

TFC Clinical Documentation and Billing Tip Sheet

Procedure Code (CalMHSA/CPT)	Procedure Name	Definition
79/90791	Assessment	Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. Although physicians and other qualified medical staff are permitted to utilize this code, this procedure code is mainly utilized by non-physician clinical staff who are documenting services that would typically fall under the category of "Assessment".
25/H2000	Comprehensive Multidisciplinary Evaluation (CFT/MDT)	Services related to the completion of a multi-disciplinary evaluation. This should be used for CFT meeting documentation- client should be in special population to ensure links to modifier.
26/H2011	Crisis Intervention / Psychotherapy for 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: assessment, collateral and therapy. Clinical providers should consider whether Psychotherapy for Crisis would be a more appropriate code for the service rendered.
92/90839	Psychotherapy for Crisis	"Psychotherapy for Crisis" is used for crisis intervention when provided by a licensed/registered/waivered individual. The client must be present during the entire service. Urgent assessment and exploration of an individual in crisis including: MSE, therapy, mobilization of resources and implementation of interventions.
105/T1017	Intensive Care Coordination/ Targeted Case Management (TCM/ICC)	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.
"HK" Modifier-Special Population	Intensive Home-Based Services (IHBS)	When "ICC/IHBS" is added as a special population to a client, the "HK" modifier will be added to any appropriate claims sent to Medi-Cal for that client, based on the current billing manual. The "Katie A ICC/IHBS" will do the same but also add the "KTA" revenue tracking code to the claim as well.

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55/99366 56/99368 62/H0032	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. Client and family may or may not be present depending on the code utilized.
90/H2017	Psychosocial Rehabilitation	A service activity which includes, but is not limited to: assistance in improving, maintaining, or reporting a beneficiary’s functional, daily living, social, leisure, grooming, personal hygiene and meal preparation skills, support resources and/or medication education.

*Please note that this is not an exhaustive list of available CPT codes. See “SmartCare Service Code Crosswalk” on the Optum website under the “SmartCare” tab.

Type of Activity	Exceptions to Billing
<p>Weekly Supervision (not billable): The TFC Clinician is required to meet with the TFC Parent, face-to-face, in the Parent’s home, a minimum of one hour per week. In addition to monitoring the interventions provided by the TFC Parent, the TFC Clinician will review and co-sign daily progress notes, ensuring that each progress note meets Medi-Cal and contractual requirements.</p> <p>*Note: the supervision requirement is tracked and monitored by the service provider.</p>	<p>Example:</p> <ul style="list-style-type: none"> • Individual/Group Rehab- If during the supervision some time is spent reviewing previously taught skills to manage the client’s symptoms and determining effectiveness, or teaching learning new skills, this could be billable as a family therapy session. <p>*Note: The TFC Clinician would could only claim for the time spent reviewing of the skills. Time spent on other supervision activities are considered to be never-billable.</p> <ul style="list-style-type: none"> • TFC is not reimbursable under the following circumstances: <ul style="list-style-type: none"> ○ When the child or youth is receiving Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services, EXCEPT for the day of admission or discharge to/from these facilities; ○ While the child or youth is detained in juvenile hall or is otherwise considered an inmate ○ While the child or youth is in an STRTP or other residential setting, except for the day of admission or discharge.

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Type of Activity	Specialty Mental Health Billable Examples
<p>Actively participating in the CFT to identify supports for the child/youth and family, including linking the child or youth with a TFC parent who can best meet the child's or youth's individual needs</p>	<p>Example:</p> <ul style="list-style-type: none"> • CFT/MDT – TFC Clinical Lead attends a CFT meeting to discuss the referral of a new TFC client. The TFC Clinical Lead asks questions about the client to gain a better understanding of the client's needs and the best fit for a TFC Parent. TFC Clinical Lead works with the group to identify needs and supports. • *Note: Each participating provider in a CFT meeting may bill for the total number of minutes during which a client with whom that provider has a client/provider relationship is discussed. A provider may claim for their unique contribution to the meeting, up to the length of the meeting.
<p>Educating and integrating the TFC parent and appropriate staff into the existing CFT</p>	<p>Examples:</p> <ul style="list-style-type: none"> • TCM/ICC- A TFC parent has concerns over an upcoming CFT meeting. TFC Clinical Lead meets with the TFC parent to discuss each concern and provide education where appropriate and related to the client's diagnosis and treatment goals. • TCM/ICC - Client is assigned a new teacher's aide at school and the TFC Clinical Lead calls (with ROI) to discuss interventions and other important information related to the client's mental health and/or mental health treatment. Information is exchanged back and forth.
<p>Completing or updating the client's CalAIM Assessment</p>	<p>Example:</p> <ul style="list-style-type: none"> • Assessment – It is determined that the client will begin TFC. The FFAST or TFC clinician must update the pertinent components of the CalAIM Assessment to reflect the changes in treatment (TFC) and any other updates as appropriate.

