



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

| Code | Code Description | Psychologist (Licensed & Waivered) | LMFT & LPCC (Licensed & Registered) | LCSW (Licensed & Registered) |
|--|---|---|--|---|
| Assessment | | | | |
| 90791 | Psychiatric Diagnostic Evaluation | X | X | X |
| 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 |
| 96110 | Developmental Screening | X | X | X |
| 96127 | Brief Emotional/Behavioral Assessment | X | X | X |
| H0031 | Mental Health Assessment by Non- Physician | X | X | X |
| H2000 | Comprehensive Multidisciplinary Evaluation | X | X | X |
| Plan Development | | | | |
| H0032 | Mental Health Service Plan Developed by Non-Physician | X | X | X |
| Therapy | | | | |
| 90832 | Psychotherapy, 30 Minutes or Less with Patient | X | X | X |
| 90834 | Psychotherapy, 45 Minutes with Patient | X | X | X |
| 90837 | Psychotherapy, 60 Minutes or More with Patient | X | X | X |
| 90839 | Psychotherapy for Crisis | X | X | X |
| 90847 | Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present) | X | X | X |
| 90849 | Multiple-Family Group Psychotherapy | X | X | X |
| 90853 | Group Psychotherapy (Other Than of a Multiple-Family Group) | X | X | X |
| Rehabilitation | | | | |
| H2017 | Psychosocial Rehabilitation | X | X | X |
| H2021 | Community-Based Wrap-Around Services | X | X | X |
| Case Management | | | | |
| T1017 | Targeted Case Management | X | X | X |
| Crisis Intervention | | | | |
| H2011 | Crisis Intervention Service | X | X | X |
| Therapeutic Behavioral Services | | | | |
| H2019 | Therapeutic Behavioral Services | X | X | X |
| Medication Support | | | | |
| H0033 | Oral Medication Administration, Direct Observation | X | X | X |
| Collateral | | | | |
| 90791 | Psychiatric Diagnostic Evaluation | X | X | X |
| H2017 | Psychosocial Rehabilitation | X | X | X |
| H0032 | Mental Health Service Plan Developed by Non-Physician | X | X | X |
| T1017 | Targeted Case Management | X | X | X |
| Pathways to Well-Being (Katie A Services) | | | | |
| 90791 | Psychiatric Diagnostic Evaluation | X | X | X |
| H2017 | Psychosocial Rehabilitation | X | X | X |
| H0032 | Mental Health Service Plan Developed by Non-Physician | X | X | X |