Overview, Purpose and Implementation

1. <u>Overview:</u>
   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. DMC-ODS services dated 7/1/23 and after should reflect the correct CalAIM "local code" and service descriptions.
2. <u>Document Structure:</u>
   a. There are 6 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. Medication Services Codes Table (Yellow)
      iv. Recovery Services Codes Table (Turquoise)
      v. Treatment Planning Codes Table (Brown)
      vi. 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. <u>General Coding Guidance:</u>
   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. <u>Sources of Information, Guidance and Staff Contacts:</u>
   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

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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	• 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	• 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	• 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	• 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
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	• 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	• 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

Table 2: DMC-ODS Care Coordination Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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	• 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 15 minutes. .
99368	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present. 30 minutes or	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	• 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.

		more; nonphysician health care professional			

Table 3: 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	• Specific documentation of time must be included as this code is per 15 minutes • 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	• Specific documentation of time must be included as this code is per 15 minutes • 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 4: DMC-ODS Recovery Services Codes

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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	LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD	• Specific documentation of time must be included as this code per 15 minutes. • 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

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
			emotional, social and vocational wellbeing.		
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	• 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 5: DMC-ODS Treatment Planning Code

BHS Local Code	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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	• 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>.

Table 6: 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	• 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.