



**CONTRA COSTA MENTAL HEALTH PLAN  
GUIDELINES FOR SCOPE OF PRACTICE FOR CLINICAL STAFF**

Code	Code Description	<u>Psychologist</u> (Licensed & Waivered)	<u>LMFT &amp; LPCC</u> (Licensed & Registered)	<u>LCSW</u> (Licensed & Registered)	<u>*TRAINEE</u> (MFT Trainee, SW Trainee, PCC Trainee & Psychologist Trainee)	<u>OCCUPATIONAL THERAPIST</u>
<b>Assessment</b>						
90791	Psychiatric Diagnostic Evaluation	X	X	X	X	No Privilege
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes	X	X	X	X	No Privilege
90887	Interpret or Explain Results Psychiatric Exam Family	No Privilege	No Privilege	No Privilege	No Privilege	X
96110	Developmental Screening	X	X	X	X	No Privilege
96127	Brief Emotional/Behavioral Assessment	X	X	X	X	No Privilege
96161	Caregiver Health Risk Assessment	No Privilege	No Privilege	No Privilege	No Privilege	X
H0031	Mental Health Assessment by Non-Physician	X	X	X	X	X
H2000	Comprehensive Multidisciplinary Evaluation	X	X	X	X	X
<b>Plan Development</b>						
H0032	Mental Health Service Plan Developed by Non-Physician	X	X	X	X	X
<b>Therapy</b>						
90785	Psychotherapy Complex Interactive	No Privilege	No Privilege	No Privilege	No Privilege	X
90832	Psychotherapy, 30 Minutes or Less with Patient	X	X	X	X	No Privilege
90834	Psychotherapy, 45 Minutes with Patient	X	X	X	X	No Privilege
90837	Psychotherapy, 60 Minutes or More with Patient	X	X	X	X	No Privilege
90839	Psychotherapy for Crisis	X	X	X	X	No Privilege
90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present)	X	X	X	X	No Privilege
90849	Multiple-Family Group Psychotherapy	X	X	X	X	No Privilege
90853	Group Psychotherapy (Other Than of a Multiple-Family Group)	X	X	X	X	No Privilege
<b>Rehabilitation</b>						
H2017	Psychosocial Rehabilitation	X	X	X	X	X
H2021	Community-Based Wrap-Around Services	X	X	X	X	X
<b>Case Management</b>						
T1017	Targeted Case Management	X	X	X	X	X
<b>Crisis Intervention</b>						
H2011	Crisis Intervention Service	X	X	X	X	X
<b>Therapeutic Behavioral Services</b>						
H2019	Therapeutic Behavioral Services	X	X	X	X	X
<b>Medication Support</b>						
H0033	Oral Medication Administration, Direct Observation	X	X	X	X	X
<b>Psychological Testing</b>						
96130	Psychological Testing Evaluation (Only with Prior Approval from Behavioral Health Administration)	X	No Privilege	No Privilege	No Privilege	No Privilege

\*NOTE: TRAINEES require a co-signature from a Licensed Mental Health Professional (LMHP). LMHPs are Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage & Family Therapists, and Licensed Professional Clinical Counselors.