

County of San Bernardino Department of Behavioral Health

MODE OF SERVICE

FACILITY NAME: _____

PROVIDER #: _____

FACILITY ADDRESS: _____

NPI #: _____

COMPLETED BY: _____

DATE: _____

PLEASE CHECK ALL SERVICES AND PROCEDURE CODES YOUR LOCATION PLAN TO PROVIDE.

MODE OF SERVICE

05 – 24 HOUR SERVICES

SERVICE FUNCTION

- 30 – SNF Intensive**
- 35 – IMD Basic (No Patch)**
- 36 – IMD (Patch)**
- 40 – Adult Crisis Residential**
 - 140 – Non Billable Adult Crisis Residential
 - 141 – Adult Crisis Residential
- 50 – Jail Inpatient**
- 60 – Residential, Other**
- 65 – Adult Residential**
- 80 – Semi-Supervised Living**
- 85 – Independent Living**
- 90 – MH Rehab Centers**

MODE OF SERVICE

10 – DAY SERVICES

SERVICE FUNCTION

- 00 – Administration**
 - 201 – No Show Intensive Day Tx
- 20 – Crisis Stabilization-Emergency Room**
 - 151 – Crisis Stabilization
- 25 – Crisis Stabilization-Urgent Care**
 - 153 – Crisis Stabilization
- 81 – Day Treatment Intensive; Half Day**
 - 283 – Half Day Intensive
- 85 – Day Treatment Intensive; Full Day**
 - 280 – Non Billable Day Intensive
 - 285 – Full Day
- 91 – Day Rehabilitation; Half Day**
 - 291 – Day Rehabilitation, Half Day
- 95 – Day Rehabilitation; Full Day**
 - 290 – Non Billable Day Rehabilitation
 - 295 – Day Rehabilitation, Full Day

MODE OF SERVICE

15 – OUTPATIENT

SERVICE FUNCTION

- 00 – Administration**
 - 391 – Drug Screen **
- 01 – Placement Services**
 - 540 – Placement Svcs NB **
 - 541 – Placement Service
- 03 – Plan Development Case Mgmt**
 - 570 – Plan Devel Case Mgmt NB **
 - 571 – Plan Devel Case Mgmt
- 05 – Linkage & Consultation**
 - 560 – Linkage/Consultation NB **
 - 561 – Linkage/Consultation
- 07 – Intensive Care Coordination**
 - 575 – Intensive Care Coordination NB
 - 576 – Intensive Care Coordination

MODE OF SERVICE

15 – OUTPATIENT (continued)

SERVICE FUNCTION

- 10 – Collateral**
 - 310 – Collateral NB **
 - 311 – Collateral
- 30 – Assessment**
 - 330 – Assessment NB **
 - 331 – Assessment, non-MD eval
- 31 – Psych Testing**
 - 320 – Psych Testing NB **
 - 321 – Psych Testing
 - 324 – Developmental Screening
 - 325 – Developmental Testing
 - 326 – Neurobehavioral Status Exam for Interpretation of Results and Preparation of Report
 - 327 – Neurobehavioral Testing, Administering to Client, Interpreting Results and Preparing Report
- 34 – Plan Development**
 - 520 – Plan Development NB **
 - 521 – Plan Development
- 36 – Rehab/ADL**
 - 550 – Rehab/ADL NB **
 - 551 – Rehab/ADL
- 40 – Individual**
 - 340 – Individual NB **
 - 341 – Individual
- 50 – Group**
 - 350 – Group NB **
 - 351 – Group
- 57 – Intensive Home Based Mental Health Services**
 - 577 – Intensive Home Based Services NB
 - 578 – Intensive Home Based Services
- 58 – Therapeutic Behavioral Services**
 - 580 – TBS NB
 - 581 – TBS
 - 582 – TBS Assessment
 - 583 – TBS Treatment Plan
 - 584 – TBS Collateral
- 60 – Medication (E/M)**
 - 360 – Medication NB **
 - 361 – MSS New Cl./Mod Com
 - 363 – MSS New Cl./High Com
 - 364 – Diagnostic Interview w/medical services
 - 365 – MSS Stable Cl./Brief
 - 366 – MSS Estb.Cl./Low to Mod Com
 - 368 – MSS Estb.Cl./Mod Com
 - 369 – MSS Estb.Cl./High Com
- 60 – Medication Education Group**
 - 380 – Medication Education & Training NB **
 - 381 – Med Education & Training one (1) client
 - 382 – Med Education & Training 2-4 clients
 - 383 – Med Education & Training 5-8 clients
- 70 – Crisis Intervention**
 - 370 – Crisis NB **
 - 371 – Crisis
 - 378 – Crisis ** extra 30 min after initial 60 mins

