



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

Overview, Purpose and Implementation

1. Overview:
 - a. This document was designed and created during BHS' planning and implementation of CalAIM.
 - b. Providers are required to use the correct service code that identifies the reimbursable activity described in the progress note.
 - c. Drug Med-Cal Organized Delivery System (DMC-ODS) services dated 7/1/23 and after should reflect the correct CalAIM "local code" and service descriptions.
2. Document Structure:
 - a. There are 11 tables in this document – each table contains procedure codes associated with the specific services:
 - i. Assessment Codes Table (Red)
 - ii. Care Coordination Codes Table (Green)
 - iii. Discharge Services Codes Table (Blue)
 - iv. Family Therapy Codes Table (Pink)
 - v. Group Counseling Codes Table (Purple)
 - vi. Individual Counseling Codes Table (Grey)
 - vii. Medication Services Codes Table (Yellow)
 - viii. Recovery Services Codes Table (Turquoise)
 - ix. SUD Crisis Intervention Codes Table (Orange)
 - x. Treatment Planning Codes Table (Brown)
 - xi. Supplemental Services Codes Table (Black)
 - b. For each table, the columns contain information:
 - i. BHS Local Code: this is the procedure code that appears in the electronic health record
 - ii. CPT/HCPCS Code: this is the procedure code used for billing each service
 - iii. Code Service Description: this provides the written description of the CPT/HCPCS code in the previous column
 - iv. Code Guidance and Usage: this provides additional guidance for the use of each code
 - v. Allowable Disciplines: this identifies which type of provider is allowed to utilize this code
 - vi. Documentation Tips: this provides additional detail related to specificity of required documentation
3. General Coding Guidance:
 - a. CPT codes and time ranges: these are defined within the AMA's CPT/HCPCS coding guidelines.
 - b. For time based patient care **direct patient care** means time spent with the patient for the purpose of providing healthcare. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit.
4. Sources of Information, Guidance and Staff Contacts:
 - a. American Medical Association (AMA)
 - i. CPT version, 2023
 - ii. HCPCS version, 2023
 - iii. CPT and HCPCS code sets are updated annually, effective 1/1 of the new year
 - b. DHCS
 - i. Information Notices: <https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx#D>
 - ii. ODS Billing Manual: <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>

Table 1: DMC-ODS Assessment Codes



SFDPH-BHS CPT/HPCPS **PA/NP** Tip Sheet-DMC-ODS

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
H0001	H0001	Alcohol and/or Drug Assessment	Use this code for completing drug and/or alcohol assessments to determine the appropriate delivery system for patient seeking services.	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Document why the Assessment is being completed and preliminary findings or observations of the client's behaviors during the assessment process. Not acceptable to simply note that an Assessment was completed Note involvement of family or other collaterals included. Document the course of treatment recommended.
H0003	H0003	Alcohol and/or Drug Screening	Use this code to bill for laboratory analysis of specimens for presence of alcohol and/or drugs	LP, PA, Psy, RN, NP, Pharma	<ul style="list-style-type: none"> Documentation of order(s) for screening including diagnosis to support medical necessity
H0048	H0048	Alcohol and/or Drug Testing	Use this code for the collection and handling of specimens other than blood. Use this code for "Point of Care" tests.	LP, PA, RN, NP, Pharma	<ul style="list-style-type: none"> Documentation of order(s) for testing. UAs for alcohol/drug analysis. To ensure the integrity of the specimen & chain of custody from the point of collection throughout the analysis process is necessary. Service frequency limitation is based on medical appropriateness and treatment plan. One unit equals one collection and handling.
H0049	H0049	Alcohol and/or Drug Screening	Use this code for miscellaneous drug and alcohol services	LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Documentation of order(s) for screening Tool and scoring must be recorded in record. Valid brief questionnaire for screening that includes questions about the frequency and amount of alcohol/drugs used.
G0396	G0396	Alcohol and/or substance misuse structured assessment and brief intervention 15 to 30 minutes	Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes a brief intervention of 15-30 minutes	LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. Document provisional diagnosis(es) Document total time for the assessment Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