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<p>Creating a client plan (specific to the TFC components)</p> <p>* Completed by TFC Clinician</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Plan Dev- During a CFT, the team determines that the client would benefit from TFC. • Plan Dev- The TFC parent attended a CFT meeting, and advised the team that client has been exhibiting escalating symptoms and behaviors. The CFT members discussed approaches and interventions the TFC parent will implement to address the described symptoms and behaviors.
<p>Collaborating with supports in the client’s life.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • TCM/ICC-Client started participating in an afterschool program. TFC Clinical Lead meets with the afterschool program lead and discusses the client’s behaviors (not listening to direction, low frustration tolerance, being easily annoyed). The program leader shares the program details and how the client has engaged so far in the program. TFC Lead Clinician works with the program lead to explain interventions that have been successful in the home. • TCM/ICC -TFC Clinical Lead contacts the client’s teacher to inquire how the client has been at school and discuss new interventions that were implemented after the last CFT meeting. The teacher shares some areas that need improvement. TFC Clinical Lead provides historical behavioral issues and triggers related to these areas.
<p>Providing skill building and instruction to the TFC parent or parent and client, both initially and ongoing</p>	<p>Example:</p> <ul style="list-style-type: none"> • Psychosocial Rehab - - TFC Clinical Lead calls the TFC parent wanting to check in on behaviors the client is displaying- mood dysregulation and anger outbursts. TFC Clinical Lead discusses warning signs or catalysts to the behavior and provides psychoeducation regarding positive vs negative reinforcement.

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	<p>TFC Clinical Lead works with the parent to create mental health interventions to address the behavior (i.e., speaking in a calm voice/ offering the client a quiet time out.)</p> <p>*Note- TCM/ICC can be utilized to follow up to check on the progress of this intervention and possibly provide feedback/education.</p>
<p>Providing rehabilitation services to the client.</p>	<p>Example(s):</p> <ul style="list-style-type: none"> • Psychosocial Rehab - TFC Clinical Lead works with client to identify that procrastinating on homework due to lack of motivation is causing her to go to bed late which makes it more difficult to wake up in the morning. TFC Clinical Lead and client work together to create an evening schedule for the client to follow to ensure she gets to bed at an earlier time. <p>*Note- Psychosocial Rehab can be utilized by the TFC Clinical Lead to educate the TFC parent on the schedule and coaches the parent on how to react if client does not engage in the intervention.</p>
<p>Monitoring the child's/youth's progress in meeting client plan goals related to TFC</p>	<p>Example(s):</p> <ul style="list-style-type: none"> • TCM/ICC - TFC Clinical Lead contacts the TFC parent to check in on how the client is doing and how the interventions of "I" statements and time outs. Parent shares the update about the client. TFC Clinical Lead provides feedback to the TFC parent and role plays how to engage the client in deep breathing to try to calm the client when elevated. • CFT/MDT — Participation in a CFT meeting where the efficacy of the client's plan was discussed, and changes were made based on feedback and recommendations from the different CFT

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	<p>members. Document the writer’s individual contribution to the meeting.</p>
<p>Linking to Community resources</p>	<p>Example(s):</p> <ul style="list-style-type: none"> • TCM/ICC- The provider contacts resources (i.e. Big Brother program) via telephone to link the client to identified supports and determine client’s eligibility to engage in the program, the documentation would need to include why the provider was needed to complete the service, as well as how the service is needed to address client’s mental health symptoms. • TCM/ICC -TFC Clinical Lead contacts the TFC parent to see how the client engaged in their first outing with the Big Brother organization. TFC parent updates the TFC Clinical Lead about the outing and how the client benefited from the interaction. <p>*Notes: Faxing of referral forms to identified resources would be a never billable activity.</p>
<p>Crisis Intervention</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Psychotherapy for Crisis– Client was engaging in self-harm behavior and the <i>licensed/ registered/ wavered</i> TFC Clinical Lead was not able to de-escalate the client to a safe level. The TFC Clinical Lead calls PERT due to the severity of the client’s behavior and mood and provides the current situation to PERT. While waiting for PERT, the TFC Clinical Lead makes attempts to de-escalate the client with learned coping skills. PERT arrives assesses the client and client is taken to the hospital for further evaluation. <ul style="list-style-type: none"> ○ Billable elements: - <ul style="list-style-type: none"> ▪ TFC Clinical Lead’s attempts at de-escalating the client

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	<ul style="list-style-type: none">▪ Call to PERT giving information about the client.▪ Time spend waiting for PERT while continuing to provide interventions, sooth the client and/or prevent further deterioration. <p>*Note: If no intervention was provided while waiting for PERT or clinician to arrive that time is not billable.</p>
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