



## Monterey County Behavioral Health Quality Improvement Updated Billing Codes

Code	Description	Eligible Provider
<b>201, 202, 208 Intensive Care Coordination</b>	ICC is similar to the activities that are routinely provided to our clients as Case Management. ICC must be delivered using a Child/Client and Family Team to develop and guide the planning and service delivery process. The difference between this service code and traditional Case Management is that ICC must be used to facilitate implementation of the <u>cross-system/multi-agency collaborative services approach</u> . ICC also differs from Case Management in that it typically requires more frequent and active participation by the ICC Coordinator to ensure that the needs of the child/youth are being met.	All direct service staff (not including admin support).
<b>221, 222, 228 Intensive Home Based Services</b>	IHBS are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and their significant support persons to help the child/youth develop skills and achieve the goals and objective of the plan. These are not traditional therapeutic services. This service differs from rehabilitation services in that it is expected to be of significant intensity to address the intensive mental health needs of the child/youth and are predominantly delivered outside of the office setting.	All direct service staff (not including admin support).
<b>271, 272 Outpatient Crisis Intervention</b>	Crisis intervention is an immediate emergency response that is intended to help a client experiencing acute psychiatric symptoms which, if untreated, present an imminent threat to the client or others.	All direct service staff (not including admin support).
<b>301 Case Management</b>	Case Management (CM) are services that assist a client to access needed medical, educational, social, pre-vocational, 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 client access to service and service delivery; monitoring of the client's progress once he/she receives access to services; and development of the plan for accessing services.	All direct service staff (not including admin support).
<b>311 Collateral</b>	This code is used to document contact with any "Significant Support Person" in the life of the client (e.g., family members, roommates), <i>excluding</i> contact with other professionals involved in the client's case, with the intent of improving or maintaining the mental health of the client. Collateral may include helping significant support persons understand and accept the client's challenges/barriers and involving them in planning and provision of care.	All direct service staff (not including admin support).
<b>331 Assessment</b>	This code is used to document the clinical analysis of the history and current status of the individual's mental, emotional, or behavioral condition. It includes appraisal of the individual's functioning in the community such as living situation, daily activities, social support systems, and health history and status. Assessment includes screening for substance use/abuse, establishing diagnoses and may include the use of testing procedures.	Although assessment services can be provided by all direct service staff (not including admin support), the mental status examination, diagnosis, psychological testing and clinical formulation must be completed by a licensed and/or licensed waived practitioner consistent with his/her scope of practice.
<b>341 Individual Therapy</b>	"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of strategies incorporating the principles of development, wellness, adjustment to impairment, recovery and resiliency. Therapy should assist a client in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a client or group of beneficiaries and may include family therapy directed at improving the	Licensed/Registered/Waivered Staff and Trainees ONLY



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	client's functioning and at which the client is present.	
<b>351 Group Rehab Counseling</b>	This code is based on the specific service being provided and is used for interventions offered to more than one client in a group setting. Mental Health Services may be provided to more than one individual at the same time. One or more practitioners may provide these services and the total time for intervention and documentation may be claimed (up to 3 practitioners may be claimed).	All direct service staff (not including admin support).
<b>356 Family Group Counseling</b>	This is similar to the 351 Group Therapy code, however; this code allows providers to document services provided to a family where more than one family member is a MCBH client and the name of the code more accurately describes the service being provided.	All direct service staff (not including admin support).
<b>357 Family Therapy</b>	This code is for services that are provided to a client and one or more family members which focus on symptom reduction as a means to improve functional impairments.	Licensed/Registered/Waivered Staff and Trainees ONLY
<b>358 Collateral Group Counseling</b>	This code is for group services that are provided to a client's family for the purpose of psychoeducation, support, etc. as it relates to the client's mental health needs.	All direct service staff (not including admin support).
<b>361 Medication Support</b>	Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate); how the use of the medication may improve the effectiveness of other services a client is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing to not take medications. Medication Support Services supports beneficiaries in taking an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.	All direct service staff (not including admin support).
<b>371 Crisis Intervention (Crisis Team ONLY)</b>	Crisis intervention is an immediate emergency response that is intended to help a client experiencing acute psychiatric symptoms which, if untreated, present an imminent threat to the client or others.	All direct service staff (not including admin support).
<b>391 Plan Development</b>	This code is used to document the development of client treatment plans, approval of client treatment plans, and/or monitoring of the clients' progress related to the client treatment plan.	All direct service staff (not including admin support).
<b>405 Case Management Lockout</b>	This code is used in place of the 330 non billable code when a client receives case management services while we are "locked out" of billing (i.e. client is hospitalized, in jail, etc.).	All direct service staff (not including admin support).
<b>475 Collateral Lockout</b>	This code is used in place of the 330 non billable code when a client receives collateral services while we are "locked out" of billing (i.e. client is hospitalized, in jail, etc.).	All direct service staff (not including admin support).



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Code	Description	Eligible Provider
<b>485 Mental Health Lockout</b>	This code is used in place of the 330 non billable code when a client receives mental health services while we are "locked out" of billing (i.e. client is hospitalized, in jail, etc.).	All direct service staff (not including admin support).
<b>"No Medical Necessity" for IEP Clients:</b> 305 Case Management 315 Collateral 335 Assessment 345 Individual Therapy 355 Group 385 Mental Health Rehab 395 Plan Development	(See corresponding code definitions above)	(Same as corresponding codes above)
<b>"No Medical Necessity" For All Other Clients:</b>  401 Case Management 411 Collateral 431 Assessment 441 Individual Therapy 451 Group 481 Mental Health Rehab 491 Plan Development	(See corresponding code definitions above)	(Same as corresponding codes above)