



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

| Code  | Code Description  | Psychiatrist | Nurse Practitioner | Registered Nurse | Licensed Psychiatric Technician |
|---|---|--------------|--------------------|------------------|---------------------------------|
| <b>Medication Support</b>   |   |              |                    |                  |                                 |
| 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                    |
| H0033   | Oral Medication Administration, Direct Observation  | X            | X                  | X                | X                               |
| H0034   | Medication Training and Support   | X            | X                  | X                | X                               |
| <b>Office or Other Outpatient Visit of NEW Patient</b>            |   |              |                    |                  |                                 |
| 99202   | Office or Other Outpatient Visit of New Patient, 29 Minutes or Less   | X            | X                  | No Privilege     | No Privilege                    |
| 99203   | Office or Other Outpatient Visit of a New Patient, 30- 44 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99204   | Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99205   | Office or Other Outpatient Visit of a New Patient, 60 Minutes or More   | X            | X                  | No Privilege     | No Privilege                    |
| <b>Office or Other Outpatient Visit of an ESTABLISHED Patient</b> |   |              |                    |                  |                                 |
| 99212   | Office or Other Outpatient Visit of an Established Patient, 19 Minutes or Less  | X            | X                  | No Privilege     | No Privilege                    |
| 99213   | Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99214   | Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99215   | Office or Other Outpatient Visit of an Established Patient, 40 Minutes or More  | X            | X                  | No Privilege     | No Privilege                    |
| <b>Home Visit of a NEW Patient</b>                                |   |              |                    |                  |                                 |
| 99341   | Home Visit of a New Patient, 29 Minutes or Less   | X            | X                  | No Privilege     | No Privilege                    |
| 99342   | Home Visit of a New Patient, 30-59 Minutes  | X            | X                  | No Privilege     | No Privilege                    |
| 99344   | Home Visit of a New Patient, 60-74 Minutes  | X            | X                  | No Privilege     | No Privilege                    |
| 99345   | Home Visit of a New Patient, 75 Minutes or More   | X            | X                  | No Privilege     | No Privilege                    |
| <b>Home Visit of an ESTABLISHED Patient</b>                       |   |              |                    |                  |                                 |
| 99347   | Home Visit of an Established Patient, 29 Minutes or Less  | X            | X                  | No Privilege     | No Privilege                    |
| 99348   | Home Visit of an Established Patient, 30-39 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99349   | Home Visit of an Established Patient, 40-59 Minutes   | X            | X                  | No Privilege     | No Privilege                    |
| 99350   | Home Visit of an Established Patient, 60 Minutes or More  | X            | X                  | No Privilege     | No Privilege                    |
| <b>Assessment</b>   |   |              |                    |                  |                                 |
| 90792   | Psychiatric Diagnostic Evaluation with Medical Services   | X            | X                  | 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                    |
| 96127   | Brief Emotional/Behavioral Assessment   | X            | X                  | X                | No Privilege                    |
| H0031   | Mental Health Assessment by Non- Physician  |              | X                  | X                | X                               |
| H2000   | Comprehensive Multidisciplinary Evaluation  | X            | X                  | X                | X                               |
| T1001   | Nursing Assessment/Evaluation   | No Privilege | X                  | X                | X                               |
| <b>Plan Development</b>   |   |              |                    |                  |                                 |
| H0032   | Mental Health Service Plan Developed by Non-Physician   | No Privilege | X                  | X                | X                               |
| <b>Crisis Intervention</b>  |   |              |                    |                  |                                 |
| H2011   | Crisis Intervention Service   | X            | X                  | X                | X                               |
| <b>Case Management</b>  |   |              |                    |                  |                                 |
| T1017   | Targeted Case Management  | X            | X                  | X                | X                               |
| <b>Consultation</b>   |   |              |                    |                  |                                 |
| 99451   | Interprofessional Telephone/Internet/Electronic Health Record Consultations   | X            | No Privilege       | No Privilege     | No Privilege                    |
| <b>Rehabilitation</b>   |   |              |                    |                  |                                 |
| H2017   | Psychosocial Rehabilitation   | X            | X                  | X                | X                               |
| H2021   | Community-Based Wrap-Around Services  | X            | X                  | X                | X                               |
| <b>Collateral</b>   |   |              |                    |                  |                                 |
| 90792   | Psychiatric Diagnostic Evaluation with Medical Services   | X            | X                  | No Privilege     | No Privilege                    |
| H2017   | Psychosocial Rehabilitation   | X            | X                  | X                | X                               |
| H0032   | Mental Health Service Plan Developed by Non-Physician   | No Privilege | X                  | X                | X                               |
| T1017   | Targeted Case Management  | X            | X                  | X                | X                               |