MODE OF SERVICE

FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

20 – ADMINISTRATIVE SUPPORT

SERVICE FUNCTION

00 – Administration

- 300 – No Show (Client does not keep Appt.)
- 307 – Client Reschedules appt.
- 308 – Appt. Cancelled by Clinic/Provider
- 309 – Appt. Cancelled by Client
- 400 – No Show Intake NB
- 403 – Leave and Holiday
- 406 – Travel Time
- 407 – Local Meeting
- 408 – Departmental Meeting
- 409 – Inter-Agency Meeting
- 410 – Other Meeting
- 413 – Approved NB Ovrtn Duties
- 418 – Approved Spec Asgn
- 419 – Other Administrative Duties
- 423 – Interpretation Svcs
- 424 – Non English Service
- 431 – OP Tx Support – Adult
- 433 – DT Tx Support – Adult
- 435 – OP Tx Support Child
- 437 – DT Tx Support Child
- 442 – Classroom Observation
- 446 – Assigned Hours By Date
- 452 – I.E.P.
- 453 – Vocational Program
- 457 – Clinical Supv Given
- 458 – Clinical Supv Received
- 459 – Admin Supv Provided
- 460 – Admin Supv Received
- 461 – Placement Evaluation
- 462 – Hospital Liaison
- 463 – Court Appearances
- 464 – Medication Management

MODE OF SERVICE

25 – RESEARCH AND EVALUATION

SERVICE FUNCTION

00 – Administration

MODE OF SERVICE

40 – FORMAL TRAINING

SERVICE FUNCTION

00 – Administration

- 404 – Training Given
- 405 – Training Received

MODE OF SERVICE

41 – CONTRACT ADMINISTRATION

SERVICE FUNCTION

00 – Administration

MODE OF SERVICE

42 – UTILIZATION REVIEW

SERVICE FUNCTION

00 – Administration

- 450 – Administrative Chart Audit
- 451 – Non-Medi-Cal QA Chart Audit
- 454 – Medi-Cal QA Chart Audit
- 455 – QA Committee Meeting
- 456 – QA Administration

MODE OF SERVICE

45 – OUTREACH

SERVICE FUNCTION

10 – Mental Health Promotion

- 411 – MH Promotion-Adult
- 417 – MH Promotion-Child

20 – Community Client Services

- 421 – Community CC-Adult
- 427 – Comm/Client Contact Child

MODE OF SERVICE

55 – MAA

SERVICE FUNCTION

- 472 – Medi-Cal Outreach
- 473 – Eligibility Intake
- 474 – Medi-Cal Contacts Admin
- 475 – Crisis Referral
- 476 – MHS Contract Admin
- 477 – Discounted Outreach
- 478 – SPMP Case Management
- 479 – SPMP Program Planning
- 480 – SPMP MAA Training
- 481 – Non-SPMP Case Mgmt
- 482 – Non-SPMP Program Planning
- 483 – MAA Co & Claims Admin

MODE OF SERVICE

60 – SUPPORT SERVICES

SERVICE FUNCTION

20 – Conservatorship Investigation

- 620 – Conservatorship NB
- 621 – Conservatorship ***

30 – Conservatorship Administration

40 – Life Support/Board & Care

60 – Case Management Support

70 – Client Housing Support Expenditures

71 – Client Housing Operating Expenditures

72 – Client Flexible Support Expenditures

75 – Non-Medi-Cal Capital Assets

MODE OF SERVICE

FACILITY NAME: _____ PROVIDER #: _____ DATE: _____

MODE OF SERVICE

60 – SUPPORT SERVICES (continued)

SERVICE FUNCTION

78 – Other Non-Medi-Cal Support Expenditures

- 770 – Referral Coordination – Non Open Case
- 771 – Screening – Non Open Case
- 772 – Case Management – Non Open Case
- 773 – Follow-Up Care for Non Open Cases
- 774 – Other Nursing Care
- 775 – Referral Coordination
- 776 – Screening
- 777 – Non Mental Health Case Management
- 778 – Care Coordination
- 779 – OT Assessment/Evaluation
- 780 – OT Treatment Session
- 781 – OT Consultation
- 782 – SLT Assessment/Evaluation
- 783 – SLT Treatment Session
- 784 – SLT Consultation
- 785 – Audiology Screening
- 786 – Pediatric Assessment/Evaluation
- 787 – Pediatric Follow-up
- 788 – Psychological Testing
- 789 – Psychological Testing Feedback
- 790 – Parent/Family Partner Linkage & Support – Individual