**Referral, Monitoring and Follow-Up Activities (aka, Monitoring and Adapting)**

Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The CFT is also responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan to address the changing needs of the child/youth and family in a timely manner, but not less than every 90 days. Intervention strategies should be monitored on a frequent basis so that modifications to the plan can be made based on results, incorporating approaches that work and refining those that do not.

**Examples of Billable Services when utilizing the Monitoring and Adapting component of ICC:**

- Monitoring to ensure that identified services and activities are progressing appropriately
- Changing and redirecting actions targets at the client's and family's assessed needs

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Intensive Care Coordination (Targeted Case Management), SFC 07**  
(continued)

**Transition**

Ensuring a solid transition out of care is vital to ensuring the child and family sustain any goals made while in services. ICC allows for capturing efforts directed at developing a plan which will support gains made, while not including services to be provided by the service provider.

**Examples of Billable Services when utilizing the Transition component of ICC:**

Developing a transition plan for the client and family to foster long term stability including the effective use of natural supports and community resources.

**Service Limitations/Lockouts:**

Service limitations and lockouts for ICC are equivalent to TCM service limitations and lockouts as described below:

- 42 CFR section 441.169 – TCM does not include, and Federal Financial Participation (FFP) is not available when the TCM activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual [SMM] 4302.2F).
- 42 CFR section 441.169 – TCM does not include, and FFP is not available when the TCM activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; and making placement arrangements. (42 CFR 441.18(9)(c)).
- FFP only is available for TCM services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act. (Sections 1902(a)(25) and 1905(c)).
- For members of the target group who are transitioning to a community setting TCM services will be made available for up to 30 calendar days for a maximum of three (3) non- consecutive periods of 30 calendar days or less per hospitalization or inpatient stay prior to the discharge of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Intensive Care Coordination (Targeted Case Management), SFC 07**  
 (continued)

- ICC may be provided solely for the purpose of coordinating placement of the child/youth on discharge from the hospital, psychiatric health facility, group home or psychiatric nursing facility, may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three (3) non-consecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.

**CDI Codes:**

576 Intensive Care Coordination	575 NB
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**Medicare CPT Codes:** Not separately Medicare billable (included in service billing).

**Who can provide Targeted Case Management Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Intensive Care Coordination	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Collateral, SFC 10-19**

**Service Definition: CCR, Title 9, Section 1810.206**

Collateral means a service activity to a significant support person in a beneficiary’s life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary’s client plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary, consultation, and training of the significant support persons(s) to assist in better understanding of mental illness. The beneficiary may or may not be present for this service activity.

**Note:** There is no such thing as intra-agency collateral, please do not bill for this.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Collateral,  
SFC 10-19**  
(continued)

**Examples of Collateral Services:**

- Gathering information about client from family members, care providers, other significant persons (probation officer, minister, others in an IEP meeting, when the focus is on mental health, etc.), or staff from other agencies who know the client.
- Finding out from parent about child/client's behavior this week.
- Family treatment with focus on the client without the client present.
- Instructing parent about carrying out treatment- related activities at home.
- Educating parent about his/her particular child and the child's problems.
- Instructing family about carrying out treatment- related activities in the home.
- Helping a teacher develop a behavioral plan for a client.
- Work with client's family to facilitate client's movement toward employment.
- Time in a group of parents that is spent discussing their child when neither parent is a client; if a parent is a client, this same time would be more appropriately billed as "group", for those in the group in this situation, if the discussion is about the parent's own issues that are affecting his/her parenting.
- Time in a group of families that is spent discussing a child client when the child is not present; if a parent is a client, this same time is more appropriately billed as "group", for those in the group in this situation, if the discussion is about the parent's own issues that are affecting his/her parenting.

**Note:** Involving parents or others in care planning should be billed as Plan Development.

It is not billable when we provide information about a client to a person from another agency at that person's request, to assist the other agency to do its job.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Collateral,  
 SFC 10-19**  
 (continued)

**CDI Codes:**

311 MHS	310 NB
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**Medicare CPT Codes:** Not separately Medicare billable (included in the service billing).

**Who can provide Collateral Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Collateral Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Assessment,  
SFC 30-56, 59**

**Service Definition: CCR, Title 9, Section 1810.204**

Assessment means a service activity designed to evaluate the current status of a beneficiary’s mental, emotional, or behavioral health. Assessment includes but is not limited to one or more of the following: mental status determination, analysis of the beneficiary’s clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures.

**Examples of Assessment Services:**

- Screening
- Triage
- Diagnosis
- ADL assessment
- Discharge summary (own client or client of others; only billable if client participates)
- Determination of diagnosis for co-signature of others
- Mental status examination
- Clinical Assessment or Update
- Assessing readiness for work or other vocational issues
- Updates on client's condition
- Discussions with others to determine diagnosis, but only if it results in a change of diagnosis

**CDI Codes:**

331 MHS	330 NB
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**Medicare CPT Codes:**

CPT	Description
90791	Psychiatric Diagnostic Evaluation (no medical services; Non-MD Diagnostic Evaluation)

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Assessment,  
 SFC 30-56, 59**  
 (continued)

**Who can perform Assessments:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Assessment (including Mental Status)	Y	Y	Y	N	N	N	N	N	N	N
Assessment (excluding Mental Status)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Diag.	Y	Y	Y	N	N	N	N	N	N	N
Write MH Diag. for Signature of others	Y	Y	Y	N	N	N	N	N	N	N
Diag. (ADS Programs)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Serve as Clinic OD (initial evaluator)	Y	Y	Y	N	N	N	N	N	N	N
Write Discharge Summary for services of others	Y	Y	Y	N	N	N	N	N	N	N
Write Discharge Summary for own services only	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Healthy Homes Assess.	Y	Y	Y	N	N	N	N	N	N	N

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Psychological Testing, SFC 30-57, 59**

**Service Definition:** CCR, Title 9, Section 1810.204

Psychological testing includes psychological test administration, scoring, interpretation, report writing, and feedback to referral source and client. Can be single test or multiple tests.

**CDI Codes:**

321	Psychological Testing
324	Developmental Testing
325	Extended
326	Neurobehavioral status exam
327	Neuropsychological testing
320	Non-Billable

**Medicare CPT Codes:**

CDI	CPT	Description
321	96101	Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
324	96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early language Milestone Screen), with interpretation and report.
325	96111	Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.
326	96161	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.
327	96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Psychological Testing, SFC 30-57, 59**  
 (continued)

**Who can perform Psychological Testing:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Psychological Testing	Y*	Y	Y	N	N	N	N	N	N	N

\*Psychology staff only

**Instruction for Psychological Testing:**

Each segment of time must be billed on the day it occurs. Every billing must have a supporting chart note. Every testing episode must have a report filed under “Psych Testing” in the chart.

**Individual Therapy, SFC 30-56, 59**

**Service Definition:      CCR, Title 9, Section 1810.250**

Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. (In DBH, services via hypnosis, bioenergetics, and sex surrogate therapy are prohibited.)

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Individual Therapy, SFC 30-56, 59**  
(continued)

**Examples of Individual Therapy:**

- Individual Therapy provided in office.
- Individual Therapy provided at other location.
- Treating family when only one child or adult member is a client and that member is present (family-individual).
- Treating the only group member who comes to a group session.
- Providing therapy for a client who calls and needs a therapy service that must be provided over the phone.
- Helping clients identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder.
- Helping client learn stress management methods relating to community functioning (could also be Rehab/ADL).
- Helping client make appearance publicly acceptable (could also be Rehab/ADL).
- Helping client understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL).
- Exploring with client how to handle disclosure or non-disclosure of client's mental problems.
- Individual Therapy in the workplace regarding emotional problems/issues related to working.
- Helping child recover from trauma or grieve for loss.
- Helping child develop greater self-control and self-management skills (could also be Rehab/ADL).

**Note:** If non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client. See Rehab/ADL for the distinction between therapy and counseling.

**CDI Codes:**

341 MHS	340 NB
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**Medicare CPT Codes:**

90832	Individual Therapy, 16-37 minutes face-to-face
90834	Individual Therapy, 38-52 minutes face-to-face
90837	Individual Therapy, 53-67 minutes face-to-face

*Continued on next page*

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Individual Therapy, SFC 30-56, 59**  
(continued)

**Who can provide Individual Therapy:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Individual Therapy	Y	Y	Y	N	N	N	N	N	N	N

Rendering providers must be licensed, registered, or waived. Student professionals in the above disciplines require co-signatures.

**Special Instruction for Individual Therapy:**

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

**Group Therapy, SFC 30-56, 59**

**Service Definition: CCR, Title 9, Section 1810.250**

Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present. If the group is one family, this is “Family-Group.”

**Examples of Group Therapy:**

- Group Therapy for more than one client together.
- Group Therapy for one family when more than one member present is a client (adult or child clients).
- Helping client identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder.
- Helping client learn stress management methods relating to community functioning (could also be Rehab/ADL).
- Helping client make appearance publicly acceptable (could also be Rehab/ADL).
- Helping client understand job-related requirements, such as timeliness and dependability (could also be Rehab/ADL).
- Exploring with client how to handle disclosure or non-disclosure of client’s mental problems.
- Group discussions of how to seek and maintain employment.

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**Scope of Practice and Billing Guide**

**Reimbursable Services, Continued**

**Group Therapy, SFC 30-56, 59 (continued)**

**Examples of Group Therapy:**

- Group Therapy with an educational component, in which clients learn or are educated about mental disorder, coping skills, recovering from mental disorder, etc., as long as each individual’s own condition is also addressed or explored and that individual’s participation and response are charted.
- Multi-family groups in which at least one person (child or adult with an open case is present for each family, and at least two such persons with open cases are present for the group; time in these groups for families without a member present who is a client is billed as “collateral”).
- Group Therapy to help child clients learn social skills (could also be Rehab/ADL).
- Group Therapy to help child clients learn better self-control or self-management (could also be Rehab/ADL).

**CDI Codes:**

351 MHS	350 NB
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**Medicare CPT Codes:**

CPT	Description
90853	Group therapy (other than a multi-family group)

**Who can provide Group Therapy:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Group Therapy	Y	Y	Y	N	N	N	N	N	N	N

**Special Instruction for Group Therapy:**

If a session is held for a client and family members of the client, and only one person in the session has an open case, it is charted and billed as family-individual. If more than one person in the session has an open case, the session is charted and billed as family-group. The focus in both cases must be on the mental health needs of the client or clients with open cases.