G0397	G0397	Alcohol and/or substance abuse structured assessment, 30+ minutes	Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes intervention of 30 or more minutes	LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. Document provisional diagnosis(es) Document total time for the assessment Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008
G2011	G2011	Alcohol and/or substance abuse misuse structured assessment and brief intervention, 5-14 min	Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes a brief intervention of 5 – 14 minutes	LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. Document provisional diagnosis(es) Document total time for the assessment Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008
NEML	99202 99203 99204 99205	Office Visit New Patient	Assign codes based on time: 99202: 15-29 min; 99203: 30-44 min 99204: 45-59 min 99205: 60-74 min	LP, PA, NP	<ul style="list-style-type: none"> Documentation must include the total time spent with the patient providing direct patient care. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit
EEML	99212 99213 99214 99215	Office Visit Established Patient	Assign codes based on time: 99212: 10-19 min 99213: 20-29 min 99214: 30-39 min 99215: 40-54 min	LP, PA, NP	<ul style="list-style-type: none"> Documentation must include the total time spent with the patient providing direct patient care. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit



SFDPH-BHS CPT/HCPCS PA/NP Tip Sheet-DMC-ODS

<p>98966 98967 98968</p>	<p>98966 98967 98968</p>	<p>Telephone assessment and management service provided by a non-physician provider</p>	<p>Use this code for service provided by a qualified non-physician health care professional to an established patient, parent, or guardian.</p> <p>98966: 5-10 minutes 98967: 11-20 minutes 98968: 21-30 minutes</p> <p>The phone call cannot be related to any previous face-to-face assessment and management service within the last 7 days prior to the telephone service. This code is not reported if it results in a decision for a subsequent face-to-face assessment and management service within the following 24 hours or the soonest available urgent care appointment</p>	<p>PA, Psy, LCSW, MFT, NP, LPCC</p>	<ul style="list-style-type: none"> • Document any patient complaints and concerns, answers provided requests for additional related information, counseling and instruction provided and modifications the treatment plan, if necessary. • Documentation must include the amount of time spent conversing with the patient, parent or guardian,
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Table 2: DMC-ODS Care Coordination Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
96160	96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with	Use this code when collecting health information in conjunction with biometric testing to help determine an individual's health	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> • Face-to-face interview with a standardized questionnaire, recorded by interviewer and scored with the standardized tool. • The score is used to estimate the level of health risk • A health plan is implemented or modified to provide clinical preventive care, health promotion, and disease management



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

		scoring and documentation, per standardized instrument	status and health risks and formulate a healthy lifestyle plan to promote wellness.		
H1000	H1000	Prenatal care, at risk assessment	Use this code when evaluating behaviors that can be dangerous for the mother and/or fetus	LP, PA, Psy, LCSW, MFT, RN, NO, LPCC, AOD	<ul style="list-style-type: none"> Documentation should include all elements of the assessment related to the client's prenatal care. This could include the development of a care plan, referral to or consultation with an appropriate specialist, individualized counseling and services designed to address the risk factor(s) involved.
T1017	T1017	Targeted case management, each 15 minutes	Use this code for targeted case management services are aimed specifically at special groups, such as those with developmental disabilities or chronic mental illness.	LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Documentation should include the reasons for the targeted case management and any assessment/reassessment, care plan modifications, referrals and monitoring activities recommended. Specific documentation of time must be included as this code per <u>15 minutes</u>.
99368	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present. 30 minutes or more; nonphysician health care professional	Use this code for team conference when the patient and/or family is not present. Services of less than 30 minutes duration are not reported separately.	PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> Documentation should note the team members present and reflect the recommendations of the team The treatment plan should be updated accordingly based on the team conference.

Table 3: DMC-ODS Discharge Services Codes



SFDPH-BHS CPT/HCPCS PA/NP Tip Sheet-DMC-ODS

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
T1007	T1007	Alcohol and/or substance abuse services; treatment plan development and/or modification	Use this code for treatment plan development and modification	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Should be used for both the initial treatment plan as well as the modification to an existing treatment plan. Document any referrals to recovery resources and/or medical providers to support the patient's transition during treatment and discharge.

Table 4: DMC-ODS Family Therapy Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
90846	90846	Family psychotherapy (without the patient present), 26-50 minutes	Use this code this code for psychotherapy with the patient's family and without the patient to identify challenges, improve coping skills and change patterns of behavior. Do not report services less than 26 minutes May be used on the same day as an individual psychotherapy service when the services are separate and distinct for the patient	LP, PA, Psy, LCSW, MFT, NP, LPCC	<ul style="list-style-type: none"> Document family members present. Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient.
90847	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 26-50 minutes	Use this code this code for with the patient's family and the patient to identify challenges, improve coping skills and change patterns of behavior.	LP, PA, Psy, LCSW, MFT, NP, LPCC	<ul style="list-style-type: none"> Document family members present. Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient.



