

Overview, Purpose and Implementation

1. Overview:

- a. This document was designed and created during BHS' planning and implementation of CalAIM (March 2023).
- 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. <u>Document Structure:</u>
 - a. There are 06 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. Plan Development Codes Table (Green)
 - iv. Referral Codes Table (Blue)
 - v. Rehabilitation Codes Table (Pink)
 - vi. Therapeutic Behavioral Services Codes Table (Purple)
 - vii. 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. <u>General Coding Guidance</u>:
 - 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 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. SMHS Billing Manual: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx
 - c. BHS



Table 1: SMHS Assessment Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
H0031	H0031	Mental health assessment by non- physician, 15 minutes	Use this code for an in-depth mental health assessment One in-depth assessment per recipient, per year	Pharmacist, PhD/PsyD, LCSW, MFT, PCC, Psychiatric Technician, PA, NP, CNS, RN, LVN, MHRSP, Occupational Therapist, Other Qualified Practitioner, Peer	 Document the findings of the in-depth mental health assessment, including treatment plan/goals Documentation must include total time of the assessment
H2000	H2000	Comprehensive multidisciplinary evaluation, 15 minutes	Use this code for a comprehensive evaluation by a multidisciplinary team	MD/DO, PhD/PsyD, PA, Pharm, CNS, NP, RN, LCSW, LVN, OT, PCC, MFT, MHRS, PT, Other, Peer	 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
CRISIS	H2011	Crisis intervention service, per 15 minutes	Use this code when providing	All disciplines	 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

Effective 7/1/2023

CPT book version 2023; HCPCS book version 2023



crisis stabilization services.	 Document the actual intervention performed linked to the symptoms/impairments of the patient's diagnosis
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Table 3: SMHS Plan Development Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
H0032	H0032	Mental health service plan development by non-physician, 15 minutes	Use this code for selection of treatment targets in collaboration with family members and other stakeholders	Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN, PT, LVN, MHRS, OT, Other	 Document the development of written protocols for treating and measuring all treatment targets

Table 4: 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 5: 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	 Time documentation for the use of this code is <u>each 15</u> <u>minutes</u>. 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 providing wrap- around programs services and 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	All disciplines	 Time documentation for the use of this code is <u>each 15</u> <u>minutes</u>. Documentation should address all components included in each client's wrap-around program.



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		All disciplines	Documentation must include total time

Table 7: 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 (90832 – 90838, 90853) service	All disciplines	 Document at least one of the following: Need to manage maladaptive communication (related to, eg, 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 Evidence of disclosure of a sentinel event and mandated report to third party (e.g., abuse or neglect with report to state agency)



			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.		 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	 Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included.