## **Service Code Grid - Specialty Mental Health Plan**

Provider Type: LPHA – Adult Services (NOT FQ provider)

ASSESSMENT			
Avatar Code /	Info re:	Description	
Description	TIME		
M90791	Max = 15	LPHA assessment activities, including: Collecting and gathering current info & history info with the client to	
Psychiatric	min	determine appropriate level of care / treatment needs & recommendations / diagnosis. Identifying current	
Diagnostic		impairments in functioning / trauma / medical info / psychosocial info / strengths / risk factors. Completion of	
Evaluation	Use ADD On	MSE. Completion of PSC-35 & CANS / ANSA with client.	
	code G2212	Review of records done to support gather information to inform the assessment.	
G2212	for time over	LPHA meeting with caregiver/significant support person to gather information to inform an assessment/re-	
(add on time)	15 min	assessment.	
		Sample Note Language: Met with client to gather information to inform assessment and establish preliminary	
		diagnosis of Major Depressive Disorder. Client reports current symptoms of depression with suicidal ideation	
		without intent. No current SUD reported. Clinician plans to meet with client identified collateral source, their	
		mother, to gather additional assessment information.	
		Sample Note Language: Met with parent / caregiver / significant other to gather information to inform	
		assessment. Support person reported symptoms of severe depression and a history of suicidal ideation with	
		past attempts and two hospitalizations. Collateral information will be included in assessment. Plan is to	
		complete last interview with client to finalize treatment recommendations.	
M90885	Max = 15	<b>LPHA</b> activity: review of records to inform assessment and/or for diagnostic purposes when there is no direct	
Psych Eval of	min	patient contact.	
Med Records &	Use ADD On	This may occur at different times during treatment, not *just* when conducting initial assessment, if an LPHA	
Tests	code G2212	is reviewing records to inform a change in treatment or to update a diagnosis, etc.	
G2212	for time over		
(add on time)	15 minutes		
		Sample Note Language: Review of pertinent inpatient records and records received from prior treatment	
		provider to inform assessment. Clinician plans to meet with client again to go over current symptoms of	
		depression & risk factors to finalize assessment and make treatment recommendations.	
MH0031	No Time	All provider types doing assessment activities (see M90791 above).	
MH Assessment	Limit	LPHA would typically choose M90791.	
by Non-		All provider types: Meeting with caregiver/significant support person to gather information to inform an	
Physician		assessment/re-assessment.	

ASSESSMENT (Psychologist only (PhD/PsyD, including Associates)		
Avatar Code /	Info re: TIME	Description
Description		
M96130	M96130 = 60 min	Psychologist testing done by a Psychologist or Psychological Associate, including: testing, integration of client
&	or less	data, interpretation of tests, clinical decision making and interactive feedback to the client and family
M96131	M96131 = ADD-	members.
Psych Testing	ON code for each	
Evaluation	additional hour	
		Sample Note Language: Completed a battery of tests with client including Thematic Apperception Test (TAT),
		and MMPI. Time includes preparing client for testing and debriefing with client and family. Plan to complete
		additional tests next week, review tests to document assessment and then make informed clinical
		recommendations.

<b>PLAN DEVELO</b>	PLAN DEVELOPMENT		
Avatar Code /	Info re:	Description	
Description	TIME		
MH0032	No Time	All provider types: development of client problem list and/or Care Plans, updating client plans, approval of client	
MH Svc Plan by	Limit	plans and/or monitoring of a client's progress.	
Non-Physician		All provider types: Meeting with caregiver/significant support person to develop a care plan/client plan.	
		Sample Note Language (TCM Care Plan creation – template in avatar):	
		**BE SURE TO CHOOSE <b>NOTE TYPE</b> MHP TCM CARE PLAN**	
		<b>EXAMPLE 1:</b> Writer met with client to provide case management related to their goal to [find affordable housing;	
		specifically subsidized community housing when adult residential treatment is completed]. Writer will continue to	
		support client through case management services to address their needs identified in the assessment, including	
		coordinating with community resources, until [client transitions to stable housing]. Client agrees with this plan.	
		Sample Note Language (Problem List Update – template in avatar):	
		**BE SURE TO CHOOSE <b>NOTE TYPE</b> PROBLEM LIST UPDATE / REVIEW**	
		Writer met with [client] to review, add, or remove problems from the problem list that are current and relevant to	
		the client's behavioral health treatment. Problem(s) identified that need to be [added] are [depression and	
		unemployment / wanting to find a part-time job] identified on this date, 4/24/2024.	

TARGETED CASE MANAGEMENT (TCM – MT1017 requires Care Plan)			
Avatar Code /	Info re:	Description	
Description	TIME		
MT1017	No Time	All provider types: Assisting client to access needed medical, educational, social, prevocational, vocational,	
Targeted Case	Limit	rehabilitative, or other community services. Examples: communication, coordination, and referral; monitoring	
Management		service delivery to ensure access to service and the service delivery system; monitoring of individual progress.	
		Meeting with caregiver/significant support person for the purpose of connecting them with resources/community supports to address the client's needs.	
		Sample Note Language (TCM Care Plan already documented in previous note): Writer contacted Food Bank to	
		gather information about how client can access free food, as currently they do not have financial resources for	
		monthly food needs. Learned how to refer client to receive free food. Plan to support client in obtaining food on	
		a weekly basis from Food bank.	
		Sample Note Language (TCM Care Plan already documented in previous note): Client unable to manage	
		emotions due to anxiety and agreed to attend group focusing on anxiety and depression. Writer contacted Group	
		Intervention Center and gathered info about their groups. Initiated referral process as group seems to be a good	
		match for client. Plan to discuss group with client and assist client in next steps to attend group.	
H2021	No Time	All provider types: coordination of care between Specialty Mental Health System and providers who are outside	
Community	Limit	Specialty Mental Health.	
Wrap-Around		Examples: Specialty Mental Health refers to the Managed Care System (Carelon) or to Substance Use Disorder	
		treatment (DMC-ODS).	
		Sample Note Language: Client's Alcohol Use may qualify client to receive Outpatient SUD treatment in addition to	
		the current mental health services. Contacted Janus intake team to refer and link to SUD treatment. Janus staff	
		provided walk-in hours for intake; plan to support client in attending an intake session.	