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

			Do not report services less than 26 minutes May be used on the same day as an individual psychotherapy service when the services are separate and distinct for the patient		
90849	90849	Multiple-family, group psychotherapy, 15-minutes	Use this code for psychotherapy with several families in group therapy. 90849 should be reported separately for each beneficiary receiving group therapy. <u>Add-on G2212 may be used to extend the time for this code.</u>	LP, PA, Psy, LCSW, MFT, NP, LPCC	<ul style="list-style-type: none"> Documentation should include total time of the group psychotherapy session and number of participants. Summarize the discussions, shared experiences, challenges, current and potential coping mechanisms Document suggested home exercises if applicable.

Table 5: DMC-ODS Group Counseling Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
IGRPCONS GRPNTPCNS ODSGRPCNS GRPOPCVY	H0005	Alcohol and/or drug services' group counseling by a clinician	Use this code to report time spent providing face to face group counseling. Minimum of 2 and maximum of 12 in the group. H0005 should be reported separately for each beneficiary	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Specific documentation of time must be included as this code is per <u>15 minutes</u>.



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

			receiving group therapy.		
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Table 6: DMC-ODS Individual Counseling Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
IINDCONS INDNTPCNS ODSINDCNS 31RCVIND OPRCVYIND	H0004	Behavioral health counseling and therapy, per 15 minutes	Time spent providing individual counseling and therapy. One-on-one session does not involve family or friends of the individual during the therapy provided.	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Include in the documentation assessment of patient's readiness for change as well as barriers to change • Individual counseling can include non-face to face contact with family members or other collaterals if the purpose of the collateral's input to assist with the treatment needs of the beneficiary and supporting achievement of treatment goals. • Specific documentation of time must be included as this code per <u>15 minutes</u>
99408	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Billing for 99408 is limited to once per day Do not report services lasting less than 15 minutes Do not report with 96160 or 96161	LP, PA, NP	<ul style="list-style-type: none"> • Provider spends <u>15-30 minutes</u> screening a patient for abuse of alcohol or another non-tobacco substance • Provider performs a brief intervention at the same session • Should be utilized for screening and intervention <u>lasting no more than 30 minutes</u>
99409	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Billing for 99409 is limited to once per day Do not report with 99408 Do not report with 96160 or 96161	LP, PA, NP	<ul style="list-style-type: none"> • Should be utilized for screening and intervention lasting <u>more than 30 minutes</u>
T1006	T1006	Alcohol and/or substance abuse services; family/couple counseling	Use code for time spent providing family/couple counseling	LP, Psy, PA, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u> • Specific documentation of time must be included as this code per <u>15 minutes</u>



SFDPH-BHS CPT/HCPCS PA/NP Tip Sheet-DMC-ODS

H0050	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Use this code to report time spent providing individual SBI (screening and brief intervention) for alcohol and drug use problems	LP, Psy, PA, LCSW, MFT, RN, NP, LPCC, AOD, Peers	<ul style="list-style-type: none"> Document brief intervention(s) performed in relation to alcohol and/or drug use, such as education, consequences of use and behavior changes Specific documentation of time must be included as this code per <u>15 minutes</u>
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Table 7: DMC-ODS Medication Services Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
H0033	H0033	Oral medication administration, direct observation, per 15 min	Use this code for direct observation of single or multiple administration at one time of oral medications	LP, PA, Pharma, NP, RN	<ul style="list-style-type: none"> Specific documentation of time must be included as this code per <u>15 minutes</u> Document observed ingestion of prescribed medication Document the reason for DOT (Directly Observed Therapy) services, compliance, assessment of side effects and efficacy of the medication including treatment course as indicated in the treatment plan
H0034	H0034	Medication training and support, per 15 minutes	Use this code when providing medication information orally or in written format. Includes medication refills or blood draws done as part of monitoring/chart review	LP, PA, Pharma, NP, RN	<ul style="list-style-type: none"> Specific documentation of time must be included as this code per <u>15 minutes</u> Documentation must include purpose of medication, potential side effects/adverse reactions and storage of medications. Documentation must include the total time spent with the patient providing direct patient care. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit

Table 8: DMC-ODS Recovery Services Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