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## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Rehabilitation/  
Activities of  
Daily Living  
(ADL  
Counseling),  
SFC 30-56, 59**

**Service Definition: CCR, Title 9, Section 1810.243**

Rehabilitation means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or 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/ADL (Medicine Education Group): A group with discussion of and education regarding medication use. Topics include risks, benefits, alternatives, and compliance. No MSS service per se is included in this category.

**Rehab/ADL (vocational):**

1. Skills training in skills specific to adaptive and appropriate vocational functioning (general work skills, finding a job, keeping a job); and
2. Counseling the individual and/or family regarding job issues.

**Examples of Rehabilitation/ADL:**

- Helping client learn how to get around on the bus.
- Helping client learn how to budget and manage money.
- Helping client learn leisure activities (when this relates to identified problems and is necessary for their solution).
- Medication education group.
- Counseling client's family about client's needs and skills.
- Helping client learn personal care skills.
- Exploring job/vocational aspirations and educational needs (could also occur in individual or group therapy).
- Helping client identify strengths/weaknesses regarding functioning in the community related to his/her mental disorder (could also occur in individual or group therapy).
- Facilitating client engaging in volunteer experiences (could also occur in individual or group therapy).
- Helping client learn stress management methods relating to community functioning (could also occur in individual or group therapy).

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Rehabilitation/  
Activities of  
Daily Living  
(ADL  
Counseling),  
SFC 30-56, 59  
(continued)**

**Examples of Rehabilitation/ADL:**

- Working with client's family to facilitate client's movement toward employment or school.
- Helping client make appearance publicly acceptable (could also occur in individual or group therapy).
- Helping client understand job-related requirements, such as timeliness and dependability (could also occur in individual or group therapy).
- Exploring with client how to handle disclosure or non-disclosure of client's mental problems (could also occur in individual or group therapy).
- Counseling client in the workplace about emotional problems/issues related to working.
- Group discussions of how to seek and maintain employment.
- Helping child understand behavioral and attitudinal requirements of school or future working.
- Helping child understand and learn skills needed for peer relationships.
- Helping child understand and learn skills needed for functioning well within their residence.
- Recreation for children when used to teach attitudes, rule-following, cooperation, and other skills needed for effective peer relationships.

**Note:** If non-client, consider Community Client Contact and Other Service or Non-Service for Non-Client.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Rehabilitation/  
Activities of  
Daily Living  
(ADL  
Counseling),  
SFC 30-56, 59  
(continued)**

**Distinction between Therapy and Rehabilitation ADL (Counseling)**

Therapy (as in individual and group therapy) is distinguished from counseling (as in rehab/ADL) as follows:

Therapy involves efforts to directly promote and facilitate **change** in the client's basic perceptions, emotional responses, and other personality features, so that in the future the client's subjective state, symptoms, and functioning are improved because of these changes in **who the client is**. Therapy is different from counseling both in purpose (as just described) and in method (as described below).

For DBH purposes, "Rehabilitation ADL (Counseling)" is defined as using the client's current **traits and resources** to help that person to feel better and/or overcome current problems, without purposely trying to change the client's basic personality features. However, counseling, therapy, and meds education groups may all involve an educative component. Rehabilitation ADL (Counseling) includes:

1. Providing support.
2. Assisting with problem-solving.
3. Assisting with decision-making.
4. Teaching/modeling daily living skills.
5. Giving advice.
6. Providing information or brief education regarding behavioral health problems. (Be careful not to provide specific advice out of scope of practice.)
7. If competent to do so, teaching emotional and behavioral skills necessary for the attainment of the client's goals.
8. If competent to do so, using single techniques or methods from a comprehensive theoretical system of therapy, such as having a client keep a record of dysfunctional thoughts, challenging dysfunctional thoughts, or helping the client identify patterns of behavior.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Rehabilitation/  
Activities of  
Daily Living  
(ADL  
Counseling),  
SFC 30-56, 59  
(continued)**

**Counseling does not include:**

1. Exploring the client's past in order to help the client to understand self or change.
2. Using transference and counter transference reactions to help in the treatment of the client.
3. Applying defined systems of treatment comprehensively in working with the client (e.g., psychodynamic therapy, including interpretations based on psychodynamic or psychoanalytic theory; cognitive-behavioral therapy; rational-emotive therapy; and solution-focused therapy.)
4. Purposely increasing the client's anxiety in order to alter the client's therapeutic motivation.
5. Purposely eliciting non-obvious, underlying feelings in order to work on an issue or problem.

Neither therapists nor counselors should use specialized or other techniques for which they have not had appropriate training (e.g., desensitization, cognitive restructuring, etc.)

Therapy includes, but is not limited to, the elements included in both "**Counseling includes**" and "**Counseling does not include**" as described above.

Therapy, counseling, and skills training all attempt to change behavior. They may all result in changes in traits and personality, but only therapy purposely proposes to change the personality and traits of the client and focuses on doing this in order to help the client.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Rehabilitation/  
 Activities of  
 Daily Living  
 (ADL  
 Counseling),  
 SFC 30-56, 59  
 (continued)**

**CDI Codes:**

551 MHS	550 NB
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**Note:** Unlike individual and group therapy, there is only one code for Rehab/ADL. The provision of this in a group setting will be indicated by (1) the interdisciplinary note indicating “MHS-Rehab/ADL – Group:” and (2) a group count being included on the CDI.

**Medicare CPT Codes:** Not Medicare billable

**Who can provide Rehabilitation (Counseling):**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Rehab/ADL (skills)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (counseling of ind and families)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (med ed)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab/ADL (voc)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Special Instructions for Rehabilitation (Counseling):**

Do not bill therapy for an activity that is actually rehab/ADL Counseling.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Plan Development, SFC 30-56, 59**

**Service Definition:**      **CCR, Title 9, Section 1810.232**

Plan Development means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress in achieving client plan goals.

Billable intra-agency consultations are usually billed as Plan Development.

**Examples of Plan Development:**

- Involving parent/caregiver in client’s treatment planning.
- Team discussions or discussions with other treatment staff resulting in Plan approval or some charted change or non-routine affirmation of current Plan.
- Creating/writing Client Recovery Plan, TBS Plan, or other plans, with or without client, if charted.
- That portion of an IEP meeting in which the DBH Plan for the client is developed or altered.
- Writing ID notes for a service that occurred on a previous day.

**Examples of Non-Billable Services:**

- Reviewing a client’s previous records, in isolation of any billable plan development service.
- Cannot bill for consultation during regular clinical supervision

**CDI Codes:**

521 MHS	520 NB
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**Medicare CPT Codes:** Not separately billable to Medicare (included in service billing).

**Who can provide Rehabilitation (Counseling):**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Plan Development	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Special Instructions for Plan Development:**

Plan Development activities in MSS or DTR are included in the MSS or DTR billing. See CM- L&C-Plan Dev for Plan Development for Case Management services.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### **Intensive Home Based Mental Health Services, SFC 57**

#### **Service Definition:**

Intensive home-based mental health services (IHBS) are mental health rehabilitation services provided to members of the Katie A. Subclass and EPSDT youth that are determined that would benefit from the service. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community.

#### **Service Components/Activities:**

Service activities may include, but are not limited to:

- Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms, including but not limited to the implementation of a positive behavioral plan and/or modeling interventions for the child/youth's family and/or significant others to assist them in implementing the strategies.
- 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.
- Development of skills or replacement behaviors that allow the child/ youth to fully participate in the CFT and service plans including but not limited to the plan and/or child welfare service plan.
- Improvement of self-management of symptoms, including self-administration of medications as appropriate.
- Education of the child/youth and/or their family or caregiver(s) about, and how to manage the child/ youth's mental health disorder or symptoms.
- Support of the development, maintenance, and use of social networks including the use of natural and community resources.
- Support to address behaviors that interfere with the achievement of a stable and permanent family life.
- Support to address behaviors that interfere with seeking and maintaining a job.
- Support to address behaviors that interfere with a child/youth's success in achieving educational objectives in an academic program in the community.
- Support to address behaviors that interfere with transitional independent living objectives such as seeking and maintaining housing and living independently.

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

**Intensive Home Based Mental Health Services, SFC 57**  
(continued)

**Service Limitations / Lockouts:**

Mental health services (including IHBS) are not reimbursable when provided by day treatment intensive or day rehabilitation staff during the same time period that day treatment intensive or day rehabilitation services are being provided. Authorization is required for mental health services if these services are provided on the same day that day treatment intensive or day rehabilitation services are provided. IHBS may not be provided to children/youth in Group Homes. IHBS can be provided to children/youth that are transitioning to a permanent home environment to facilitate the transition during single day and multiple day visits outside the Group Home setting.

Certain services may be part of the child/youth’s course of treatment, but may not be provided during the same hours of the day that IHBS services are being provided to the child/youth. These services include:

- Day Treatment Rehabilitative or Day Treatment Intensive.
- Group Therapy.
- Therapeutic Behavioral Services (TBS.)
- Targeted Case Management (TCM.)

**CDI Codes:**

578 Intensive Home Based Mental Health Services	577 NB
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**Medicare CPT Codes:** Not applicable.

**Who can provide Rehabilitation (Counseling):**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Mental Health Status Exam & Diagnosis	Y	Y	Y	N	N	N	N	N	N	N
Assessment history and Data Collection	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Intensive home Based Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### Therapeutic Behavioral Services, SFC 58

**Service Definition: DMH Letters 99-03 & 04-12**

Therapeutic Behavioral Services (TBS) are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth who are with serious emotional disturbances (SED).

TBS is designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries under 21 years of age who meet MHP medical necessity criteria (children/youth with SED), are members of the certified class, and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level.

Additional information regarding TBS (aka, Service Function Code 58) is available in the Therapeutic Behavioral Services (TBS) Documentation Manual ([http://www.dhcs.ca.gov/services/MH/Documents/TBS\\_Documentation\\_Manual\\_10\\_26\\_09.pdf](http://www.dhcs.ca.gov/services/MH/Documents/TBS_Documentation_Manual_10_26_09.pdf)).

TBS is functionally divided into four different services, and providers are expected to code and document to these specific services. They are:

- TBS-Assessment (582): All activities to assess for and establish, or rule out, a child meeting the criteria for needing TBS-Coaching.
- TBS-Treatment Plan (583): The creation of an appropriate TBS treatment plan which identifies the target behaviors and other elements required of TBS treatment plans (e.g., plan for reducing level of services).
- TBS-Coaching (581 & listed as 'TBS' in SIMON): The direct 1:1 activities to provide the child with skills needed to address the target behaviors.
- TBS-Collateral (584): The direct 1:1 activities provided to a significant other in order to facilitate the child successfully addressing the target behaviors.

