

## Introduction and Overview of Payment Reform Changes & Procedure Code Crosswalk

**Direct Client Care**—DHCS policy states that only direct client care should be counted towards selection of service time when documenting a service. Direct client care can include time spent meeting directly with the client, caregivers, significant support persons, and other professionals, unless procedure codes state client is required to be present for that service. Direct client care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a client visit. However, travel time and documentation time should still be documented separately in the progress notes. Direct client care is not the same as "face-to-face" service. It is a group of activities defined by DHCS that emphasizes time spent directly providing care to the client as well as additional activities working directly with significant support persons. Please note that consultation cannot occur between two or more professionals when the expectation is that the consultor should know the information by professional training. Supervision time remains non-billable.

**Collateral Services**—Collateral services can still be billed however, they will no longer utilize a distinct service code. Collateral can be a component of many mental health services. When documenting collateral contact, providers should select the service code that most closely fits the service provided and it should be clear in the progress note that the service was provided to a collateral contact.

### Cancellations & No

**Shows**—Cancellations & No Shows are tracked through the appointment calendar in SmartCare. There are no codes to track cancellations or no-shows using procedure codes.

**CPT Codes**—DHCS has transitioned away from billing by minute. Under Cal-AIM Payment Reform, billing is by the code, unit and practitioner discipline. The reimbursed rate for these activities now includes activities that were formally reimbursed by minute. Certain activities that were previously billable (e.g. documentation) are now accounted for in the overall reimbursement rate. Current Procedural Terminology (CPT) codes are numbers assigned to each task and service one can receive from a healthcare provider. This change will help us further align with DHCS's initiative to improve reporting and data driven decision making. Furthermore, the utilization of CPT and HCPC codes will align us with other healthcare delivery systems.

This handout provides the procedure codes available to each staff classification and the information needed to determine which code to use when providing specialty mental health services to Sonoma County beneficiaries. Further training and additional resource information will be provided closer to implementation. If you have any questions about the changes in the documentation procedure codes, please email [BHQA@sonoma-county.org](mailto:BHQA@sonoma-county.org).

### Structure of Procedure Code Crosswalk

Column 1	Avatar Procedure Code (Prior to July 1st)	To support the transition to CPT codes the Avatar codes for Sonoma County will be listed here to provide a crosswalk where one is available.
Column 2	SmartCare Simple Procedure Name (Post July 1, 2023)	Codes in SmartCare will no longer be identified by code number. With the increase in number of procedure codes available it is not likely or expected that staff will remember each code number. SmartCare has therefore listed the codes available by using a simplified display name, describing the purpose of the code.
Column 3	Code Type	All codes are classified by Type.
Column 4	Procedure Code Definition	Provides an overall description of the code type grouping.
Column 5	Who Can Provide	Identifies the disciplines permitted to use the procedure code.

### What is Staying the Same?

**Format**—We will continue using PIRPL Note format for any billable service. For non-billable services, we will continue to not need to use the PIRPL format.

**Content**—The content of progress notes will remain the same: P - Purpose: Clinical reason I did what I did; I - Intervention: Here's what I did; R - Response: Here's how the client responded to what I did; PL - Plan: Here's what we'll do next. Progress notes will continue to need to meet medical necessity by documenting the symptom (i.e., anxiety), condition (i.e., family conflict), diagnosis (i.e., schizoaffective disorder, bipolar type) or risk factors (i.e., danger to self) that are the focus of the service. The intervention provided needs to match the service code billed.

