

MENTAL HEALTH REFERENCE FOR THERAPIST-SmartCare

Previous Service Codes Used		SmartCare EHR Effective 2/1/23		
CPT/HCPC Code	Description	SmartCare Procedure Description Before 6/5/23	SmartCare Procedure Description	Note Associated
MENTAL HEALTH SERVICE				
90791	An integrated bio-psychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources, and review and ordering of diagnostic studies.	Psychiatric Diagnostic Evaluation	Assessment LPHA	Progress Note
H2015 H2015PSD	<p><u>Assessment:</u> A direct (face-to-face) service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures §1810.204</p> <p><u>Plan Development:</u> A direct (face-to-face) service activity which consists of development of client plans, approval of client plans, and/or monitoring of beneficiary's progress. §1810.232</p> <p><u>Collateral:</u> A direct (face-to-face) service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. §1810.206</p> <p><u>Rehabilitation:</u> A direct (face-to-face) service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of 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. §1810.243</p>	Mental Health Assessment by Non-Physician	Assessment Contribution non-LPHA	Progress Note
H2015HK H2015HKP SD	Individualized, strength based interventions for members of the Katie A. subclass designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth builds skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth's successfully function in the home and community. IHBS services are provided within the Child and Family Team (CFT) and in accordance with the Core Practice Model (CPM). The Child and Family Team (CFT) participates in the development of the child/youth's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral.	Mental Health Assessment by Non-Physician	Assessment Contribution non-LPHA	Progress Note
90832 90834 90837	Psychotherapy services include ongoing assessment and adjustment of psychotherapeutic intervention, and may include involvement of family member(s) or others in the treatment process.	Psychotherapy with Patient	Individual Therapy	Progress Note

MENTAL HEALTH REFERENCE FOR THERAPIST-SmartCare

90839		Psychotherapy for Crisis	Psychotherapy for Crisis	Progress Note
96101	Psychological testing (including psych-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, (e.g., WAIS-R, Rorschach, MMPI) with interpretation and report.	Psychological Testing Evaluation, First Hour	Psychological Testing	?
90847	Family psychotherapy (conjoint psychotherapy) with the patient present.	Family Psychotherapy (Conjoint psychotherapy with Patient Present)	Family Therapy – Client Present	Progress Note
H2011 H2011PSD H2011SCR	Services lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment collateral, and therapy.§1810.209	Crisis Intervention Services, per 15 Minutes Targeted Case Management	Crisis Intervention / Mobile Crisis	Progress Note
TARGETED CASE MANAGEMENT				
T1017 T1017PSD	Services that assist a beneficiary to access needed medical, educational, 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; and plan development. §1810.249	Targeted Case Management	TCM/ICC	Progress Note
T1017HK T1017HKP SD	Targeted case management services that facilitates assessment of, care planning for and coordination of services, including urgent services for members of the Katie A. subclass. ICC services are provided within the Child and Family Tem (CFT) and in accordance with the Core Practice Model (CPM). ICC must be used to facilitate implementation of the cross-system/multi-agency collaborative services approach described in the CPM. ICC service planning and implementation; monitoring and adapting; and transition.	Targeted Case Management	TCM/ICC	Progress Note
90889 H2015PSD	Preparation of report of patient’s psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers.	Preparation of report of patient’s psychiatric status, history, treatment, or progress	Report Generation for Care Coordination	Progress Note
H2019 H2019PSD	One to one therapeutic contact between a mental health provider and a beneficiary for a specific short term period of time which are designed to maintain the child/youth’s residential placement at the lowest appropriate level by resolving target behaviors and achieving short term treatment goals, DMH Letter 99-03	Therapeutic Behavioral Services	TBS	Progress Note
NON-BILLABLE				
		Client Non Billable Srvc Must Document	Client Non Billable Srvc Must Document	Progress Note