Behavioral Health Services
Mental Health Plan – County and Contracted Providers
Guide for Use of Modifiers on Progress Notes

PURPOSE:

Provide definitions and instructions for staff to appropriately select modifiers when completing progress notes.

PROTOCOL:

Staff may identify up to four (4) total modifiers per progress note, which further describes the service the client received. Office Support staff should consult with the staff member who completed the progress note if the need should arise to add an additional modifier when four (4) modifiers have already been selected. Staff should defer to their assigned program's protocol and the direction of their supervisor for training and guidance as to which modifiers are permitted and/or required to be used. Modifiers tied to billing (e.g. GT, GV, etc.) should be given priority over those that are descriptive of Services Strategies or Evidence Based Practices. Staff should consult with their supervisor for further guidance as to the order of priority when selecting modifiers.

The grid below is a listing of all valid codes for modifiers available for selection in a progress note. Those highlighted in green are the Evidence Based Practices modifiers staff are able to select. Those highlighted in blue are the Service Strategies modifiers staff are able to select. Those highlighted in beige are all other modifiers staff are able to select.

QJ	Client in Custody	M01	Assert Comm 1x	M52	Fam Support	M99	Unspecified SS/EBP
22	Increased Proced Svc	M02	Employ Support	M53	Educ Support	M99A	Multi-Family Group
25	Separate E & M Svc	M03	Housing Support	M54	w/ Law Enforcement	M99B	EMDR
32	Mandated Svc	M04	Fam Psych Educ	M55	w/ Phys Care Svcs	M99C	TF-CBT
52	Reduced Svc	M05	Int Dual Dx	M56	w/ Social Svcs	M99D	DBT
59	Distinct Proced Svc	M06	Illness Mgmt/Rec	M57	w/ Sub Abuse Svcs	M99E	FFT
76	Repeat Svc Same Prov	M07	Med Mgmt	M58	W/ Aging Svcs	M99F	MI
77	Repeat Svc Diff Prov	M08	New Gen Med	M59	W/ Dev Disability Svcs	M99G	TFCO
		M09	Ther Foster Care	M60	Ethnic Specific	M99H	CBT
		M10	Mult Sys Ther	M61	Age Specific	M99I	ITCT
		M11	Func Fam Ther			M99J	PCIT
		M50	Peer/Fam Svcs	MCFT	CFT Mtg	M99K	Seeking Safety
		M51	Psych Educ	GT	Telehealth Svc	M99L	Incredible Years
		GW	MH/Med Svc Unrelated to Hospice Dx			M99M	CSEC Curriculum
		GV	MH/Med Svc Related to Hospice Dx			M99N	Anger Replacement Tx

Evidence Based Practices

Evidence Based Practices (EBPs) are services delivered in a culturally-competent manner that incorporate practices with generally accepted scientific fidelity, and that measure the impact of the practice on clients, participants, and/or communities. These EBPs are more fully described by the Substance Abuse and Mental Health Services Administration (SAMHSA), and are available at https://www.samhsa.gov/ebp-resource-center. Toolkits for some of the EBPs are available at https://www.samhsa.gov/ebp-resource-center.

When selecting an EBP modifier in a progress note, several considerations need to be made:

1. Clinical staff and supervisors should be aware of the training and certification requirements for the various EBPs being utilized and documented when determining the appropriateness of an EBP modifier.
2. Does the model require formal training from a certified trainer or can staff be trained by a colleague or supervisor who has been trained in the model in order to facilitate?
3. Does the model require certification in order to facilitate?
4. Does the model need to be facilitated to clinical and structural fidelity, or just to clinical fidelity?
5. Documentation must support the modifier(s) selected. If an EBP modifier is selected, then the progress note must include a description of how the EBP was used and the specific intervention(s) facilitated in the session. The documentation should be consistent with the EBP.
    a. EBPs that are more of an approach (e.g. CBT) can be documented by describing how the approach would benefit the client in the following areas:
        i. Reducing the impairment
        ii. Restoring functioning
        iii. Preventing significant deterioration in an important area of life functioning
        iv. Correcting or ameliorating a client's (for under the age of 21) mental health condition