Avatar Code	Simple Name in SmartCare	Code Type	Procedure Definition	Who Can Provide?
331	Assessment Contribution non-LPHA	Assessment	Used to document assessment work/services completed by <b>non-clinical staff</b> including gathering the beneficiary's mental health and medical history, substance use exposure and use, and identifying strengths, risks, and barriers to achieving goals. Although licensed, registered, and waived staff are permitted to utilize this code, <b>SCSS/MHRS, Other Qualified Providers, and Certified Peer Support Specialists should utilize this code when documenting assessment work/services.</b>	CNS Clinical Nurse Specialist, LVN, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist, RN, Certified Peer Support Specialist, Graduate Students with oversight and cosignature of a licensed staff.
331	Assessment LPHA	Assessment	Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including diagnosis, Mental Status Exam (MSE), medication history, and assessment of relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health. <b>Licensed, registered, waived, and/or under the direction of a licensed mental health professional should utilize this code when documenting assessment work/services.</b>	CNS Clinical Nurse Specialist, MD, NP, PA, Clinical Psychologist, AMFT/LMFT, ASW/LCSW, APCC/LPCC, Graduate Students with oversight and cosignature of a licensed staff.
New Code	Assessment MD	Assessment	Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. <b>This procedure code is mainly utilized by physicians and other qualified healthcare providers to document "Psychiatric Evaluation" services.</b>	CNS Clinical Nurse Specialist, MD, NP, PA
New Code	Nursing Evaluation	Assessment	Documents the provision of services related to a nursing assessment/evaluation. Includes, but is not limited to, assessment of current physical and psychological needs, analysis of history/medical history, diagnosis, vitals, and mental status exam.	CNS Clinical Nurse Specialist, LVN, NP, PT Psychiatric Technicians, & RN.
New Code	Review of Hospital Records	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnosis purposes.	CNS Clinical Nurse Specialist, APCC/LPCC, MD, AMFT/LMFT, ASW/LCSW, NP, PA, Clinical Psychologist (licensed or waived).
New Code	Physician Consultation	Care Coordination	Utilized to document time spent by a consulting physician to access data/information via an EHR, telephone, internet, performing data review and/or analysis and concludes with completing a written report.	MD
301 & 303	TCM/ICC	Care Coordination	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; placement services; and plan development. This is also the code utilized to capture Intensive Care Coordination (ICC) services.	AOD Certified/Registered Counselor, Certified Peer Support Specialist, CNS Clinical Nurse Specialist, APCC/LPCC, LVN, MD, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist (licensed or waived), PT Psychiatric Technicians, RN, Graduate Students with oversight and cosignature of a licensed staff.

371	Crisis Intervention/Mobile Crisis Intervention	Crisis Intervention/ Mobile Crisis	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. Clinical providers who are providing crisis intervention should consider whether Psychotherapy for Crisis would be a more appropriate code for the service rendered. The individual must be present for all or part of the service. Urgent assessment and exploration of an individual in crisis. Includes mental status exam as well as a disposition and treatment includes therapy, mobilization of resources and implementation of interventions to address the crisis.	AOD Certified/Registered Counselor, Certified Peer Support Specialist, CNS Clinical Nurse Specialist, APCC/LPCC, LVN, MD, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist (licensed or waived), PT Psychiatric Technicians, RN, Graduate Students with oversight and cosignature of a licensed staff.
351	Group Therapy	Group	Documents provision of "typical" group therapy services that include multiple beneficiaries. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.	Clinical Nurse Specialist, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, Clinical Psychologist, Graduate Students with oversight and cosignature of a licensed staff.
361ET (established client)	Medication Support Existing Client	Medication Support Services	Standard psychiatry services for established patients. "Established Patient" = The individual has received professional services within the last three years from the physician, or another physician of the same specialty who belongs to the same group practice.	CNS Clinical Nurse Specialist, MD, NP, PA
361NT (new client)	Medication Support New Client	Medication Support Services	Standard psychiatry services for new patients. "New Patient" = The individual has not received any professional services within the last three years from the physician, or another physician of the same specialty who belongs to the same group practice.	CNS Clinical Nurse Specialist, MD, NP, PA
New Code	Medication Support Telephone	Medication Support Services	Evaluation & Management services provided by telephone.	CNS Clinical Nurse Specialist, MD, NP, PA
361NonEM	Medication Training and Support	Medication Support Services	Medication education, training and support, monitoring/discussing/reviewing side effects.	CNS Clinical Nurse Specialist, LVN, MD, NP, PA, RN
New Code	Oral Medication Administration	Medication Support Services	Administration of oral medication with direct observation. This code is also used by LVNs/LPTs and Pharmacists to document the administration of injectable medications.	All Direct Service Staff, except Psychologists (PhD)
365	Medication Injection	Medication Support Services	Utilized to document psychiatric medication intramuscular injections.	CNS Clinical Nurse Specialist, MD, NP, PA, RN
NPC FSP	Client Non Billable Srvc Must Document	Non-Billable	Any other non-billable service that must be documented and is not better accounted for by other available non-billable procedure codes. <b>Utilized by CSU staff to document daily summary/shift note.</b>	All Direct Service Staff
New Code	Legal Report Writing	Non-Billable	Writing legal documents, such as LPS Conservatorship assessments, JV220s, or other court-related documents. This is also used for other reports, such as making CPS or APS reports, entering state reporting items, or writing grant-required reports for a specific client.	All Direct Service Staff

