SFDPH-BHS CPT/HCPCS **MD/DO** Tip Sheet- SMHS

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. SMHS services dated 7/1/23 and after should reflect the correct CalAIM "local code" and service descriptions.
2. Document Structure:
    a. There are 09 tables in this document – each table contains procedure codes associated with the specific services:
        i. Assessment Codes Table (Red)
        ii. Crisis Intervention Codes Table (Orange)
        iii. Medication Support Services Codes Table (Yellow)
        iv. Plan Development Codes Table (Green)
        v. Referral Codes Table (Blue)
        vi. Rehabilitation Codes Table (Pink)
        vii. Therapeutic Behavioral Services Codes Table (Purple)
        viii. Therapy Codes Table (Gray)
        ix. Supplemental Services Codes Table (Black)
    b. For each table, the columns contain information:
        i. CPT/HCPCS Code: this is the procedure code used for billing each service
        ii. Code Service Description: this provides the written description of the CPT/HCPCS code in the previous column
        iii. Code Guidance and Usage: this provides additional guidance for the use of each code
        iv. Allowable Disciplines: this identifies which type of provider is allowed to utilize this code
        v. 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. If the service code billed is a patient care code, **direct patient care** means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation code, then **direct patient care** means time spent with the consultant/members of the beneficiary's care team. **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:
    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. SMHS Billing Manual: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx

Table 1: SMHS Assessment Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
ASMT1	90791	Psychiatric diagnostic evaluation, 15 minutes	Use this code when performing an integrated biopsychosocial and medical assessment or reassessment. May be reported once per day and not on the same day as an E/M service performed by the same individual for the same patient. Add-on G2212 may be used to extend the time for this code.	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	• Documentation must cover the required domains as outlined in our BHS Documentation Manual. • Document the diagnosis or provisional diagnosis. • Documentation must include total time spent with the patient. 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
90792	90792	Psychiatric diagnostic evaluation with medical services, 15 minutes	Use this code when performing an integrated biopsychosocial and medical assessment or reassessment **and** medical services are also provided. Add-on G2212 may be used to extend the time for this code.	MD/DO, PA, NP, CNS	• Documentation must include a complete medical and psychiatric history, a mental status exam, ordering of laboratory and other diagnostic studies with interpretation, and communication with of sources or informants. • Document the diagnosis or provisional diagnosis • Documentation must include total time spent with the patient. 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

96130 96131	96130 96131	Psychological testing evaluation by physician or QHP	Use these codes when interpreting standardized testing results and patient data, preparing the report and treatment planning. 96130: first hour 96131: each additional hour Includes face-to-face time with the patient as well as time spent integrating and interpreting the data These codes do not include time for testing administration and scoring services (96136, 96137)	MD/DO, PhD/PsyD, PA, NP, CNS	• Document evaluation services, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed • Documentation must include the total time spent with the patient conducting the evaluation and data analysis. 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
96132 96133	96132 96133	Neuropsychological testing evaluation by physician or QHP	Use these codes when interpreting neuro-psychological testing results and patient data, preparing the report and treatment planning 96132: first hour 96133: each additional hour	MD/DO, PhD/PsyD, PA, NP, CNS	• Document evaluation services, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed • Documentation must include the total time spent with the patient conducting the evaluation and data analysis. 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

			Includes face-to-face time with the patient as well as time spent integrating and interpreting the data These codes do not include time for testing administration and scoring services (96136, 96137,)		
96136 96137	96136 96137	Psychological or neuropsychological testing administration by physician or QHP	Use these codes administering and scoring psychological or neuropsychological tests such as Halstead-Reitan Neuro-psychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test. 96136: first 30 minutes 96137: each additional 30 minutes These codes do not include time for testing evaluation (96130, 96131, 96132, 96133)	MD/DO, PhD/PsyD, PA, NP, CNS	• Document the specific tests administered and scoring • Documentation must include the total time spent with the patient conducting the evaluation and data analysis. 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
90885	90885	Evaluation of Hospital Records,	Use this code when reviewing	MD/DO, PA, PhD/PsyD	• Document the records, tests and data reviewed

		Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	and evaluating of clinical records, reports, tests and other data for: • Assessment and/or diagnostic purposes • Plan development • Preparation for a treatment session or other clinical service	(Licensed or Waivered), LCSW, MFT, NP or CNS (Certified)	• Document the individuals or agencies for any reports generated from the review • Documentation must include total time
H2000	H2000	Comprehensive multidisciplinary evaluation, 15 minutes	Comprehensive multidisciplinary evaluation	All Disciplines	• Document the findings of the comprehensive evaluation and multidisciplinary team members involved in the evaluation • Documentation must include total time of the evaluation

Table 2: SMHS Crisis Intervention Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
90839 90840	90839 90840	Psychotherapy for crisis services and procedures	Use this code when providing psychotherapy during a mental health crisis 90839: first 30-74 minutes 90840: each additional 30 minutes Psychotherapy of less than 30 minutes should be reported with code 90832 or code	MD/DO, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS	• Document should include details of the crisis state and a mental health diagnosis or provisional diagnosis. • Report the total duration of direct patient care and direct family communication. 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. • Document the therapy and interventions provided linked to the symptoms/impairments of the patient's diagnoses

			90833 (when provided with E&M services)		
CRISIS	H2011	Crisis intervention service, per 15 minutes	Use this code when providing crisis stabilization services.	All disciplines	• Time documentation for the use of this code is each 15 minutes. 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 3: SMHS Medication Support Services Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
NEML	99202 99203 99204 99205	Office Visit New Patient	Use these codes for a new patient seen in the office or outpatient setting based on total time: 99202: 15 - 29 min 99203: 30 - 44 min 99204: 45 - 59 min 99205: 60 - 74 min	LP, PA, NP	• 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	Use these codes for an established patient seen in the office or outpatient setting based on total time 99212: 10 – 19 min 99213: 20 – 29 min 99214: 30 – 39 min 99215: 40 – 54 min	LP, PA, NP	• 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
NEML	99341 99342 99344 99345	Home or residence visit of a new patient	Use these codes for a new patient seen a home or residence setting based on total time 99341: 15 minutes met or exceeded 99342: 30 minutes met or exceeded	MD/DO, PA, NP, CNS	• 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

			99344: 60 minutes met or exceeded 99345: 75 minutes met or exceeded		
EEML	99347 99348 99349 99350	Home or residence visit of an established patient	Use these codes for an established patient seen a home or residence setting based on total time 99347: 20 minutes met or exceeded 99348: 30 minutes met or exceeded 99349: 40 minutes met or exceeded 99350: 60 minutes met or exceeded	MD/DO, PA, NP, CNS	• 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
G2212	G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum time, each additional 15 minutes	Each additional 15 minutes for E/M services provided beyond maximum time for primary procedure, e.g., 74 minutes (99205) or 54 minutes (99215) Do not report for less than 8 minutes.	MD/DO, PA, NP, CNS, PhD/PsyD, LCSW, PCC, MFT, Pharm, RN, LVN	• 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
H0033	H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Use this code for direct observation of single or multiple administration at one time of oral medications	All disciplines	• 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 • Document compliance, assessment of side effects and efficacy of the medication
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	MD/DO, Pharma, PA, NP, CNS, RN, LVN, PT	• 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: SMHS Plan Development Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
99367	99367	Medical team conference with interdisciplinary team of health care professionals, 30 minutes or more	Use this code when participating in a face-to-face team conference. by a minimum of three QHPs from different specialties or disciplines. Participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days Patient and/or family not present at conference.	MD/DO	• Documentation should include all attendees at the team conference and specify to context of the conversation. Evaluation of the current treatment plan and applicable changes should be included in the documentation. • When the patient and/or family member is present physicians or other QHPs who may report evaluation and management services should report their time spent in a team conference using evaluation and management (E/M) codes. • Requires minimum of 30 minutes and begins with review of individual patient and ends at the conclusion of the review. • Time related to record keeping and report generation is not reported
99484	99484	Care management services for behavioral health conditions, directed by physician. At least 20 minutes	Use this code when care management services are provided by clinical staff, under the direction of a qualified clinician, for behavioral health conditions or substance use issues. Reported for at least 20 minutes of clinical	MD/DO, Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN, PT, LVN	Documented services must encompass the required elements listed in the code descriptor. Required elements for reporting are: • Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; • Behavioral health care planning in relations to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; • Facilitating and coordination treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team