Below are the definitions of each EBP available to staff to select as a modifier in a progress note:

Assertive Community Treatment (01)	A team-based approach to the provision of treatment, rehabilitation, and support services. Core components include: - Small caseloads - Team approach - Full responsibility for treatment services - Community-based services - Assertive engagement mechanisms - Role of consumers and/or family members on treatment team
Supportive Employment (02)	Services that promote rehabilitation and return to productive employment for persons with serious mental illness. Core components include: - Vocational services staff - Integration of rehabilitation with mental health treatment

	- No exclusion criteria - Rapid search for competitive jobs - Jobs as transition - Follow-along supports
Supportive Housing (03)	Services to assist individuals in finding and maintaining appropriate housing arrangements and independent living situations. Criteria Include: - Housing Choice - Functional separation of housing from service provision - Affordability - Integration (with persons who do not have mental illness) - The right to tenure - Service Choice - Service individualization - Service availability
Family Psychoeducation (04)	Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through active involvement of family members in treatment and management. Core components include: - Family Intervention Coordinator - Quality of clinician-family alliance - Education curriculum - Structured problem-solving technique
Integrated Dual Diagnosis Treatment (05)	Treatments that combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Core components include: - Multidisciplinary team - Stage-wise interventions - Substance abuse counseling - Outreach and secondary interventions
Illness Management and Recovery (06)	A practice that includes a broad range of health, lifestyle, self-assessment and management behaviors by the client, with the assistance and support of others. Core components include: - Comprehensiveness of the curriculum - Illness Management Recovery goal setting - Cognitive-behavioral techniques - Relapse prevention training
Medication Management (07)	A systematic approach to medication management for severe mental illnesses that includes the involvement of consumers, families, supporters, and practitioners in the decision-making process. Includes monitoring and recording of information about medication results. Critical elements include: - Utilization of a systemic plan for medication management - Objective measures of outcome are produced - Documentation is thorough and clear

	- Consumers/family and practitioners share in the decision-making
New Generation Medications (08)	A practice that tracks adults with a primary diagnosis of schizophrenia who received atypical second-generation medications (including Clozapine) during the reporting year.
Therapeutic Foster Care (09)	Services for children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home.
Multisystemic Therapy (10)	A practice that views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate and promote individual change in this natural environment. The caregiver(s) is viewed as the key to long-term outcomes.
Functional Family Therapy (11)	A program designed to enhance protective factors and reduce risk by working with both the youth and their family. Phases of the program are engagement, motivation, assessment, behavior change, and generalization.
Multi-Family Group (99A)	A model of practice in which clients, clinicians/facilitators and family members work together in a structured format on life issues that affect symptoms. This model involves working with several families together in a group setting rather than in a single family-to-therapist setting using a highly structured, problem-solving format. Family engagement in the treatment of mental illness have been associated with success in prevention of relapse and re-hospitalization.
Eye Movement Desensitization and Reprocessing (99B)	A structural therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories. EMDR therapy uses a structured eight-phase approach.
Trauma Focused Cognitive Behavioral Therapy (99C)	A treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a structured short-term treatment model that effectively improves a range of trauma related outcomes in 8-25 sessions with the child/adolescent and caregiver. Clients learn still components geared towards decreasing anxiety, self-blame, and automatic responses while increasing relaxation, self-regulation, and self-control in response to difficult or triggering situations.
Dialectical Behavioral Therapy (99D)	Is a type of Cognitive Behavioral Therapy, which tries to identify and change negative thinking patterns, and pushes for positive behavioral changes. It focuses on acceptance of a client's experience as a way for therapist to reassure them and balance the work needed to change negative behaviors. DBT has four

