

MODE OF SERVICE

FACILITY NAME: _____
FACILITY ADDRESS: _____
COMPLETED BY: _____

PROVIDER #: _____
NPI #: _____
DATE: _____

PLEASE CHECK ALL SERVICES AND PROCEDURE CODES YOUR LOCATION PLAN TO PROVIDE.

MODE OF SERVICE

05 – 24 HOUR SERVICES

SERVICE FUNCTION

- 30 – SNF Intensive
- 35 – IMD Basic (No Patch)
- 36 – IMD (Patch)
- 40 – Adult Crisis Residential
 - 140 – Adult Crisis Residential NB
 - 141 – Adult Crisis Residential
- 50 – Jail Inpatient
- 60 – Residential, Other
- 65 – Adult Residential
- 80 – Semi-Supervised Living
- 85 – Independent Living
- 90 – MH Rehab Centers

MODE OF SERVICE

10 – DAY SERVICES

SERVICE FUNCTION

- 00 – Administration
 - 201 – No Show Intensive Day Tx
- 20 – Crisis Stabilization-Emergency Room
 - 151 – Crisis Stabilization - ER
- 25 – Crisis Stabilization-Urgent Care
 - 153 – Crisis Stabilization (Urgent Care)
- 81 – Day Treatment Intensive; Half Day
 - 283 – Day Tx Intensive Half Day
- 85 – Day Treatment Intensive; Full Day
 - 280 – Day Intensive NB
 - 285 – Day Tx Intensive Full Day
- 91 – Day Rehabilitation; Half Day
 - 291 – Day Rehabilitation, Half Day
- 95 – Day Rehabilitation; Full Day
 - 290 – Day Rehabilitation NB
 - 295 – Day Rehabilitation, Full Day

MODE OF SERVICE

15 – OUTPATIENT

SERVICE FUNCTION

- 00 – Administration
 - 391 – Drug Screening
- 01 – Placement Services
 - 540 – Placement Svcs NB
 - 541 – Case Mgmt Placement Svcs
- 03 – Plan Development Case Mgmt
 - 570 –Case Mgmt Plan Dev NB
 - 571 –Case Mgmt Plan Dev
- 05 – Linkage & Consultation
 - 560 – Linkage/Consultation NB
 - 561 – Case Mgmt L&C
- 07 – Intensive Care Coordination
 - 575 – Intensive Care Coordination NB
 - 576 – Intensive Care Coordination

MODE OF SERVICE

15 – OUTPATIENT (continued)

SERVICE FUNCTION

- 10 – Collateral
 - 310 – Collateral NB
 - 311 – Collateral
- 30 – Assessment
 - 330 – Assessment NB
 - 331 – Assessment
- 31 – Psych Testing
 - 320 – Psych Testing NB
 - 321 – Psych Testing
 - 324 – Developmental Screening
 - 325 – Developmental Testing
 - 326 – Neurobehavioral Status Exam
 - 327 – Neuropsychological Testing
- 34 – Plan Development
 - 520 – Plan Development NB
 - 521 – Plan Development
- 36 – Rehab/ADL
 - 550 – Rehab/ADL NB
 - 551 – Rehab/ADL
- 40 – Individual
 - 340 – Individual Therapy NB
 - 341 – Individual Therapy
- 50 – Group
 - 350 – Group NB
 - 351 – Group Therapy
- 57 – Intensive Home Based Mental Health Services
 - 577 – Intensive Home Based Svcs NB
 - 578 – Intensive Home Based Svcs
- 58 – Therapeutic Behavioral Services
 - 580 – TBS NB
 - 581 – TBS
 - 582 – TBS Assessment
 - 583 – TBS Treatment Plan
 - 584 – TBS Collateral
- 60 – Medication (E/M)
 - 360 – Medication NB
 - 361 – E/M Moderate Complexity, New CLT
 - 363 – E/M High Complexity, New CLT
 - 364 – Diagnostic Intrvw Eval w/Medical Svcs
 - 366 – E/M Low Complexity, EST CLT
 - 368 – E/M Moderate Complexity, EST CLT
 - 369 – E/M High Complexity, EST CLT
- 60 – Medication Education Group
 - 380 – Medication Education NB
 - 381 – Med Education & Training one (1) client
 - 382 – Med Education & Training 2-4 clients
 - 383 – Med Education & Training 5-8 clients
- 60 – Medication Visit
 - 384 – MSS Service Non-MD, NB
 - 385 – MSS Service Non-MD
- 70 – Crisis Intervention
 - 370 – Crisis Intervention NB
 - 371 – Crisis Intervention
 - 378 – Crisis Intervention after first 74 mins