			staff time, directed by a physician or other QHP, per calendar month		

Table 5: SMHS Referral 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 when targeted case management services are aimed specifically at special groups, such as those with developmental disabilities or chronic mental illness.	All disciplines	• Documentation should include the reasons for the targeted case management and include the components of the services provided and/or recommended. • Specific documentation of time must be included as this code is per each 15 minutes.

Table 6: SMHS Rehabilitation Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
IREHAB GREHAB	H2017	Psychosocial rehabilitation, per 15 minutes	Use this code when providing PSR (psychosocial rehabilitation) services, individual or group services	All disciplines	• Specific documentation of time must be included as this code is per each 15 minutes. • Document and describe the specific activities performed to specifically enhance/support the patient's skills related to their specific rehabilitation needs and goals
H2021	H2021	Community-based wrap-around services, per 15 minutes	Use this code when coordination of care between providers in the Mental Health System and providers outside the Mental Health	All disciplines	• Specific documentation of time must be included as this code is per each 15 minutes. • Documentation should address all components included in each client's wrap-around program.

			System. Activities 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.		

Table 7: SMHS Therapeutic Behavioral Services Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
H2019	H2019	Therapeutic behavioral services, per 15 minutes	Use this code when providing intensive individualized one on one behavioral health service(s) to children/youth with serious emotional challenges and their families, who are under 21 years old	All disciplines	• Document the behavior impairments being managed and current level of functioning. Include diagnosis or provisional diagnosis. • Document pertinent family information & history • Document the patients previous medical and mental health history • Document any client strengths and risks • Document measurable goals • Specific documentation of time must be included as this code is per each 15 minutes.

Table 8: SMHS Therapy Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
INDTPY	90832	Psychotherapy, 30 minutes with patient	Use this code for 30 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics. Report 90833 if a separate E/M service is performed during the same encounter	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate) • Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented
9083x 90833	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	Use this code for 30 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics when performed with an E/M service.	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate) • Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented
INDTPY	90834	Psychotherapy, 45 minutes with patient	Use this code for 45 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate)

			and improve family dynamics. Report 90836 if a separate E/M service is performed during the same encounter		• Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented
9083X 90836	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	Use this code for 45 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics when performed with an E/M service.	MD/DO, PA, NP, CNS	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate) • Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented
INDTPY	90837	Psychotherapy, 60 minutes with patient	Use this code for 60 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics when performed with an E/M service. Report 90838 if a separate E/M service is performed during the same encounter	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate) • Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented

			Add-on G2212 may be used to extend the time for this code.		
9083X 90838	90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	Use this code for 60 minutes of psychotherapy that utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics when performed with an E/M service.	MD/DO, PA, NP, CNS	Documentation should include, but is not limited to the following: • Modalities and frequency • The interventions provided • The Plan (e.g., next steps planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate) • Face-to-face service that may include involvement of family members, patient must be present • Documentation must include total time of psychotherapy • Documentation must support a separately identifiable E/M service with total time of the E/M service documented
90847	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Use this code this code for 50 minutes psychotherapy with the patient's family and 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	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	• Session is for 50 minutes; time range is 26 minutes or more • Documentation must include total time of the psychotherapy
90849	90849	Multiple-family, group psychotherapy, 15 minutes	Use this code for psychotherapy with several families in group therapy.	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	• 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.