New Code	Medical Non-Billable	Non-Billable	This can be used for documentation in scenarios where none of the medical codes are applicable to support ease and efficiency of finding medical-specific information and documentation. Examples may include scenarios of hospital record review by non-MD/DO providers and/or hospital record review that is not in the context of diagnosis decision-making, hospital record review including labs when patient is not present, or medical trainee/pharmacist/nursing non-billable services.	LVN, MD, NP, PA, and RN
New Code	Shift Summary	Non-Billable	Used to document daily progress notes for bundled services at placements such as Crisis Residential Treatment (CRT), Adult Residential Treatment (ART), and day treatment services (include Therapeutic Foster Care, Day Treatment Intensive, and Day Rehabilitation).	All direct services staff from Designated CRT and ART Providers who have prior Authorization to provide residential treatment services.
P301	Self-help/Peer service	Peer Support Services	Engagement; therapeutic activity ( <b>Utilized by Certified Peer Specialists only</b> ).	Certified Peer Support Specialist
391	Plan Development, non-physician	Plan Development	Plan Development means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.	CNS Clinical Nurse Specialist, LVN, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist, RN, Graduate Students with oversight and cosignature of a licensed staff.
New Code	Team Case Conference with Client/Family Absent	Plan Development	Documents medical team conference with interdisciplinary team, participation by non-physician. Patient and/or family not present.	CNS Clinical Nurse Specialist, APCC/LPCC, AMFT/LMFT, ASW/LCSW, NP, PA, Clinical Psychologist (except Psy), and RN.
New Code	Team Case Conference with Client/Family Present	Plan Development	Documents medical team conference with interdisciplinary team, participation by a non-physician. Face to face with patient and/or family present.	CNS Clinical Nurse Specialist, APCC/LPCC, AMFT/LMFT, ASW/LCSW, NP, PA, Clinical Psychologist, and RN.
New Code	Medical Team Conference, Participation by Physician. Pt and/or Famil Not Pr.	Plan Development	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present; participation by physician	MD
514 & P514	Psychosocial Rehab - Group	Rehabilitation	"Rehabilitation" means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a 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.	AOD Certified/Registered Counselor, Certified Peer Support Specialist, CNS Clinical Nurse Specialist, APCC/LPCC, LVN, MD, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist (licensed or waived), PT Psychiatric Technicians, RN, Graduate Students with oversight and cosignature of a licensed staff.
511, 503, & P511	Psychosocial Rehab - Individual	Rehabilitation	"Rehabilitation" means a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. This is also the code utilized to capture Intensive Home Based (IHBS) services.	AOD Certified/Registered Counselor, Certified Peer Support Specialist, CNS Clinical Nurse Specialist, APCC/LPCC, LVN, MD, AMFT/LMFT, ASW/LCSW, SCSS/MHRS, NP, Other Qualified Provider, PA, Clinical Psychologist (licensed or waived), PT Psychiatric Technicians, RN, Graduate Students with oversight and cosignature of a licensed staff.

345	TBS	Therapeutic Behavioral Services	Therapeutic Behavioral Services (TBS) is an adjunctive program that supports other services patients are currently receiving. TBS is an intensive, individualized, one-to-one behavioral health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.	All direct services staff from Designated TBS Providers who have prior Authorization to provide TBS services.
316	Family Therapy - client present	Therapy	"Family Therapy" services for the purposes of improving the beneficiary's functioning. The patient must be present for this service. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.	CNS Clinical Nurse Specialist, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, Clinical Psychologist, Graduate Students with oversight and cosignature of a licensed staff.
341	Individual Therapy	Therapy	"Individual Therapy" services provided to a beneficiary focused 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 cognitive, affective, verbal or nonverbal strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective.	CSN Clinical Nurse Specialist, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, LPCC, Clinical Psychologist, Graduate Students with oversight and cosignature of a licensed staff.
310	Multi-Family Group Psychotherapy	Therapy	A group therapy code that allows for documentation of groups that include multiple families vs. a single family. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.	CNS Clinical Nurse Specialist, MD, AMFT/LMFT, ASW/LCSW, APCC/LPCC, NP, PA, Clinical Psychologist, Graduate Students with oversight and cosignature of a licensed staff.