Through the use of these four types of TBS services a TBS program able to conduct the initial assessment, develop a treatment plan, and implement this plan solely through the provision of Service Function Code 58 (i.e., TBS).

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Therapeutic Behavioral Services, SFC 58**  
(continued)

**Example of Therapeutic Behavioral Services:**

- Assessment that is conducted to assess a child/youth's current problem presentation, maladaptive at risk behaviors that require TBS intervention, and the continued medical necessity need for TBS.
- Preparing, developing, and presenting the TBS care plan.
- Reviewing, modifying, and up-dating TBS care plans.
- Collateral services that are provided to significant support persons in the child/youth's life.
- Staying with the client through a specified time period of several hours waiting for and responding to behaviors specified in the client's TBS Plan.
- Supplying interventions that are designed to decrease the target behaviors as identified in the TBS care plan.
- Implementing the interventions with the client, in the presence of the caregiver.
- Assisting the caregiver in implementing the interventions that have been introduced to the client.

**Example of Non-Billable Therapeutic Behavioral Services:**

- Services that are solely for the convenience of the family or other caregivers, physician, or teacher;
- Services that are solely to provide supervision or to assure compliance with terms and conditions of probation;
- Services that are solely to ensure the child/youth's physical safety or the safety of others, e.g., suicide watch;
- Services that are solely to address behaviors that are not a result of the child/youth's mental health condition; or
- Services that are solely for supervision or to assure compliance with terms and conditions of probation.
- The child/youth can sustain non-impulsive self-directed behavior, handle themselves appropriately in social situations with peers, and appropriately handle transitions during the day.
- The child/youth will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision.
- The child/youth is currently admitted on an inpatient psychiatric hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program.
- On-Call Time for the staff person providing TBS.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Therapeutic Behavioral Services, SFC 58**  
 (continued)

**CDI Codes:**

581 TBS	580 TBS NB
582 TBS Assessment	584 TBS Collateral
583 TBS Treatment Plan	

**Medicare CPT Codes:** Not Medicare billable.

**Who can provide Therapeutic Behavioral Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Therapeutic Behavioral Services (may also be provided by contracted individuals)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Medication Visit and Medication Education Group, SFC 60-68, 69**

**Service Definition: CCR, Title 9, Section 1810.225**

Medication Support Services (MSS) means those services that include, prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness.

Service activities may include but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

**Medication Visit:**

An individual service involving any or all of the above activities.

**Medication Education Group:**

A group for clients provided by MSS-qualified staff in which discussion of risks, benefits, alternatives, and compliance with medications may take place, as well as Therapy (which time is billed separately). Usually group members engage in these discussions while waiting to be taken out of the group briefly for a Medication Visit.

**CDI Codes:**

360	Non-Billable
361	New Client, Moderate to High Complexity, Moderate DMC
363	New Client, Moderate to High Complexity, High DMC
364	Diagnostic Interview Evaluation, w/Medical Services
366	Established Client, Low to Moderate Complexity, Low DMC
368	Established Client, Moderate to High Complexity, Moderate DMC
369	Established Client, Moderate to High Complexity, High DMC

**Note:** DMC refers to Decision Making Complexity. For further descriptions of services, see the following Medicare CPT Code table.

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**Scope of Practice and Billing Guide**

**Reimbursable Services, Continued**

**Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)**

**Medicare CPT Codes:**

CDI	CPT	Description
361	99204	<b>Evaluation and Management Physician Service</b> <ul style="list-style-type: none"> <li>• New Client (see definition on page 54)</li> <li>• Moderate to High Complexity</li> <li>• Comprehensive History</li> <li>• Comprehensive Exam</li> <li>• Moderate Decision Making Complexity</li> <li>• 45-Minute Time Override Option</li> </ul>
363	99205	<b>Evaluation and Management Physician Service</b> <ul style="list-style-type: none"> <li>• New Client</li> <li>• Moderate to High Complexity</li> <li>• Comprehensive History</li> <li>• Comprehensive Exam</li> <li>• Moderate Decision Making Complexity</li> <li>• 60-Minute Time Override Option</li> </ul>
364	90792	<b>Psychiatric Diagnostic Evaluation (w/Medical Services)</b> <ul style="list-style-type: none"> <li>• Board Certified, Eligible or Child Psychiatrist</li> <li>• Duration 60-Minutes</li> </ul>
366	99213	<b>Evaluation and Management Physician Service</b> <ul style="list-style-type: none"> <li>• Established Client</li> <li>• Low to Moderate Complexity</li> <li>• Expanded History</li> <li>• 15-Minute Time Override Option</li> </ul>

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Scope of Practice and Billing Guide

Reimbursable Services, Continued

Medication Visit  
and Medication  
Education  
Group,  
SFC 60-68, 69  
(continued)

**Medicare CPT Codes:**

CDI	CPT	Description
368	99214	<b>Evaluation and Management Physician Service</b> <ul style="list-style-type: none"><li>• Established Client</li><li>• Moderate to High Complexity</li><li>• Detailed History</li><li>• Detailed Exam</li><li>• Moderate Decision Making Complexity</li><li>• 25-Minute Time Override Option</li></ul>
369	99215	<b>Evaluation and Management Physician Service</b> <ul style="list-style-type: none"><li>• Established Client</li><li>• Moderate to High Complexity</li><li>• Comprehensive History</li><li>• Comprehensive Exam</li><li>• High Decision Making Complexity</li><li>• 40-Minute Time Override Option</li></ul>

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Medication Visit and Medication Education Group, SFC 60-68, 69**  
(continued)

**Determination of Patient Status as a New or Established Patient**

*“Solely for the purpose of distinguishing between new and established patients, professional services are those face-to-face services rendered by a physician and reported by a specific CPT code(s). A **new** patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three (3) years.*

*An **established** patient is one who has received professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three (3) years.*

*In the instance where a physician /qualified health care professional is on call for or covering for another physician/qualified professional, the patient’s encounter will be classified as it would have been by the physician/qualified professional who is not available. When advance practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician.”*

From: CPT Coding Guidelines, Evaluation and management Definitions of Commonly Used Terms, New and Established Patients, CPT 2013

**Counseling Override Option and Time**

*“When counseling and/or coordination of care dominates (more than 50%) of the encounter with the patient and/or family (face-to-face time in the office of other outpatient setting of floor/unit time in the hospital or nursing facility), then **time** shall be considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardians). The extent of counseling and/or coordination of care must be documented in the medical record.” – CPT 2013*

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)**

**Education and Training for Patient Self-Management Medication Education**

The focus of the educational and training codes is to teach the patient (including caregivers) to effectively self-manage the patient's illness or disease, as well as attempt to delay possible additional disorders or comorbidities.

According to the CPT, "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source."

Some of the criteria used to establish the curriculum are as follows:

- The content must be consistent with guidelines or standards established by recognized societies as described above.
- The content must be standardized to individuals or groups of patients.
- Any modifications to the curriculum should be done only when necessary to meet the clinical needs, cultural norms, and health literacy of the patient or patients.

**Medication Visit (Medication Support Service)** rendered by non-MD, non-Medicare reimbursable provider (i.e. - RN, PT, LVN). These codes represent MSS services performed by Non-physician, Non-Medicare reimbursable providers provided within specific scope of practice of the rendering provider. These services may include, but are not limited to, injections or drug administrations, instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

Physician providers should not use these codes but rather use the appropriate Evaluation Management codes, such as counseling and education risk factor reduction intervention.

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**Scope of Practice and Billing Guide**

**Reimbursable Services, Continued**

**Medication Visit and Medication Education Group, SFC 60-68, 69 (continued)**

**Medicare CPT Codes:**

CDI	CPT	Description
380		Non-Billable Medication Education
381	98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient.
382	98961	2-4 Patients
383	98962	5-8 Patients
384		Non-Billable – MSS service rendered by non-MD, non-Medicare reimbursable provider.
385		MSS service rendered by non-MD, non-Medicare reimbursable provider (i.e. RN, PT, LVN).

**Who Can Provide Medication Visits and Education Support Groups:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Medication Visits	N	Y	Y	Y	N	N	N	Y	Y	N
Medication Education Groups	N	Y	Y	Y	N	N	N	Y	Y	N

**Special Instructions for Medication Visits and Education Support Groups:**

MSS services in a Medication Education Group must be charted and billed separately from any therapy that is provided by a person not authorized to provide MSS services. Therapy may only be provided within scope of practice. (See Individual Therapy and Group Therapy).

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

#### Crisis Intervention, SFC 70-79

**Service Definition: CCR, Title 9, Section 1810.209**

Crisis Intervention 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 intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements, described in sections 1840.338 and 1840.348.

**Examples of Crisis Intervention: (If above definition is met.)**

- Evaluating client for hospitalization (whether or not client is hospitalized.)
- Interventions to prevent harm to client or others.
- Interventions to prevent harm to client due to homelessness on that date.

**Note:** If non-client, consider Community Client Contact, and Other Service or Non Service for Non-Client.

**Limitations on Services or Billing:**

- Limited to immediate stabilization. Further intervention involves other services.
- Does not include crisis stabilization, which is provided in a 24-hour setting.
- Documentation must provide justification for time billed and meet Medical Necessity.

**Note:** Crisis Intervention services are recorded in the clinical record and reported into SIMON as hours:minutes.

**Medi-Cal Crisis Intervention Lockouts (CCR, Title 9, Section § 1840.366):**

- This service is not reimbursable on days when Crisis Residential Treatment services, Psychiatric Inpatient Hospital services, Psychiatric Health Facility services, or Psychiatric Nursing Facility services are reimbursed, except for the day of admission to these services
- The maximum number of hours claimable for this service is eight (8) within a 24- hour period.

*Continued on next page*



## Scope of Practice and Billing Guide

### Reimbursable Services, Continued

**Crisis Intervention, SFC 70-79**  
 (continued)

**CDI Codes:**

371 MHS	370 NB
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**Medicare CPT Codes:**

90839	Psychotherapy for Crisis; First 60 Minutes
90840	Each Additional 30 Minutes (List separately in addition to code for primary service.)