	parts: 1. Individual Therapy 2. Group skills Training 3. Phone coaching, if needed for crises between sessions 4. Consultation group for health care providers to stay motivated and discuss patient care.
Functional Family Therapy (99E)	A family therapy intervention method used to address violent, criminal behavioral, school and conduct problems among youth between 11 and 18 years of age. Treatment usually spans 12-14 sessions over 3-5 months. Services are conducted in both clinic and home settings.
Motivational Interviewing (99F)	A way of interacting with clients to motivate them to change destructive behaviors. This method reinforces “change talk,” or an individual’s own reasons for seeking change.
Treatment Foster Care Oregon (99G)	An alternative to institutional, residential, and group care placements for children and youth with severe emotional and behavioral disorders.
Cognitive Behavioral Therapy (99H)	A psycho-social intervention that focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.
Integrative Treatment for Complex Trauma for Children (99I)	A treatment method for youth who have experienced ongoing abuse and neglect, especially at the hands of their caretakers. It is focused on re-establishing a sense of safety within one’s body and environment to help clients gain self-regulation skills, from health attachments and combat developmental challenges.
Parent Child Interaction Therapy (99J)	A combination of play therapy and behavioral therapy for young children and their parents. The adults learn and practice new skills and techniques for relating to their children with an emotional or behavior problems, language issues, developmental disabilities or mental health disorders.
Seeking Safety (99K)	A present focused therapy that helps clients attain safety from trauma and substance abuse by emphasizing coping skills, grounding techniques, and education.
Incredible Years (99L)	A group program for parents and caregivers to reduce challenging behaviors in children and increase their social-emotional learning and self-control skills. The goal is to prevent and treat young children’s behavior problems and promote their social, emotional, and academic competence.
Commercial Sexual Exploitation of Children Curriculum (99M)	Provides information to support awareness, identification and prevention education of commercial sexual exploitation of children.
Anger Replacement Treatment (99N)	A cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents ages 12-17.

Service Strategies

The Service Strategies (SS) identified for reporting to CSI were selected based on the Mental Health Services Act (MHSA) process and the plans submitted by the counties. They provide counties with the opportunity to describe the progressive strategies reflected in their programs. Service Strategies are intended as a modifier for each service provided.

When selecting a Service Strategy modifier in a progress note, a couple of considerations need to be made:

1. Documentation must support the Service Strategy selected. If a Service Strategy modifier is selected, then the progress note must include in the documentation a description of how the Service Strategy was used and the specific intervention(s) conducted in the session.
2. Staff and supervisors should be aware of scope of practice when selecting a service strategy.

Below are the definitions of each Service Strategy available to staff to select as a modifier in a progress note:

Peer and/or Family Delivered Services (50)	Services and supports provided by clients and family members who have been hired as treatment program staff, or who provide adjunct supportive or administrative services, such as training, information dissemination and referral, support groups and self-help support and empowerment. Please note that if the service/support is to be reimbursed by Medi-Cal, client and family member staff duties and credentials must meet Medi-Cal provider certification requirements.
Psychoeducation (51)	Services that provide education about: - Mental health diagnosis and assessment - Medications - Services and support planning - Treatment modalities - Other information related to mental health services and needs
Family Support (52)	Services provided to a client's family member(s) in order to help support the client.
Supportive Education (53)	Services that support the client toward achieving educational goals with the ultimate aim of productive work and self-support.
Delivered in Partnership with Law Enforcement (includes courts, probation, etc.) (54)	Services that are integrated, interdisciplinary and/or coordinated with law enforcement, probation or courts (e.g., mental health courts, jail diversion programs, etc.) for the purpose of providing alternatives to incarceration/detention for those with mental illness/emotional disturbance and criminal justice system involvement.
Delivered in Partnership with Health Care (55)	Integrated, interdisciplinary and/or coordinated physical and mental health services, including co-location and/or collaboration

