

Frequently Used Activity Codes Descriptions

Code 01 - Clerical Services

This code is used by program/clinic related staff when performing clerical services (such as AOP's and PR's).

Code 02 - Clinical Program Mgmt (Funds 44 and 48 only)

This code is used by all Regional Managers and Team Supervisors for all administrative, leadership, supervisorial, and management activity.

Code 03 - Administration

This code is used by Administrative staff who are non-program/clinic related (ex: Administration, MIS, Fiscal and HR, but NOT clerical).

Code 05 - Quality Assurance (Funds 44 and 48 only)

This code is used when staff is performing activities which are part of monitoring and evaluation of the various compliance aspects of a service conducted to ensure that standards of quality are being met or improved. Quality assurance and quality improvement activities are to be distinguished from activities which provide operational or administrative support for the normal functioning of a program or service, and which are part of the usual business process of that program or service. See FIS 04 – Medi-Cal Reimbursable Quality Assurance Activities policy for entire list of activities. Examples of activities that can be coded to 05 include:

1. Utilization review and training activities related to monitoring of Mental Health Plan program integrity standards;
2. Quality Improvement Committee meetings and follow up of clinical quality improvement issues;
3. Clerical time spent supporting utilization review chart selection, gathering of chart and billing documentation, and follow-up of clinical quality assurance issues;
4. Quality Assurance activities required for development, implementation, evaluation, and revision of clinical practice guidelines;
5. Utilization review activities required for Therapeutic Behavioral Services (TBS), assistance with state audits, and federal audits of TBS;
6. Personnel time and materials for assisting state and federal auditors with county audits for compliance with External Quality Review standards, and other related Medi-Cal specialty mental health services standards;
7. Utilization review activities required as part of medication monitoring;
8. Training of Skilled Professional Medical Personnel (SPMP) and staff who are directly supporting SPMP for utilization review and quality assurance activities

Code 06 - Training

This code is used for any authorized training provided by Quality Assurance, Employee University, ADMHS or courses required for licensure renewals. This is not for routine staff discussions.

Code 10 - 24 Hour Care (Funds 44 and 48 only)

This code is used when staff is assigned to work in 24 hour facility, such as the PHF.

Frequently Used Activity Codes Descriptions

Code 11- Psychiatrist – Professional (Funds 44 and 48 only)

This code is used by Psychiatrists when performing direct service to clients. This code is not to be used when performing charting or dictation at the PHF (use Code 10).

Code 33 - Clinical Supervision (Funds 44 and 48 only)

This code is used by Mental Health Practitioner interns (IMF or ASW), Psychology interns (pre or post doc), and the identified clinical supervisor staff to account for time dedicated to BBS required clinical supervision that is needed to ensure certification of intern clinical hours. This allows for an accounting of time spent on clinical supervision that is **not billable time**, and thus should not be work time associated with productivity. This code is for clinical supervision only and should not be applied to other types of staff supervision (EPR review, non-clinical meetings, general case review etc.).

Code 40 - Other Mental Health Services

This code is used for primary service activity. Specifically this includes anytime clinical staff is delivering services, documentation of services, planning and prep time for service delivery, time communicating or collaborating with other staff related to service delivery (excluding formal supervision), time collaborating with outside providers, for ACCESS with use of the project code “ACCESS”, and other general activities not accounted for with other activity codes.

Code 50 – Client Related Travel (Funds 44 and 48 only)

This code is used when staff is traveling to provide a service to a client or on behalf of a client that **is not** reimbursable by Medi-cal. Examples would be attending court hearings, transporting clients for non-reimbursable activities, etc. Although the activity may be considered direct service to clients, it cannot be claimed to Medi-cal and would be considered non-reimbursed travel.

Code CALL - On-Call (Funds 44 and 48 only)

This code is used by clinical staff to account for any time, while on-call for clinic duties, where there was not any clinical service provided or documented (billable time). This should not be used for the total on-call shift time, but rather for the time not engaged in service delivery or documentation while on-call (in recognition that staff cannot typically schedule routine appointments when on-call). This is applied to on-call time that occurs during a regular work shift and not to after-hours stand-by call.

Code MEET - Meetings

This code is used by clinical staff to account for time spent attending a meeting that is not billable (to Medi-Cal or AB3632) and is not training (as defined under Code 06). Team meetings will be accounted for using this code