**Who can provide Crisis Intervention Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Crisis Intervention	Y	Y	Y	Y*	Y*	Y*	Y*	Y*	Y*	Y*

\*Must have immediate supervision if issues of danger to self or others are present

**Special Instructions for Crisis Intervention:**

Documentation must make clear why the service is Crisis Intervention as opposed to Assessment or Therapy. The crisis must require decision or action on the part of the provider in order to ensure the welfare of the individual or community. **“The individual's upset does not by itself create a crisis condition.”**

*Continued on next page*



## Scope of Practice and Billing Guide

### Chapter 3 – Non-Reimbursable Services

#### Overview

Chapter 3 discusses the services that are non-reimbursable.

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## Scope of Practice and Billing Guide

### Non-Reimbursable Services

**Definition** Non-Reimbursable Codes should not be used if an activity is reimbursable. This section will identify and describe non-reimbursable services.

**Mental Health Promotion**

**General Type:** Indirect

**Service Definition:**

Activities in the community educating persons regarding mental health and mental disorders and making service opportunities known to them. Also, providing education to agencies or organizations regarding mental health services and mental disorders.

**Examples:**

- Speaking to service club or church group about mental illness.
- Speaking to a mothers group about services for children.
- Speaking to staff of another County agency about dealing with the mentally ill.
- Manning a booth in a mental health fair.

**Note:** First consider CM-L&C.

**CDI Codes:**

411 MHS Adult	415 MHS Other	417 MHS Child
---------------	---------------	---------------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be directly or MAA-billable.

**Who can provide Mental Health Promotion:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Mental Health Promotion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Community Client Contact**

**General Type:** Indirect

**Service Definition:**

Assisting persons in the community who are not clients, including giving some minimal services, on the basis of immediate need and within the provider's scope of practice.

**Examples:**

- Groups for non-clients
- Assisting with non-billable socialization or drop-in group.
- Advising a person about involuntary hospitalization procedure.
- Intervening in a family dispute taking place in the same building in which a client lives whom you are visiting.
- Taking phone calls as clinic officer of the day.
- Providing a service for a recently closed client (if the case is not reopened.)

**Note:** Also consider regular billable services.

**CDI Codes:**

421 MHS Adult	427 MHS Child
---------------	---------------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be directly or billable.

**Who can provide Community Client Contact:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Community Client Contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Special Instructions**

This service is not charted, nor is identifying information about the recipient recorded. (Any billed time that is part of a service that also includes Community Client Contact must be subtracted from the total in order to arrive at the Community Client Contact time.)

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Treatment Support**

**General Type:** Indirect

**Service Definition:**

Time spent organizing or preparing for services or non-services.

**Examples:**

- Copying materials for a group.
- Preparing a curriculum for a group or other preparation to deliver a service.
- Developing a specific treatment program that is not covered under MAA-Program Planning.
- Logging, labeling, distributing, and storing medication supplies.
- Being in team meeting but not participating in discussion of a given case (the minutes for that case.)
- Interacting with community or organizational representatives in order to obtain donated treatment-related materials.
- Shopping for OT supplies.
- Shopping for refreshments when the Clinic Supervisor deems refreshments necessary in order to attract clients or maintain the service.
- Preparing for and participating in fair hearings.
- Time in multidisciplinary team meetings that is not billable as CM-L&C, CM-Placement, Plan Development, or Collateral.
- Interpreting between client and provider.
- Reviewing client's previous records, which do not lead to a billable and charted change in services to be provided or the Plan for services.
- Orienting clients to Department services and to recovery.
- Assigned travel time when no service is provided.

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Treatment Support**  
(continued)

**CDI Codes:**

431 MHS Adult	435 MHS Child
---------------	---------------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be directly or billable.

**Who can provide Treatment Support:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Day Treatment Support**

**General Type:** Indirect

**Service Definition:**

Time a staff person is assigned to and participating in a day treatment program.

**CDI Codes:**

433 MHS Adult	437 MHS Child
---------------	---------------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be directly or billable.

**Who can provide Day Treatment Support:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Classroom Observation**

**General Type:** Indirect

**Service Definition:**

Time spent observing a client in his/her school classroom, for service planning purposes. (Parts of this activity may be billable as “assessment” if they result in an “Assessment” ID note.)

**CDI Codes:**

442 Class Obv
---------------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be directly or billable.

**Who can perform Classroom Observation:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Treatment Support	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Individualized Education Plan**

**General Type:** Indirect

**Service Definition:**

Time spent in an Individualized Education Plan (IEP) meeting that is not billable as Collateral, CM-L&C, CM-Placement, or Plan Development. (Consultations before and after an IEP meeting are billed separately as either Collateral, CM-L&C, or Plan Development. Assessments related to an IEP or IEP meeting are billed as Assessment.

**CDI Codes:**

452 IEP
---------

**Medicare CPT Codes:** Not Medicare billable.

**Billing:** Must not be billable as Plan Dev or other billable service.

**Who can provide Individual Education Plan:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Individual Education Plan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Vocational**                      **General Type:**                      **Indirect**

**Service Definition:**

Any service not recorded for direct billing that provides vocational help.

**Examples:**

- Job coaching
- Job development

**CDI Codes:**

453 Voc Program

**Medicare CPT Codes:** Not Medicare billable.

**Billing:**                      Must not be directly billable.

**Who can provide Vocational Services:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Vocational Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Hospital Liaison**    **General Type:**                      **Indirect**

**Service Definition:**

Providing consultation services to inpatient medical and psychiatric units.

**Examples:**

- Providing invited consultation to inpatient medical or psychiatric staff.
- Coordinating transfer to DBH services that is not billable as CM-L&C or CM-Placement.

**CDI Codes:**

462 Hospital Liaison

**Medicare CPT Codes:** Not Medicare billable.

**Billing:**                      Must not be directly billable.

**Who can perform as Hospital Liaison:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	N	N	N	N	N	N	N

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Courtroom Appearances**

**General Type:** Indirect

**Service Definition:**

Courtroom appearances on behalf of clients.

**CDI Codes:**

463 Court Appearance

**Who can provide Courtroom Appearances:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**Special Instructions for Courtroom Appearances:**

For non-licensed staff, the supervisor will accompany the staff person to court.

**Drug Screen**

**General Type:** Indirect

**Service Definition:**

Procuring urine samples for drug screens, sending samples to lab, and processing results.

**CDI Codes:**

391 Drug Screen

**Who can perform Drug Screening:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Hospital Liaison	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

**Conservatorship Investigation**      **General Type:**                      **Indirect**

**Service Definition:**

Assessment of persons to determine need for conservatorship establishment or continuation.

**CDI Codes:**

621 Consvr Invest	631 Consvr Admin	620 Consvr Invest NB
-------------------	------------------	----------------------

**Who can perform Conservatorship Investigation:**

Service	Clin	Physician	MN	RN	MHS	SWII	OT	LVN	PT	ADC
Conservatorship Investigation	Y	Y	Y	N	N	N	N	N	N	N

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**Scope of Practice and Billing Guide**

**Non-Reimbursable Services, Continued**

**Non-Service CDI Codes** Following are other non-service based codes for staff use:

CDI Codes	Activity
201	No Show DTI – The client does not keep a scheduled appointment.
300	MHS – The client does not keep a scheduled appointment.
307	Reschedule – The client reschedules an appointment that has been missed or will be missed.
308	Clinic Cancel – An appointment is cancelled by the clinic or provider.
309	Client Cancel – An appointment is cancelled by the client before the scheduled time (24 hours).
400	Intake – The client does not keep a scheduled appointment.
403	Leave and Holiday – All time away from work for any reason.
404	Training Given – Providing training within or outside of the Department as part of one’s assigned duties.
405	Training Received – Receiving training on Department time.
406	Department Travel Time (non-billable) – Non-billable travel time for client purposes or other purposes.
407	Clinic-Level Meeting – Staff meetings or other meetings at clinic sites.
408	Departmental Meeting – Regional or Departmental meeting.
409	Inter-Agency Meeting – Inter-agency meeting; multi-disciplinary team (MDT) meeting.
410	Other Meeting – Other meetings than those listed above.
413	Approved Non-Billable Overtime Duties.
418	Approved Special Assignment – Approved by one’s supervisor.
419	Administrative Duties NOS – All time not accounted for by any of the other codes in this document.
420	Time spent by clinical staff preparing for, or attending, Due Process, Mediation, or other litigation related activities within the AB2726 program.
423	Interpretation Services (clerical and professional).
424	Non-English language used during the provision of a Service.
457	Clinical Supervision Provided – Providing clinical supervision to anyone within the Department.
458	Clinical Supervision Received – Receiving clinical supervision within the Department.
459	Administrative Supervision Provided – Providing administrative supervision to anyone within the Department.

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Scope of Practice and Billing Guide

Non-Reimbursable Services, Continued

Non-Service CDI  
Codes  
(continued)

CDI Codes	Activity
460	Administrative supervision Received – Receiving administrative supervision within the Department.
464	Medication Management – Used for a variety of activities related to handling medical/medication issues not attributable to specific clients.

*Continued on next page*



## Scope of Practice and Billing Guide

### Non-Reimbursable Services, Continued

#### Examples

Below are some examples:

- Helping clients organize a Client Council (Treatment Support)
- Facilitating/advising a Client Council (Treatment Support)
- Helping clients organize a client support/advocacy group (Treatment Support)
- Interacting with a community group (church, service club, community center, etc.) to make it more open to client involvement (MH Promotion)
- Orienting clients to RWD (Treatment Support)
- Training clients, ex-clients, or volunteers to be mentors (Treatment Support)
- Developing peer-run programs (Treatment Support)
- Facilitating/advising peer-run programs (Treatment Support)
- Social event (including educ) for neighborhood to acquaint people with services (MH Promotion).

