



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

Code	Code Description	<u>Psychiatrist</u>	<u>Nurse Practitioner</u>	<u>Registered Nurse</u>	<u>Licensed Psychiatric Technician</u>	<u>Licensed Vocational Nurse</u> Only at Crisis Stabilization, Adult Residential, and Crisis Residential Programs
Medication Support						
96372	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	X	X	X	No Privilege	No Privilege
H0033	Oral Medication Administration, Direct Observation	X	X	X	X	X
H0034	Medication Training and Support	X	X	X	X	X
Office or Other Outpatient Visit of an ESTABLISHED Patient						
99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	X	X	No Privilege	No Privilege	No Privilege
99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	X	X	No Privilege	No Privilege	No Privilege
99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	X	X	No Privilege	No Privilege	No Privilege
99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	X	X	No Privilege	No Privilege	No Privilege
Home Visit of an ESTABLISHED Patient						
99347	Home Visit of an Established Patient, 20 Minutes	X	X	No Privilege	No Privilege	No Privilege
99348	Home Visit of an Established Patient, 30 Minutes	X	X	No Privilege	No Privilege	No Privilege
99349	Home Visit of an Established Patient, 40 Minutes	X	X	No Privilege	No Privilege	No Privilege
99350	Home Visit of an Established Patient, 60 Minutes	X	X	No Privilege	No Privilege	No Privilege
Assessment						
90792	Psychiatric Diagnostic Evaluation with Medical Services	X	X	No Privilege	No Privilege	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	No Privilege	No Privilege	No Privilege
96127	Brief Emotional/Behavioral Assessment	X	X	X	No Privilege	No Privilege
96161	Caregiver Health Risk Assessment	No Privilege	No Privilege	No Privilege	No Privilege	X
H0031	Mental Health Assessment by Non- Physician	No Privilege	X	X	X	X
H2000	Comprehensive Multidisciplinary Evaluation	X	X	X	X	X
T1001	Nursing Assessment/Evaluation	No Privilege	X	X	X	X
Plan Development						
H0032	Mental Health Service Plan Developed by Non-Physician	No Privilege	X	X	X	X
99484	Care Management Services for Behavioral Health Conditions	No Privilege	No Privilege	No Privilege	No Privilege	X
Crisis Intervention						
H2011	Crisis Intervention Service, per 15 minutes	X	X	X	X	X
Case Management						
T1017	Targeted Case Management	X	X	X	X	X
Consultation						
99451	Interprofessional Telephone/Internet/Electronic Health Record Consultations	X	No Privilege	No Privilege	No Privilege	No Privilege
Rehabilitation						
H2017	Psychosocial Rehabilitation	X	X	X	X	X
H2021	Community-Based Wrap-Around Services	No Privilege	No Privilege	No Privilege	X	X
Therapeutic Behavioral Services						
H2019	Therapeutic Behavioral Services	No Privilege	No Privilege	No Privilege	No Privilege	X
Therapy						
90785	Psychotherapy Complex Interactive	No Privilege	No Privilege	No Privilege	No Privilege	X
90849	Multiple-Family Group Psychotherapy	X (Restricted to select providers approved by the Behavioral Health Medical Director)	X (Restricted to select providers approved by the Behavioral Health Medical Director)	No Privilege	No Privilege	No Privilege
90853	Group Psychotherapy (Other Than of a Multiple-Family Group)	X (Restricted to select providers approved by the Behavioral Health Medical Director)	X (Restricted to select providers approved by the Behavioral Health Medical Director)	No Privilege	No Privilege	No Privilege