H2015	H2015	Comprehensive community support services, per 15 minutes	Use this code for time spent providing community support services	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u> • Document medical necessity for support services, identify specific community support recommended and include a description of the services provided • Document assessment of the effectiveness of the services and progress towards the patient's goals
IREHAB GREHAB	H2017	Psychosocial rehabilitation services, per 15 minutes	Use this code for time spent providing PSR (psychosocial rehabilitation) services. These include services designed to improve emotional, social and vocational wellbeing.	LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>. • Document and describe the specific activities performed to specifically enhance/support the patient's emotional cognitive and social skills related to their specific rehabilitation needs and goals
H2035	H2035	Alcohol and/or other drug treatment program, per hour	Time spent providing alcohol/other drug treatment program services	LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Document medical necessity for SUD (Substance Use Disorder) services. • Documentation must include the total time spent with the patient providing direct patient care. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit

Table 9: DMC-ODS SUD Crisis Intervention Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	PCODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

IOCRISIS ODFCRISIS ODSCRISIS	H0007	Alcohol and/or drug services, crisis intervention (outpatient)	Use this code for crisis assessment, intervention and stabilization related to substance use disorders	LP, PA, Psy, LCSW, MFT, RN, NP	<ul style="list-style-type: none"> Document medical necessity for crisis intervention including actual relapse or imminent threat of relapse Document the actual intervention performed to alleviate the crisis problem and stabilize the situation.
CRISIS	H2011	Crisis intervention service, per 15 minutes	Use this code for mental health crisis assessment, intervention and stabilization	LP, PA, Psy, LCSW, MFT, RN, NP, Peers, AOD	<ul style="list-style-type: none"> Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included. Document medical necessity for crisis intervention Document the actual intervention performed linked to the symptoms/impairments of the patient's diagnosis

Table 10: DMC-ODS Treatment Planning Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
IOPTEDUC ODSPTEDUC ODSPTEDUCG	H2014	Skills training and development, per 15 minutes	Use this code for Patient Education Services.	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Documentation should include specific skills address and the associated training plan. Specific documentation of time must be included as this code per <u>15 minutes</u>.
H2021	H2021	Community-based wrap-around services, per 15 minutes	Use this code when providing wraparound programs can include: -Case management (service coordination) -Counseling (individual, family, group, youth, and vocational) -Crisis care and outreach -Education/special education services, tutoring -Family support, independent living supports, self-help, or support groups.	LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Documentation should address all components included in each client's wraparound program. Specific documentation of time must be included as this code per <u>15 minutes</u>.



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

H2027	H2027	Psychoeducational service, per 15 minutes	Use this code when combining the elements of cognitive-behavior therapy, group therapy, and education to provide the client knowledge about various facets of the illness and its treatment	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Include the specifics of the service provided to address the psychoeducational needs of the client. • Specific documentation of time must be included as this code per <u>15 minutes</u>.
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Table 11: DMC-ODS Supplemental Services Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
90887	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Use this code when meeting with family members to explain the patient's condition, diagnostic test results, treatments, medications and how they can assist in patient's recovery. Document participants Supplemental codes must be billed with a/another (primary) service.	LP, PA, Pharma, Psy, LCSW, MFT, NP, LPCC	<ul style="list-style-type: none"> • Document the specific results or other accumulated data utilized in explanation to family or others in the note • Include a narrative indicating there was another individual in addition to the physician and patient present at the time of this service • Document family members present and key factors of discussion.
96170	96170	Health behavior intervention, family (without the patient present), face-to-face, initial 30 minutes	Use this code for face-to-face interaction with family members without the patient present. Facilitate family communication and	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> • Document a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise. • Document treatment recommendations for functional improvement, minimizing barriers to recovery and coping mechanisms,



SFDPH-BHS CPT/HCPCS **PA/NP** Tip Sheet-DMC-ODS

			<p>provide education about the patient and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence.</p> <p>Do not report for less than 16 minutes of service provided.</p>		
96171	96171	Health behavior intervention, family (without the patient present), face-to-face, each additional 15 minutes (List separately in addition to code for primary service)	Use code 96171 as an add on code used in conjunction with 96170 for each additional 15 minutes beyond the initial 30 minutes of intervention provided	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>. • Document a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.
T1013	T1013	Sign language or oral interpretive services, 15 minutes	Use this code when necessary to facilitate effective communication with deaf or hearing-impaired patients	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>.