*Continued on next page*



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List

Acronym/Abbreviation	Refer to:
ACBO	Association of Community Based Organizations
AAHCPAD	American Academy of Health Care Providers in the Addictive Disorders
AAMFT	American Association of Marriage and Family Therapy
AB	Assembly Bill
AB3632	California Law Related to Behavioral Assessment and Mental Health Services
ABC	Augmented Board And Care
ACE	Access Coordination and Enhancement
ACR	Auditor Controller/Recorder
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADC	Adelanto Detention Center
ADC	Alcohol and Drug Counselor
ADL	Activities of Daily Living
ADP	Alcohol and Drug Programs
ADS	Alcohol and Drug Services
AEVS	Automated Eligibility Verification System
AI/AN	American Indian/Alaskan Native
AIDS	Acquired Immune Deficiency Syndrome
AMA	Against Medical Advice
ANSI	American National Standards Institute
AOD	Alcohol and other drugs
AP	Accounts Payable
APA	American Psychological Association
APPIC	Association of Psychology Postdoctoral and Internship Centers
APR	Annual Progress Report
APR	Annual Program Review
APS	Association of Psychological Science
AR	Accounts Receivable
AR/UR	Authorization Review/Utilization Review Unit
ARC	American Red Cross
ARMC	Arrowhead Regional Medical Center
ARRA	American Recovery and Reinvestment Act
ARS	Adult Residential Services



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>ASC</b>	<b>Administrative Subcommittee of Wraparound</b>
<b>ASC</b>	<b>Accredited Standards Committee</b>
<b>ASG</b>	<b>Application Support Group</b>
<b>ASOC</b>	<b>Adult System of Care</b>
<b>ASPE</b>	<b>Assistant Secretary for Planning and Education</b>
<b>ASW</b>	<b>Associate of Social Work (registered with Board)</b>
<b>Attn</b>	<b>Attention</b>
<b>AVG</b>	<b>Average</b>
<b>AWOL</b>	<b>Absent Without Leave</b>
<b>B&amp;P</b>	<b>Business and Professions Code</b>
<b>BA</b>	<b>Bachelor of Arts</b>
<b>BAC</b>	<b>Blood Alcohol Content</b>
<b>BAI</b>	<b>Board Agenda Item</b>
<b>BBS</b>	<b>Board of Behavioral Sciences</b>
<b>BC</b>	<b>Board Certified</b>
<b>Beh</b>	<b>Behavior</b>
<b>BG</b>	<b>Block Grant</b>
<b>BHRC</b>	<b>Behavioral Health Resource Center (now CSBHS effective 04/12)</b>
<b>BIC</b>	<b>Benefits Identification Card</b>
<b>BOC</b>	<b>Board Of Corrections</b>
<b>BOS</b>	<b>Board Of Supervisors</b>
<b>BRN</b>	<b>Board of Registered Nursing</b>
<b>BSNLRP</b>	<b>Bachelor of Science Nursing Loan Repayment Program</b>
<b>Bx</b>	<b>Behavior</b>
<b>c</b>	<b>With</b>
<b>c/o</b>	<b>Complains of</b>
<b>CA</b>	<b>Cancer</b>
<b>CAADAC</b>	<b>California Association of Alcoholism and Drug Abuse Counselors</b>
<b>CAADE</b>	<b>California Association for Alcohol/Drug Educators</b>
<b>CAAHL</b>	<b>Child &amp; Adult Abuse Hotline</b>
<b>CAARR</b>	<b>California Association of Addiction Recovery Resources</b>
<b>CAC</b>	<b>California Administrative Code</b>
<b>CAC</b>	<b>Children's Assessment Center</b>
<b>CADTP</b>	<b>California Association of DUI Treatment Programs</b>
<b>CADDTP</b>	<b>California Association of Drinking Driver Treatment Programs</b>

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**Scope of Practice and Billing Guide**

**Appendix A: Acronym/Abbreviation List, Continued**

<b>CADPAAC</b>	<b>County Alcohol and Drug Program Administrators Association of California</b>
<b>CalHFA</b>	<b>California Housing Finance Agency</b>
<b>CalMHSA</b>	<b>California Mental Health Services Authority (JPA)</b>
<b>CalOMS</b>	<b>California Outcome Measurement Service</b>
<b>CalSWEC</b>	<b>California Social Work Education Commission</b>
<b>CANS</b>	<b>Child and Adolescent Needs and Strengths</b>
<b>CANS-SB</b>	<b>Child and Adolescent Needs and Strengths Assessment-San Bernardino</b>
<b>CAO</b>	<b>County Administrative Officer</b>
<b>CARF</b>	<b>Commission On Accreditation Of Rehabilitation Facilities</b>
<b>CARS</b>	<b>Children's Assessment And Referral System</b>
<b>CASE</b>	<b>Coalition Against Sexual Exploitation</b>
<b>CASRA</b>	<b>California Association of Social Rehabilitation</b>
<b>CATC</b>	<b>Certified Addictions Treatment Counselor</b>
<b>cauc</b>	<b>Caucasian</b>
<b>CBHDA</b>	<b>County Behavioral Health Directors Association of California</b>
<b>CBMCS</b>	<b>California Brief Multicultural Scale Based Training</b>
<b>CBO</b>	<b>Community Based Organization</b>
<b>CBT</b>	<b>Cognitive Behavior Therapy</b>
<b>CC3</b>	<b>CCura3</b>
<b>CCAC</b>	<b>Cultural Competency Advisory Committee</b>
<b>CCAPP</b>	<b>California Consortium of Addiction Programs and Professionals</b>
<b>CCBCDC</b>	<b>California Certification Board of Chemical Dependency Counselors</b>
<b>CCICMS</b>	<b>Centralized Children's Intensive Case Management Services</b>
<b>CCL</b>	<b>Community Care Licensing</b>
<b>CCN</b>	<b>County Client Number</b>
<b>CCP</b>	<b>California Code of Civil Procedure</b>
<b>CCR</b>	<b>California Code Of Regulations</b>
<b>CCRT</b>	<b>Community Crisis Response Teams</b>
<b>CCS</b>	<b>California Children's Services</b>
<b>CCT</b>	<b>Care Coordination Team</b>
<b>CCTRO</b>	<b>Cultural Competency, Training, Retention &amp; Outreach</b>
<b>CD</b>	<b>Chemical Dependency</b>
<b>CD</b>	<b>Conduct Disorder</b>
<b>CDBG</b>	<b>Community Development Block Grants</b>
<b>CDC</b>	<b>Centers for Disease Control</b>

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**Scope of Practice and Billing Guide**

**Appendix A: Acronym/Abbreviation List, Continued**

<b>CDCI</b>	<b>Comprehensive Drug Court Implementation</b>
<b>CDCR</b>	<b>California Department of Corrections and Rehabilitation</b>
<b>CDI</b>	<b>Charge Data Invoice</b>
<b>CDS</b>	<b>Client Data System</b>
<b>CE</b>	<b>Continuing Education</b>
<b>CEO</b>	<b>County Executive Officer</b>
<b>CEOP</b>	<b>County Emergency Operation Plan</b>
<b>CEU</b>	<b>Continuing Education Unit</b>
<b>CFR</b>	<b>Code of Federal Regulations</b>
<b>CFRA</b>	<b>California Family Rights Act</b>
<b>CFS</b>	<b>Children and Family Services</b>
<b>CFT</b>	<b>Child Family Team</b>
<b>CHAS</b>	<b>Centralized Hospital Aftercare Services</b>
<b>CHD (County)</b>	<b>Community Housing and Development</b>
<b>CHIP</b>	<b>Children's Health Insurance Program</b>
<b>ChRIS</b>	<b>Children Residential Intensive Services</b>
<b>CIMH</b>	<b>California Institute for Mental Health</b>
<b>CIN</b>	<b>Client Index Number</b>
<b>CIS</b>	<b>Children's Intensive Services</b>
<b>CIT</b>	<b>Crisis Intervention Training</b>
<b>CITA</b>	<b>Court for Individualized Treatment of Adolescents</b>
<b>CL</b>	<b>Club Live</b>
<b>CLAS</b>	<b>Culturally and Linguistically Appropriate Service</b>
<b>CLC</b>	<b>California Labor Code</b>
<b>Clin</b>	<b>Clinician</b>
<b>clt</b>	<b>Client</b>
<b>CM</b>	<b>Case Management</b>
<b>CME</b>	<b>Continuing Medical Education</b>
<b>CMHDA</b>	<b>California Mental Health Director's Association</b>
<b>CMS</b>	<b>Centers for Medicare and Medicaid Services</b>
<b>CNMHC</b>	<b>California Network of Mental Health Clients</b>
<b>CO</b>	<b>Certifying Organizations</b>
<b>COB</b>	<b>Close of Business</b>
<b>COB</b>	<b>Clerk of the Board</b>
<b>CoC</b>	<b>Continuum of Care</b>

Quality Management Division

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**Scope of Practice and Billing Guide**

