



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MANUEL J. JIMÉNEZ JR., MA, MFT, DIRECTOR

Quality Assurance Office  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510) 567-8105 / TTY (510) 533-5018

**Date:** November 22, 2016

**To:** All ACBHCS County and Contracted Mental Health & Substance Use Disorder (SUD) Providers

**From:** ACBHCS Quality Assurance Office

**Re:** ACBHCS New Service Code: Collateral Healthcare Provider Number 614

New Service Code  
**614 Collateral Healthcare Provider**  
Effective July 1, 2016

This code will be used for the purpose of documenting the client's care coordination between behavioral and primary health care providers. It is defined as follows:

614 Collateral-Healthcare Provider

A service activity provided to improve the health and wellness of the client through the coordination of care between the behavioral health care provider and the client's health care provider(s). Healthcare providers may include but are not limited to: physician, physician's assistant/nurse practitioner, registered nurse, licensed vocational nurse, speech pathologist or audiologist, occupational or physical therapist. ***The goal of care coordination across healthcare disciplines must be to support the client/consumer in achieving the objectives of the client's/consumer's Client Plan.***

Collateral-Healthcare Provider activities may include, but are not limited to; gathering developmental and health information, consultation, care coordination, side effects of medication on behavior and/or prescription drug interactions. It may also be used to assess, in collaboration with the medical provider(s), the impact of the client's chronic health conditions on the behavioral health of the client and their family. The client/consumer is generally not present for this service activity. If the client/consumer is present, and the service provider facilitates linkage between the client/consumer and his/her healthcare provider(s), an individual rehabilitation or case management procedure code is likely more appropriate.

Because the service is for the purpose of care coordination, consent to share information is not required. However, it is optimal that the client/consumer is informed that diagnostic, treatment and medical information will be shared between their behavioral health and medical providers. The code is differentiated from code 367 Med Training & Support (non-face/face) which is reserved for Psychiatrists and other medical providers use only. Medical Providers should



continue to use code 367 to document the coordination of care with other providers which is critical to the success of the client's treatment plan.

614 Collateral Healthcare Provider is distinguished from the following collateral codes:

310-Collateral Caregiver

317 Collateral Family Group

### CASE EXAMPLES FOR THE USE OF 614 COLLATERAL HEALTHCARE PROVIDER

Client Donald D. is being treated by AC CBO. At intake his parents tell the therapist that he was diagnosed with muscular dystrophy at age 5. Family and individual therapy is provided for client to address his depression and anger as a result of his diagnosis (Adjustment Disorder). The clinician contacted the client's primary care provider during the initial assessment which was billed as 331 Assessment to collect physical healthcare history. Three months after treatment begins, the therapist notes a marked change in the client's behavior which the family cannot explain. The therapist calls the healthcare provider who is able to provide an update about the client's physical condition in order for the therapist to better understand and address the client's increasing depression and anger. The service is billed as 614 Collateral Healthcare Provider.

Client Minnie M. has been in treatment at a community support center for the past seven years for her psychosis. She reports to her case manager that she was seen last week at an FQHC clinic and was prescribed medication but is unable to remember what it was for but is agitated and says she is worried she is going to die. Minnie's case manager contacts the FQHC Adult Nurse Practitioner who informs her that Minnie has been diagnosed with high cholesterol and is pre-diabetic. The Nurse Practitioner did not know that Minnie was being treated at the community support center or that she was prescribed antipsychotics. The NP had a greater understanding of Minnie's presentation at the FQHC. Treatment goals were shared and both treating professionals agreed to check in quarterly or more often as needed if changes were noted in the client's respective behavioral or physical condition that could impact the client's MH treatment goals and objective. The NP agreed to provide supportive messages to Minnie to continue the prescribed medication regime as well as to attend regular case management appointments and adhere to the client plan objectives developed in collaboration with her Case Manager. The service is billed as 614 Collateral Healthcare Provider.