MODE OF SERVICE

FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

20 – ADMINISTRATIVE SUPPORT

SERVICE FUNCTION

- 00 – Administration
 - 300 – No Show (Client does not keep Appt.)
 - 307 – Client Reschedules appt.
 - 308 – Appt. Cancelled by Clinic/Provider
 - 309 – Appt. Cancelled by Client
 - 400 – No Show Intake
 - 403 – Leave and Holiday
 - 406 – Travel Time
 - 407 – Local Meeting
 - 408 – Departmental Meeting
 - 409 – Inter-Agency Meeting
 - 410 – Other Meeting
 - 413 – Approved NB Ovrtrm Duties
 - 418 – Approved Spec Asgn
 - 419 – Other Administrative Duties
 - 423 – Interpretation Svcs
 - 424 – Non English Service
 - 431 – OP Tx Support
 - 433 – DT Tx Support
 - 435 – OP Tx Support Child
 - 437 – DT Tx Support Child
 - 442 – Classroom Observation
 - 446 – Assigned Hours By Date
 - 452 – I.E.P.
 - 453 – Vocational Program
 - 457 – Supervision Provided
 - 458 – Supervision Received
 - 459 – Admin Supv Provided
 - 460 – Admin Supv Received
 - 461 – Placement Evaluation
 - 462 – Hospital Liaison
 - 463 – Court Appearances
 - 464 – Medication Management

MODE OF SERVICE

42 – UTILIZATION REVIEW

SERVICE FUNCTION

- 00 – Administration
 - 450 – Administrative Chart Audit
 - 451 – Non-Medi-Cal QA Chart Audit
 - 454 – Medi-Cal QA Chart Audit
 - 455 – QA Committee Meeting
 - 456 – QA Administration

MODE OF SERVICE

45 – OUTREACH

SERVICE FUNCTION

- 10 – Mental Health Promotion
 - 411 – MH Promotion
 - 417 – MH Promotion-Child
- 20 – Community Client Services
 - 421 – Community CC-Adult
 - 427 – Comm/Client Contact Child

MODE OF SERVICE

60 – SUPPORT SERVICES

SERVICE FUNCTION

- 20 – Conservatorship Investigation
 - 620 – Conservatorship Inv NB
 - 621 – Conservatorship Investigation
- 30 – Conservatorship Administration
- 40 – Life Support/Board & Care
- 60 – Case Management Support
- 70 – Client Housing Support Expenditures
- 71 – Client Housing Operating Expenditures
- 72 – Client Flexible Support Expenditures
- 75 – Non-Medi-Cal Capital Assets

MODE OF SERVICE

25 – RESEARCH AND EVALUATION

SERVICE FUNCTION

- 00 – Administration

MODE OF SERVICE

40 – FORMAL TRAINING

SERVICE FUNCTION

- 00 – Administration
 - 404 – Training Given
 - 405 – Training Received

MODE OF SERVICE

41 – CONTRACT ADMINISTRATION

SERVICE FUNCTION

- 00 – Administration

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FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

60 – SUPPORT SERVICES (continued)

SERVICE FUNCTION

78 – Other Non-Medi-Cal Support Expenditures

- 770 – Referral Coordination – Non Open Case
- 771 – Screening – Non Open Case
- 772 – Case Management – Non Open Case
- 773 – Follow-Up Care for Non Open Cases
- 774 – Other Nursing Care
- 775 – Referral Coordination
- 776 – Screening
- 777 – Non Mental Health Case Management
- 778 – Care Coordination
- 779 – OT Assessment/Evaluation
- 780 – OT Treatment Session
- 781 – OT Consultation
- 782 – SLT Assessment/Evaluation
- 783 – SLT Treatment Session
- 784 – SLT Consultation
- 785 – Audiology Screening
- 786 – Pediatric Assessment/Evaluation
- 787 – Pediatric Follow-up
- 788 – Psychological Testing
- 789 – Psychological Testing Feedback
- 790 – Parent/Family Partner Linkage & Support – Individual