**Appendix A: Acronym/Abbreviation List, Continued**

<b>COCE</b>	<b>Co-Occurring Center for Excellence</b>
<b>COD</b>	<b>Co-Occurring Disorders</b>
<b>CONREP</b>	<b>Conditional Release Program</b>
<b>CONS</b>	<b>Conservatorship</b>
<b>COP</b>	<b>Conditions of Participation</b>
<b>CORE</b>	<b>Community Out Reach &amp; Education</b>
<b>COS</b>	<b>Community Outreach Services</b>
<b>COTA</b>	<b>Certified Occupational Therapy Assistant</b>
<b>CPAC</b>	<b>Community Policy Advisory Committee</b>
<b>CPM</b>	<b>Core Practice Model</b>
<b>CPRP</b>	<b>Certified Psychosocial Rehabilitation Practitioner</b>
<b>CPS</b>	<b>Child Protective Services</b>
<b>CPSE</b>	<b>California Psychology Supplemental Exam</b>
<b>CPT</b>	<b>Current Procedural Terminology</b>
<b>CQI</b>	<b>Continuous Quality Improvement</b>
<b>CRM</b>	<b>Community Resiliency Model</b>
<b>CRS</b>	<b>California Relay Service</b>
<b>CS</b>	<b>Computer Services</b>
<b>CSAC</b>	<b>County Supervisors Association Of California</b>
<b>CSAC</b>	<b>California State Association of Counties</b>
<b>CSAP</b>	<b>Center for Substance Abuse Prevention</b>
<b>CSBHS</b>	<b>County of San Bernardino Health Services (formerly BHRC)</b>
<b>CSEC</b>	<b>Commercial Sexual Exploitation of Children</b>
<b>CSI</b>	<b>Client and Service Information</b>
<b>CSOC</b>	<b>Children's System Of Care</b>
<b>CSP</b>	<b>Coordination Service Plan</b>
<b>CSS</b>	<b>Community Services and Supports</b>
<b>CT</b>	<b>Clinical Therapist I &amp; II</b>
<b>CTF</b>	<b>Community Treatment Facility</b>
<b>CV</b>	<b>Central Valley</b>
<b>CWE</b>	<b>Community Wholeness and Enrichment</b>
<b>CWIC</b>	<b>Crisis Walk-in Centers</b>
<b>CY</b>	<b>Calendar Year</b>
<b>CYA</b>	<b>California Youth Authority</b>
<b>CYC</b>	<b>Child and Youth Connection</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>CYC-CAC</b>	<b>Child and Youth Connections – Children’s Assessment Center (i.e., DBH unit within CAC)</b>
<b>CYCS</b>	<b>Children and Youth Collaborative Services</b>
<b>D/MTN</b>	<b>Desert/Mountain Region</b>
<b>DAAS</b>	<b>Department of Aging and Adult Services</b>
<b>DATAR</b>	<b>Drug &amp; Alcohol Treatment Access Report</b>
<b>DBH</b>	<b>County of San Bernardino, Department Of Behavioral Health</b>
<b>DBT</b>	<b>Dialect Behavior Therapy</b>
<b>DCH</b>	<b>DAY CARE HABILITATIVE</b>
<b>DCPP</b>	<b>DRUG COURT PARTNERSHIP PROGRAM</b>
<b>DCR</b>	<b>DAY CARE REHABILITATIVE</b>
<b>DCS</b>	<b>Department Of Children's Services</b>
<b>DDC</b>	<b>DEPENDENCY DRUG COURT</b>
<b>DEJ</b>	<b>Deferred Entry of Judgment</b>
<b>DEOP</b>	<b>Department Emergency Operation Plan</b>
<b>DGS</b>	<b>Department of General Services (STATE)</b>
<b>DHCS</b>	<b>Department of Health Care Services</b>
<b>DHHS</b>	<b>Department Of Health &amp; Human Services (Federal)</b>
<b>DLA</b>	<b>Daily Living Activity</b>
<b>DMC</b>	<b>Drug Medi-Cal</b>
<b>DMH</b>	<b>Department Of Mental Health (former State agency)</b>
<b>DOA</b>	<b>Date of Admission</b>
<b>DOB</b>	<b>Date of Birth</b>
<b>DOC</b>	<b>Department Operations Center</b>
<b>DOC</b>	<b>Department of Corrections (State)</b>
<b>DOCD</b>	<b>Department Operations Center Director</b>
<b>DOE</b>	<b>Date of Entry</b>
<b>DOJ</b>	<b>Department of Justice</b>
<b>DOR</b>	<b>Department Of Rehabilitation (State)</b>
<b>DOS</b>	<b>Date of Services</b>
<b>DP</b>	<b>Direct Provider</b>
<b>DR</b>	<b>Doctor</b>
<b>DRC</b>	<b>Day Reporting Center</b>
<b>DRS</b>	<b>Designated Record Set</b>
<b>DSM</b>	<b>Diagnostic and Statistical Manual of Mental Disorders</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>DSS</b>	<b>Department of Social Services (STATE)</b>
<b>DTS</b>	<b>Day Treatment Services</b>
<b>DUI</b>	<b>Driving Under the Influence</b>
<b>DV</b>	<b>Domestic Violence</b>
<b>EAP</b>	<b>Education Assistance Proposal</b>
<b>EBP</b>	<b>Evidence Based Practices</b>
<b>ECR</b>	<b>Error Correction Report</b>
<b>eCURA</b>	<b>Fee For Service registration and referral system</b>
<b>ED</b>	<b>Emergency Department or Emotional Disturbance</b>
<b>EDBCR</b>	<b>Employee Database Cost Report</b>
<b>EDI</b>	<b>Electronic Data Interchange</b>
<b>EDS</b>	<b>Employment Development Services</b>
<b>EEOC</b>	<b>Equal Employment Opportunity Commission</b>
<b>EFC</b>	<b>Extended Foster Care</b>
<b>EHR</b>	<b>Electronic Health Record</b>
<b>EHT</b>	<b>Extended Hours Triage</b>
<b>EIIS</b>	<b>Early Identification and Intervention Services</b>
<b>EIN</b>	<b>Employer Identification Number</b>
<b>EIS</b>	<b>Early Intervention Services</b>
<b>EL</b>	<b>Essential Learning</b>
<b>ELDP</b>	<b>Executive Leadership Development Program</b>
<b>EMACS</b>	<b>Employee Management And Compensation System</b>
<b>EOB</b>	<b>Explanation Of Benefits</b>
<b>EOC</b>	<b>Emergency Operations Center</b>
<b>EPPP</b>	<b>Examination for the Professional Practice in Psychology</b>
<b>EPSDT</b>	<b>Early and Periodic Screening, Diagnosis, and Treatment</b>
<b>EQRO</b>	<b>External Quality Review Organization</b>
<b>ER</b>	<b>Emergency Room</b>
<b>ES</b>	<b>Emergency Services</b>
<b>ESG</b>	<b>Emergency Solutions Grant</b>
<b>ETA</b>	<b>Estimated Time of Arrival</b>
<b>EV</b>	<b>East Valley</b>
<b>EVC</b>	<b>Eligibility Confirmation Number</b>
<b>EVRC</b>	<b>East Valley Resource Center (Phoenix)</b>
<b>f/u</b>	<b>Follow up</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>FACES</b>	<b>Focus on Achieving Customer-oriented Excellent Services</b>
<b>FACT</b>	<b>Forensic Assertive Community Treatment</b>
<b>FAS</b>	<b>Financial Accounting System</b>
<b>FAST</b>	<b>Forensic Adolescent Services Team</b>
<b>FC</b>	<b>Foster Care</b>
<b>FEHA</b>	<b>Fair Employment &amp; Housing Act</b>
<b>FFA</b>	<b>Foster Family Agency</b>
<b>FFP</b>	<b>Federal Financial Participation</b>
<b>FFS</b>	<b>Fee-For-Service</b>
<b>FFT</b>	<b>Functional Family Therapy</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>FFY</b>	<b>Federal Fiscal Year</b>
<b>FHRSA</b>	<b>Federal Health Resources and Services Administration</b>
<b>FI</b>	<b>Financial Interviewers</b>
<b>FICS</b>	<b>Family Intervention And Community Support Team</b>
<b>FID</b>	<b>Federal Identification Number</b>
<b>FIT</b>	<b>Families in Transition</b>
<b>FLSA</b>	<b>Fair Labor Standard Act</b>
<b>FMAB</b>	<b>Fiscal Management and Accountability Branch (STATE ADP)</b>
<b>FMAP</b>	<b>Federal Medical Assistance Percentage</b>
<b>FMLA</b>	<b>Family Medical Leave Act</b>
<b>FNL</b>	<b>Friday Night Live</b>
<b>FOTP</b>	<b>Female Offender Treatment Program</b>
<b>FP</b>	<b>Foster Parent</b>
<b>FRC</b>	<b>Family Resource Center</b>
<b>Freq</b>	<b>Frequent</b>
<b>FSP</b>	<b>Full Service Partnerships</b>
<b>FTE</b>	<b>Full Time Equivalent</b>
<b>FTP</b>	<b>File Transfer Protocol</b>
<b>FX</b>	<b>Facsimile</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>GAD</b>	<b>Generalized Anxiety Disorder</b>
<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GF</b>	<b>General Funds (STATE)</b>
<b>GG08</b>	<b>Golden Guardian 2008</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>GHRC</b>	<b>Glen Helen Rehabilitation Center</b>
<b>GLBTQQ</b>	<b>Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning</b>
<b>GP</b>	<b>General Practitioner</b>
<b>Group Tx</b>	<b>Group Therapy</b>
<b>GSD</b>	<b>General System Development</b>
<b>GSG</b>	<b>General Services Group</b>
<b>H&amp;S</b>	<b>California Health and Safety Code</b>
<b>H2O</b>	<b>Water</b>
<b>HACSB</b>	<b>Housing Authority of the County of San Bernardino</b>
<b>HBP</b>	<b>high blood pressure</b>
<b>HCD (State)</b>	<b>Housing and Community Development</b>
<b>HCPCS</b>	<b>Healthcare Common Procedure Coding System</b>
<b>HCV</b>	<b>Hepatitis C Virus</b>
<b>HEA</b>	<b>Hispanic Employees Alliance</b>
<b>HER</b>	<b>Electronic Health Record</b>
<b>HIE</b>	<b>Health Information Exchange</b>
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>HMIS</b>	<b>Homeless Management Information System</b>
<b>HMO</b>	<b>Health Maintenance Organization</b>
<b>HPEF</b>	<b>Health Professions Education Foundation</b>
<b>HPI</b>	<b>Housing Partners I</b>
<b>HPN</b>	<b>Homeless Provider Network</b>
<b>HPSA</b>	<b>Health Plan Shortage Area</b>
<b>HR</b>	<b>Human Resources</b>
<b>HRD</b>	<b>Human Resources Department</b>
<b>HRO</b>	<b>Human Resource Officer</b>
<b>HRSA</b>	<b>Health Resources and Services Administration</b>
<b>HS</b>	<b>County of San Bernardino Human Services</b>
<b>HT</b>	<b>Housing Trust</b>
<b>HUD (Federal)</b>	<b>Housing and Urban Development</b>
<b>IA</b>	<b>Interagency Agreement</b>
<b>IAP</b>	<b>Interactive Accommodation Process</b>
<b>IC</b>	<b>Incident Commander</b>
<b>ICC</b>	<b>Intensive Care Coordination</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>ICCD</b>	<b>International Center for Clubhouse Development</b>
<b>ICD-10-CM</b>	<b>International Statistical Classification of Diseases and Related Health Problems, 10th Edition, Clinical Modification</b>
<b>ICD-9-CM</b>	<b>International Statistical Classification of Diseases and Related Health Problems, 9th Edition, Clinical Modification</b>
<b>ICF</b>	<b>Intermediate Care Facility</b>
<b>ICH</b>	<b>Interagency Council on Homelessness</b>
<b>ICM</b>	<b>Intensive Case Management</b>
<b>ICP</b>	<b>Incident Command Post</b>
<b>ICWA</b>	<b>Indian Child Welfare Act</b>
<b>IDT</b>	<b>Intra-department Transfer</b>
<b>IDU</b>	<b>Injection Drug User</b>
<b>IEHP</b>	<b>Inland Empire Health Plan</b>
<b>IEP</b>	<b>Individualized Education Plan</b>
<b>IHBS</b>	<b>Intensive Home Based Services</b>
<b>IIPP</b>	<b>Injury and Illness Prevention Program</b>
<b>ILP</b>	<b>Independent Living Program (CFS and Probation youth 16+)</b>
<b>IMD</b>	<b>Institute For Mental Disease</b>
<b>IMFT</b>	<b>Marriage, Family Therapist Intern</b>
<b>IN</b>	<b>Informational Notice</b>
<b>INFO</b>	<b>Integrated New Family Opportunities</b>
<b>INN</b>	<b>Innovation</b>
<b>INPT or IP</b>	<b>Inpatient</b>
<b>IOM</b>	<b>Institute of Medicine Categories</b>
<b>IP</b>	<b>Identified Patient</b>
<b>IPC</b>	<b>Interagency Placement Council</b>
<b>IRC</b>	<b>Inland Regional Center</b>
<b>ISD</b>	<b>Information Services Department</b>
<b>IST</b>	<b>Incompetent To Stand Trial</b>
<b>IT</b>	<b>Information Technology</b>
<b>ITFC</b>	<b>Intensive Treatment Foster Care</b>
<b>ITWS</b>	<b>Information Technology Web Services</b>
<b>IUDU</b>	<b>Intravenous Drug User</b>
<b>IVDAR</b>	<b>Inland Valley Drug And Alcohol Recovery Services</b>
<b>IYRT</b>	<b>Interagency Youth Resiliency Team (Innovation project)</b>
<b>JCAHO</b>	<b>Joint Commission On Accreditation Of Hospital Organization</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