THERAPY		
Avatar Code/	Info re: TIME	Description
Description		
M90832S	Max = 60 min	LPHA meeting with the client to provide therapeutic interventions that focus primarily on symptom reduction
Psychotherapy		and restoration of functioning to improve coping and adaptation and reduce functional impairments.
	Use ADD On	Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal strategies based
	code G2212	on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a
	for time over	beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings,
	60 minutes	thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially
		ineffective.

		Sample Note Language: Checked-in with client using scaling question to determine current level of anxiety. Explored what would make client anxiety rating a point higher and a point lower. Writer asked exception-seeking questions to explore times in which client has experienced lower ratings of anxiety and explored what was different about those situations. Discussed how they would know if their anxiety was completely gone
		and what would be different. Clinician plans to continue to meet with client weekly to work toward achieving person in care's therapy goals which include x, y, z.
M90853 Group Psychotherapy	Max = 15 min Use ADD On G2212	LPHA meeting with a group of clients to provide therapeutic interventions as described above.
		<b>Sample Note Language:</b> Client participated in DBT group. Client was engaged during the group and shared thoughtful comments & feedback to peers. Group provided mindfulness meditation exercises and psychoeducation about mindfulness and meditation practices to increase coping skills & stress management ability. Next DBT group meets on 5/3/2024
M90847 Family Psychotherapy	Max = 15 min Use ADD On G2212	LPHA providing conjoint psychotherapy with client and their family present.
		Sample Note Language: At client's request provided family therapy with client, Mom & Dad present. Client identified that symptoms of anxiety and depression have increased due to the stress of recent divorce and client wanted to talk this through with parents so they can support anxiety reduction. Supported client to share symptoms and triggers with parents and provided education to family regarding how to support client. Discussed family communication patterns with goal to decrease client involvement in parental disagreements. Plan is to follow up with family at client's request.
M90849 Multiple-Family Group Psychotherapy	Max = 15 min Use ADD On G2212	Allows for documentation of groups that include multiple clients and their families.

REHABILITATION		
Avatar Code/	Info re: TIME	Description
Description		
MH2017	No Time Limit	All provider types: Skill building to help client restore, improve, or preserve functioning socially, in their
Psychosocial		communication, or in their daily living skills. Improves self-sufficiency and/or self-regulation. Providing
Rehabilitation		assistance to address a beneficiary's mental health needs.
		All provider types: Meeting with caregiver/significant support person for the purpose of coaching, skill
		development as a means to support the client with managing behavioral health needs.

		Sample Note Language: This writer facilitated mindfulness-based breathing exercise to assist client with
		strengthening stress management skills, which directly impacts their experience of depression symptoms.
		This writer supported client to continue building self-awareness and manage physical symptoms of sadness.
		To assist with managing sadness, writer facilitated behavioral activation (outdoors) activity to build
		consistency and routine. Writer encouraged person in care to continue practicing skills to manage symptoms
		of depression that include sadness until the next rehabilitation session. Plan to continue psychosocial rehab
		weekly to continuing strengthening stress management skills.
MH2017G	No Time Limit	All provider types: Skill building as above in a group setting.
Group		Sample Note Language: Taught motivational interviewing group focusing on education around the stages of
Psychosocial		change to group participants to help increase their self-awareness around behavioral changes related to their
Rehabilitation		mental health. Participants completed worksheets identifying action steps they could take towards their own
		mental health goals. Follow up plan: participants will practice these action steps over the next week and
		share their experiences with the group at the next group session.

CRISIS INTERVENTION			
Avatar Code	Info re: TIME	Description	
/ Description			
M90839	M90839 = 52 min or	LPHA: An unplanned, expedited service to address a condition that requires more timely response than	
&	less	a regularly scheduled visit. Supporting a client to cope with a crisis and regain functioning with the goal	
M90840	M90840 =	to stabilize an immediate crisis situation and maintain the client in the community if possible. Includes	
Psychotherapy	ADD-ON code for	MSE and disposition.	
for Crisis	additional minutes	Treatment includes therapy, mobilizing resources and implementation of interventions to address the	
Intervention		crisis. Use this code when there is a psychotherapy element in your interventions.	
	NOTE: 90839 / 90840	Sample Note Language: Received call from staff at client's board and care who reported that client had	
	cannot be done via	been down / depressed for a couple days and now was refusing to leave their room and reporting	
	telehealth or	suicidal ideation. Staff at B & C requested writer provide support and determine if 5150 / CSP	
	telephone	admission was indicated. Talked with client to assess presentation and symptoms of depression.	
NEW	Code = MH2011 if	Conducted MSE. Client reported having no hunger and being unable to sleep and unable to stop	
<b>/ / /</b>	service provided via	thinking about talking their own life. Client reported a plan to overdose with inability to stop thinking	
7	phone / telehealth	about this plan and was unable to talk with writer about their safety and insisted that things would not	
		get better. Writer placed client on 5150 hold and arranged for transportation to CSP. Plan is to ensure	
		client receives treatment at CSP.	
MH2011	No Time Limit	All provider types doing crisis activities (see M90830 above).	
Crisis		LPHA would typically choose M90830.	
Intervention			