	between mental health and primary care providers, and/or other health care sites.
Delivered in Partnership with Social Services (56)	Integrated, interdisciplinary and/or coordinated social services and mental health services, including co-location and/or collaboration between mental health and social services providers.
Delivered in Partnership with Substance Abuse Services (57)	Integrated, interdisciplinary and/or coordinated substance use services and mental health services, including co-location and/or collaboration between mental health providers and agencies/providers of substance use services. This strategy is distinguished from the Federal evidence- based practice, "Integrated Dual Diagnosis Treatment", in that for this strategy the integration does not need to occur at the level of the clinical encounter.
Integrated Services for Mental Health and Aging (58)	Integrated, interdisciplinary and/or coordinated services for mental health and issues related to aging, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to aging (e.g., health, social, community service providers, etc.).
Integrated Services for Mental Health and Developmental Disability (59)	Integrated, interdisciplinary and/or coordinated mental health services and services for developmental disabilities, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to developmental disabilities.
Ethnic-Specific Service Strategy (60)	Culturally appropriate services that reach and are tailored to persons of diverse cultures in order to eliminate disparities. Includes ethnic-specific strategies and community cultural practices such as traditional practitioners, natural healing practices, and ceremonies recognized by communities in place of, or in addition to, mainstream services.
Age-Specific Service Strategy (61)	Age-appropriate services that reach and are tailored to specific age groups in order to eliminate disparities. Age-specific strategies should promote a wellness philosophy including the concepts of both recovery and resiliency.

Other

This section is for the modifiers that do not fit under the Service Strategy or Evidence Based Practices sections.

Below are the definitions of each of the other modifiers available to staff to select as a modifier in a progress note:

Client in Custody (QJ)	Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (b).
Increased Proced Svs (22)	To be used with the individual therapy CPT code if the service minutes were above the maximum range.
Separate E & M Svc (25)	To be used to report an evaluation and management service that is significantly unrelated to the surgical procedure performed on the same day. For example, the two services received were significantly different from each other and the procedure was not planned for the same day but rather occurred as a spontaneous decision made at the time of the physical examination.
Mandated Svc (32)	To be used to indicate a service that is required by a third-party entity, Worker's Compensation, or some other official body. Modifier 32 is not used to report a second opinion request by a patient, a family member, or another physician. This modifier is used only when a service is mandated.
Reduced Svc (52)	To be used with the individual therapy CPT code if the service minutes were below the minimum range.
Distinct Proced Svc (59)	Repeat Service is different day documentation (DDD). **This modifier is used predominately by the front office staff.**
Repeat Svc Same Prov (76)	Repeat Service other than different day documentation done by the same clinician. **This modifier is used predominately by the front office staff.**
Repeat Svc Diff Prov (77)	Repeat Service other than different day documentation done by a different clinician. **This modifier is used predominately by the front office staff.**
MH/Med Service Unrelated to Hospice Dx (GW)	To be used when a physician (therapist) is providing a service that is not related to the diagnosis for which a patient has been enrolled for hospice. This physician (therapist) is not associated with the hospice, and is providing services as a private physician (therapist). For example, if you are treating someone who is in hospice due to cancer and you go there to work with them on their

	schizophrenia, which is not related to their cancer then you would code your progress note with the GW modifier.
MH/Med Svc Related to Hospice Dx (GV)	To be used when a physician (therapist) is providing a service that is related to the diagnosis for which a patient has been enrolled for hospice. This physician (therapist) is not associated with the hospice, and is providing services as a private physician (therapist). For example, if you are treating someone who is in hospice due to cancer and you go there to work with them on their depression related to the cancer then you would code your progress note with the GV modifier.
CFT Mtg (MFCT)	To be used when the provider attends a Client Family Treatment meeting. A CFT is a group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, you, and the family's success.
Telehealth Svc (GT)	To be used when the services provided were done via a telehealth (visual and audio) platform.