JCBHS	Juvenile Court Behavioral Health Services
JDAC	Juvenile Detention and Assessment Center
JESD	Jobs And Employment Services Department
JETS	Juvenile Evaluation & Treatment Services
JH	Juvenile Hall
JIC	Joint Information Center
JIS	Joint Information System
JJCR	Juvenile Justice Community Reintegration
JJOP	Juvenile Justice Outpatient Program
JJP	Juvenile Justice Program-(Replaces JJOP – Juvenile Justice Outpatient Program)
JMHS	Jail Mental Health Services
JPA	Joint Powers Authority
LCD	Licensing and Certification Division (STATE)
LCSW	Licensed Clinical Social Worker
LDP	Leadership Development Program
LEPP	License Exam Prep Program
LIHP	Low Income Health Program (ArrowCare)
LLUMC	Loma Linda University Medical Center
LMFT	Licensed Marriage and Family Therapist
LMHSPEP	Licensed Mental Health Services Provider Education Program
LMS	Learning Management System
LPCC	Licensed Professional Clinical Counselor
LPHA	Licensed Practitioner Of The Healing Arts
LPS	Lantermann-Petris-Short Act
LPT	Licensed Psychiatric Technician
LVN	Licensed Vocational Nurse
M/CAL	Medi-Cal
M/CARE	Medicare
MA	Master of Arts
MAA	Medi-Cal Administrative Activities
MAPS	Member Assisted Program Services
Max	Maximum
MC	Managed Care
MCO	Managed Care Organization
MD	Medical Doctor (most likely a Psychiatrist in DBH)



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>MDT</b>	<b>Multi-Disciplinary Team</b>
<b>MEDS</b>	<b>Medi-Cal Eligibility Data System (STATE DHCS)</b>
<b>METRO</b>	<b>Metropolitan State Hospital</b>
<b>MFCC</b>	<b>Marriage, Family and Child Counselor</b>
<b>MFT</b>	<b>Marriage, And Family Therapist</b>
<b>MHALA</b>	<b>Mental Health America Los Angeles</b>
<b>MHC</b>	<b>Mental Health Commission</b>
<b>MHLAP</b>	<b>Mental Health Loan Assumption Program</b>
<b>MHP</b>	<b>Mental Health Plan</b>
<b>MHPSA</b>	<b>Mental Health Professional Shortage Area</b>
<b>MHS</b>	<b>Mental Health Specialist</b>
<b>MHSA</b>	<b>Mental Health Services Act</b>
<b>MHSOAC</b>	<b>Mental Health Services Oversight and Accountability Commission</b>
<b>MIA</b>	<b>Medically Indigent Adult</b>
<b>MLA</b>	<b>Management Leadership Academy</b>
<b>MMCD</b>	<b>Medi-Cal Managed Care Division</b>
<b>MN</b>	<b>Nurse with a Master's degree</b>
<b>MOE</b>	<b>Maintenance of Effort</b>
<b>MOU</b>	<b>Memorandum Of Understanding</b>
<b>MQs</b>	<b>Minimum Qualifications</b>
<b>MRMIB</b>	<b>Managed Risk Medical Insurance Board</b>
<b>MSE</b>	<b>Mental Status Exam</b>
<b>MSM</b>	<b>Men who have Sex with Men</b>
<b>MSSA</b>	<b>Medical Service Study Area</b>
<b>MSW</b>	<b>Masters In Social Work</b>
<b>MUA</b>	<b>Medically Underserved Area</b>
<b>MUP</b>	<b>Medically Underserved Population</b>
<b>NACBHDD</b>	<b>National Association of County Behavioral Health &amp; Developmental Disability Directors</b>
<b>NACo</b>	<b>National Association of Counties</b>
<b>NAL</b>	<b>Naltrexone</b>
<b>NAMI</b>	<b>National Alliance on Mental Illness</b>
<b>NAPA</b>	<b>Napa State Hospital</b>
<b>NARC</b>	<b>Native American Resource Center</b>
<b>NASMHPD</b>	<b>National Association of State Mental Health Program Directors</b>

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**Scope of Practice and Billing Guide**

**Appendix A: Acronym/Abbreviation List, Continued**

<b>NB</b>	<b>Non-Billable</b>
<b>NCAA</b>	<b>National Commission for Certifying Agencies</b>
<b>NCTI</b>	<b>National Curriculum and Training Institute</b>
<b>NCTI Crossroads</b>	<b>National Curriculum Training Institute</b>
<b>NEO</b>	<b>New Employee Orientation</b>
<b>NGI</b>	<b>Not Guilty By Reason Of Insanity</b>
<b>NHAS</b>	<b>National HIV/AIDS Strategy</b>
<b>NHSC</b>	<b>National Health Services Corps</b>
<b>NIMS</b>	<b>National Incident Management System</b>
<b>NMD</b>	<b>Non Minor Dependent</b>
<b>NNA</b>	<b>Net Negotiated Amount</b>
<b>NOA</b>	<b>Notice of Action</b>
<b>NOGA</b>	<b>Notice of Grant Award</b>
<b>NON-SPMP</b>	<b>Non Skilled Professional Medical Personnel</b>
<b>NOPP</b>	<b>Notice of Privacy Practices</b>
<b>NPI</b>	<b>National Provider Identifier</b>
<b>NPES</b>	<b>National Plan and Provider Enumeration System</b>
<b>NREFM</b>	<b>Non Related Extended Family Member</b>
<b>NTP</b>	<b>Narcotic Treatment Program</b>
<b>NVCI</b>	<b>Non Violent Crisis Intervention</b>
<b>NWLS</b>	<b>New World Language Service</b>
<b>OA</b>	<b>Office Assistant (I, II ,III or IV)</b>
<b>OAC</b>	<b>Oversight and Accountability Commission</b>
<b>OCCES</b>	<b>Office of Cultural Competence and Ethnic Services</b>
<b>OCFA</b>	<b>Office of Consumer and Family Affairs</b>
<b>OCM</b>	<b>Outpatient Chart Manual</b>
<b>OD</b>	<b>Doctor of Osteopathic Medicine (can also be a Psychiatrist)</b>
<b>ODF</b>	<b>Outpatient Drug Free</b>
<b>OED</b>	<b>Organizational &amp; Employee Development</b>
<b>OES</b>	<b>Office of Emergency Services</b>
<b>OHC</b>	<b>Other Health Coverage</b>
<b>OHS</b>	<b>Office of Homeless Services</b>
<b>OIG</b>	<b>Office of Inspector General</b>
<b>OJJDP</b>	<b>Office of Juvenile Justice and Delinquency Prevention</b>
<b>OMB</b>	<b>Office of Management and Budget (FEDERAL)</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>OMH</b>	<b>Office of Minority Health (FEDERAL)</b>
<b>OP</b>	<b>Outpatient Services</b>
<b>OPPD</b>	<b>Office of Program and Policy Development</b>
<b>OR</b>	<b>Outreach Services</b>
<b>OSHPD</b>	<b>Office of Statewide Health Planning and Development</b>
<b>OT</b>	<b>Occupational Therapist</b>
<b>OTA</b>	<b>Occupational Therapist Assistant</b>
<b>PATS</b>	<b>Perinatal Addiction and Treatment Services</b>
<b>PBM</b>	<b>Pharmacy Benefit Manager (Ramsell)</b>
<b>PC</b>	<b>Personal Computer</b>
<b>PCIT</b>	<b>Parent-Child Interaction Therapy</b>
<b>PCP</b>	<b>Primary Care Physician</b>
<b>PDD</b>	<b>Pervasive Developmental Disorder</b>
<b>PEI</b>	<b>Prevention &amp; Early Intervention</b>
<b>PERC</b>	<b>Performance, Education And Resource Center</b>
<b>PFA</b>	<b>Peer and Family Advocate I, II, III</b>
<b>PFI</b>	<b>Patient Financial Information Data</b>
<b>PH</b>	<b>Partial Hospitalization or Public Health</b>
<b>PHC</b>	<b>Partial Hospitalization Coordinator</b>
<b>PhD</b>	<b>Doctor of Philosophy or philosophy doctorate</b>
<b>PHF</b>	<b>Psychiatric Health Facility</b>
<b>PHI</b>	<b>Protected Health Information</b>
<b>PHMB</b>	<b>Partnership for Healthy Mothers and Babies</b>
<b>PHN</b>	<b>Public Health Nurse</b>
<b>PHP</b>	<b>Pre-Paid Health Plan</b>
<b>PII</b>	<b>Personally Identifiable Information</b>
<b>PIN</b>	<b>Provider Information Number</b>
<b>PIO</b>	<b>Public Information Officer</b>
<b>PLWHA</b>	<b>People Living with HIV and AIDS</b>
<b>PM</b>	<b>Program Manager</b>
<b>PO</b>	<b>Probation Officer</b>
<b>PO</b>	<b>Purchase Order</b>
<b>POE</b>	<b>Proof Of Eligibility</b>
<b>POQI</b>	<b>Performance Outcomes &amp; Quality Improvement</b>
<b>POR</b>	<b>Problem Oriented Record</b>

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**Scope of Practice and Billing Guide**