			90849 should be reported separately for each beneficiary receiving group therapy. Add-on G2212GRP may be used to extend the time for this code		
GRPTPY	90853	Group psychotherapy, 15 minutes	Use this code for psychotherapy with several individuals who are experiencing similar stressors simultaneously. Does not include a multiple-family group GRPTPY (90853) should be reported separately for each beneficiary receiving group therapy. Add-on G2212GRP may be used to extend the time for this code.	MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC	• Documentation should include total time of the group psychotherapy and number of clients in the group • Documentation must 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.
90870	90870	Electroconvulsive therapy	Use this code for when performing ECT therapy. This code Includes necessary monitoring	MD/DO, PA, NP, CNS	• Document medical necessity for the electroconvulsive therapy, including the symptom or diagnosis • Document a pre-procedure time out that includes verification of the patient's identity, and agreement on the procedure to be done. • Document electrode placement and parameter settings for each stimulus, seizure duration, vital signs in treatment and recovery areas • Document presence or absence of cognitive effects
99221 99222 99223	99221 99222 99223	Initial hospital inpatient or observation care, per day, for the evaluation and	Use this code to report the first inpatient or observation encounter based on time. 99221 40 minutes met or exceeded	MD/DO, PA, NP, CNS	• Documentation should 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

		management of a patient.	99222 55 minutes met or exceeded 99223 75 minutes met or exceeded		
99231 99232 99233	99231 99232 99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient.	Use this code to report subsequent inpatient or observation encounter based on time. 99231 25 minutes met or exceeded 99232 35 minutes met or exceeded 99233 50 minutes met or exceeded	MD/DO, PA, NP, CNS	• Documentation should 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
99251 99252 99253 99254 99255	99251 99252 99253 99254 99255	Inpatient or observation consultation for a new or established patient.	Use this code to report an inpatient or observation consultation for a new or established patient based on time: 99251 16 – 29 min 99252 30 – 49 min 99253 50 – 69 min 99254 70 – 90 min 99255 91 - 130 min	MD/DO, PA, NP, CNS	• Documentation should 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
NEML	99304 99305 99306	Initial nursing facility care, per day, for a new or established patient.	Use this code to report an initial service nursing facility based on time 99304 25 minutes met or exceeded 99305 35 minutes met or exceeded 99306 45 minutes met or exceeded	MD/DO, PA, NP, CNS	• Documentation should 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	99307 99308 99309 99310	Subsequent nursing facility care, per day, for a new or	Use this code to report a subsequent service nursing facility based on time	MD/DO, PA, NP, CNS	• Documentation should 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

		established patient.	99307 10 minutes met or exceeded 99308 15 minutes met or exceeded 99309 30 minutes met or exceeded 99310 45 minutes met or exceeded		

Table 9: SMHS 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 or other care givers involved in the care of the patient Explanation of condition, tests results and current treatment plan are included. Supplemental codes cannot be billed independently. They have to be billed with a/another (primary) procedure.	MD/DO, PhD/PsyD, Pharm, LCSW, PCC, MFT, PA, NP, CNS, OT	• Document the specific results or other accumulated data utilized in explanation to family or others • Include a narrative indicating there was another individual in addition to the physician and patient present at the time of this service
90785	90785	Interactive complexity	Use this code as an add on code reported in conjunction with an appropriate primary service for psychiatric diagnostic evaluation (90791,90792) or psychotherapy	All disciplines	Document at least one of the following: • Need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care • Caregiver emotions or behavior that interferes with the caregiver’s understanding and ability to assist in the implementation of the treatment plan

			(90832 – 90838, 90853) service Used for situations beyond simply standard verbal communication Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.		• Evidence of disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants • Use of play equipment or other physical devices to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the provider and a patient who has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the provider if he/she were to use typical language for communication
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	All disciplines	• Specific documentation of time must be included as this code is per each 15 minutes.