**Appendix A: Acronym/Abbreviation List, Continued**

<b>POS</b>	<b>Point Of Service</b>
<b>PRO</b>	<b>Professional Review Organization</b>
<b>Prob</b>	<b>Probation</b>
<b>PRR</b>	<b>Public Records Request</b>
<b>PS</b>	<b>Program Specialist (I and II)</b>
<b>PSATS</b>	<b>Perinatal Substance Abuse Treatment Services</b>
<b>PSE</b>	<b>Public Service Employee</b>
<b>PSH</b>	<b>Patton State Hospital</b>
<b>PSH</b>	<b>Permanent Supportive Housing</b>
<b>PSI or PSII</b>	<b>Program Specialist I or II</b>
<b>PSN</b>	<b>Parolee Services Network</b>
<b>PSPP</b>	<b>Post Service Post Payment</b>
<b>PSYC A</b>	<b>Psychology Assistant</b>
<b>PsyD</b>	<b>Doctor of Psychology or psychology doctorate</b>
<b>PTAN</b>	<b>Provider Transaction Access Number</b>
<b>Pv</b>	<b>Prevention</b>
<b>QA</b>	<b>Quality Assurance</b>
<b>QAR</b>	<b>Quality Assurance Review</b>
<b>QFFMR</b>	<b>Quarterly Federal Financial Management Report</b>
<b>QM</b>	<b>Quality Management</b>
<b>QMD</b>	<b>Quality Management Division</b>
<b>R&amp;E</b>	<b>Research And Evaluation</b>
<b>RA</b>	<b>Remittance Advice</b>
<b>RAS</b>	<b>Registered Addiction Specialist</b>
<b>RBATS</b>	<b>Rialto Behavioral Addiction &amp; Treatment Services</b>
<b>RBEST</b>	<b>Recovery Based Engagement Support Team</b>
<b>RCL</b>	<b>Residential Care Licensing</b>
<b>RES</b>	<b>Real Estate Services</b>
<b>RESSL</b>	<b>Request for Extended Sick and Special Leave</b>
<b>RESTAT</b>	<b>Resource Status Unit</b>
<b>RFA</b>	<b>Request for Action</b>
<b>RFP</b>	<b>Request for Proposal</b>
<b>RFQ</b>	<b>Request for Qualifications</b>
<b>RGH</b>	<b>Riverside General Hospital</b>
<b>RN</b>	<b>Registered Nurse</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>ROP</b>	<b>Regional Occupational Program</b>
<b>ROPCB</b>	<b>Residential and Outpatient Programs Compliance Branch (STATE ADP)</b>
<b>S&amp;R</b>	<b>Seclusion And Restraint</b>
<b>S/D</b>	<b>Short-Doyle</b>
<b>SA</b>	<b>Substance Abuse</b>
<b>SABER</b>	<b>San Bernardino Accessible Billing and Electronic Records</b>
<b>SAEVS</b>	<b>Supplemental Automated Eligibility Verification System</b>
<b>SAM</b>	<b>State Administrative Manual</b>
<b>SAMHSA</b>	<b>Substance Abuse and Mental Health Services Administration</b>
<b>SAP</b>	<b>Student Assistance Program</b>
<b>SAPT</b>	<b>Substance Abuse Prevention &amp; Treatment</b>
<b>SAR</b>	<b>Service Authorization Request</b>
<b>SARB</b>	<b>School Attendance Review Board</b>
<b>SART</b>	<b>Screening, Assessment, Referral and Treatment</b>
<b>SAS</b>	<b>Supervisor Of Administrative Services</b>
<b>SATS</b>	<b>School Aged Treatment Services</b>
<b>SB</b>	<b>Senate Bill (STATE)</b>
<b>SB 785</b>	<b>Senate Bill 785 provides for Specialty mental health for out-of-county youth</b>
<b>SBCAAAE</b>	<b>San Bernardino County Association of African American Employees</b>
<b>SBCSS</b>	<b>San Bernardino County Superintendent of Schools</b>
<b>SBPEA</b>	<b>San Bernardino Public Employees' Association</b>
<b>SCHIP</b>	<b>State Children's Health Insurance Program</b>
<b>SCO</b>	<b>State Controller's Office</b>
<b>SCRP</b>	<b>Southern Counties Regional Partnership</b>
<b>SD/MC</b>	<b>Short-Doyle/Medi-Cal</b>
<b>SDI</b>	<b>State Disability Insurance</b>
<b>SED</b>	<b>Serious Emotional Disturbances or Severely Emotionally Disturbed</b>
<b>SELPA</b>	<b>Special Education Local Plan Area</b>
<b>SEMS</b>	<b>Standardized Emergency Management System</b>
<b>SEP</b>	<b>Syringe Exchange Program</b>
<b>SFC</b>	<b>Service Function Code(s)</b>
<b>SGF</b>	<b>State General Fund</b>
<b>SIMON</b>	<b>San Bernardino Information Management On-Line Network</b>
<b>SIP</b>	<b>System Improvement Plan</b>
<b>SHOC</b>	<b>Shelter Operations Compound</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>SITSTAT</b>	<b>Situational Status</b>
<b>SLRP</b>	<b>State Loan Repayment Program</b>
<b>SLT</b>	<b>Speech and Language Therapist</b>
<b>SMA</b>	<b>Statewide Maximum Allowance</b>
<b>SMHI</b>	<b>Student Mental Health Initiative</b>
<b>SNF</b>	<b>Skilled Nursing Facility</b>
<b>SOA</b>	<b>Supervising Office Assistant</b>
<b>SOAR</b>	<b>Seeking Others Attaining Recovery</b>
<b>SOC</b>	<b>Share of Cost</b>
<b>SOP</b>	<b>Standard Operating Procedure</b>
<b>SOP</b>	<b>Safety Organized Practice</b>
<b>SOS</b>	<b>Supervising Office Specialist</b>
<b>SOW</b>	<b>Scope of Work</b>
<b>SP</b>	<b>Service Plan</b>
<b>SPA</b>	<b>State Plan Amendment</b>
<b>SPAN</b>	<b>San Bernardino Partners Aftercare Network</b>
<b>SPC</b>	<b>Shelter Plus Care</b>
<b>SPF</b>	<b>Strategic Prevention Framework</b>
<b>SPF SIG</b>	<b>Strategic Prevention Framework State Incentive Grant</b>
<b>SPM</b>	<b>Standard Practice Manual</b>
<b>SPMP</b>	<b>Skilled Professional Medical Personnel</b>
<b>SSA</b>	<b>Social Security Administration</b>
<b>SSA</b>	<b>Support Services Account (STATE)</b>
<b>SSDI</b>	<b>Social Security Disability Insurance</b>
<b>SSI</b>	<b>Social Security Supplemental Income</b>
<b>SSN</b>	<b>Social Security Number</b>
<b>SSP</b>	<b>State Supplemental Program</b>
<b>SSP</b>	<b>Social Service Practitioner</b>
<b>SSSP</b>	<b>Supervising Social Service Practitioner</b>
<b>STAR</b>	<b>Supervised Treatment After Release</b>
<b>STD</b>	<b>Sexually Transmitted Disease</b>
<b>STEP-UP</b>	<b>Systematic Transformation for Engaging Partners &amp; Uplifting People</b>
<b>STOP</b>	<b>Specialized Treatment Offender Program</b>
<b>SUD</b>	<b>Substance Use Disorder</b>
<b>SW</b>	<b>Social Worker I or II</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>TANF</b>	<b>Temporary Aid For Needy Families</b>
<b>TAD</b>	<b>Transitional Assistance Department</b>
<b>TAP</b>	<b>Therapeutic Alliance Program</b>
<b>TAPS</b>	<b>Tracking and Payment System (STATE ADP)</b>
<b>TAR</b>	<b>Treatment Authorization Request</b>
<b>TAY</b>	<b>Transitional Age Youth</b>
<b>TB</b>	<b>Tuberculosis</b>
<b>TBS</b>	<b>Therapeutic Behavioral Services</b>
<b>TC</b>	<b>Team Captain (Disaster Response)</b>
<b>TCM</b>	<b>Targeted Case Management</b>
<b>TCON</b>	<b>Temporary Conservatorship</b>
<b>TDD</b>	<b>Telecommunication Device For The Deaf</b>
<b>TDM</b>	<b>Team Decision Making</b>
<b>TFC</b>	<b>Therapeutic Foster Care</b>
<b>TFC</b>	<b>Therapeutic Foster Care</b>
<b>TFCBT</b>	<b>Trauma Focused Cognitive Behavioral Therapy</b>
<b>THP</b>	<b>Transitional Housing Program (CFS &amp; Probation youth 16 - 18)</b>
<b>THPP</b>	<b>Transitional Housing Program Plus (18 -21)</b>
<b>TI</b>	<b>Training Institute</b>
<b>TIN</b>	<b>Tax Identification Number</b>
<b>TRM</b>	<b>Trauma Resiliency Model</b>
<b>TSC</b>	<b>Telephone Service Center</b>
<b>TUT</b>	<b>Tar Update Transmittal Form</b>
<b>TX</b>	<b>Treatment</b>
<b>UACF</b>	<b>United Advocates for Children and Families</b>
<b>UMDAP</b>	<b>Uniform Method To Determine Ability To Pay</b>
<b>UOS</b>	<b>Unit of Service</b>
<b>UR</b>	<b>Utilization Review</b>
<b>USC</b>	<b>United States Code</b>
<b>USDR</b>	<b>Uniform Statewide Daily Reimbursement</b>
<b>VAHOSP</b>	<b>Veteran's Administration Hospital</b>
<b>VHR</b>	<b>Visual Health Record</b>
<b>VSC</b>	<b>Volunteer Services Coordinator</b>
<b>VSP</b>	<b>Volunteer Services Program</b>
<b>VV</b>	<b>Victor Valley</b>



## Scope of Practice and Billing Guide

### Appendix A: Acronym/Abbreviation List, Continued

<b>W&amp;I</b>	<b>California Welfare and Institutions Code</b>
<b>VVBHC</b>	<b>Victor Valley Behavioral Health Center</b>
<b>WDD</b>	<b>Workforce Development Department</b>
<b>WET</b>	<b>Workforce Education and Training</b>
<b>WIC</b>	<b>Women, Infants, and Children</b>
<b>WPE</b>	<b>Work Performance Evaluation</b>
<b>WPIP</b>	<b>Work Performance Improvement Plan</b>
<b>WRAP</b>	<b>Wellness Recovery Action Plan</b>
<b>WV</b>	<b>West Valley</b>
<b>WVDC</b>	<b>West Valley Detention Center</b>
<b>ZC</b>	<b>Zone Coordinator (Disaster Response)</b>