



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** 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 (Grey)
 - 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>



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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 | <p>Use this code when performing an integrated biopsychosocial and medical assessment or reassessment.</p> <p>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.</p> <p><u>Add-on G2212 may be used to extend the time for this code.</u></p> | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | <ul style="list-style-type: none"> 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 | <p>Use this code when performing an integrated biopsychosocial and medical assessment or reassessment and medical services are also provided.</p> | MD/DO, PA, NP, CNS | <ul style="list-style-type: none"> 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 |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <p><u>Add-on G2212 may be used to extend the time for this code.</u></p> | | <p>activities or other activities a provider engages in either before or after a patient visit</p> |
| 96130 96131 | 96130 96131 | Psychological testing evaluation by physician or QHP | <p>Use these codes when interpreting standardized testing results and patient data, preparing the report and treatment planning.</p> <p>96130: first hour 96131: each additional hour</p> <p>Includes face-to-face time with the patient as well as time spent integrating and interpreting the data</p> <p>These codes do not include time for testing administration and scoring services (96136, 96137)</p> | MD/DO, PhD/PsyD, PA, NP, CNS | <ul style="list-style-type: none"> 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 | <p>Use these codes when interpreting neuro-psychological testing results and patient data, preparing the</p> | MD/DO, PhD/PsyD, PA, NP, CNS | <ul style="list-style-type: none"> 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 |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <p>report and treatment planning</p> <p>96132: first hour 96133: each additional hour</p> <p>Includes face-to-face time with the patient as well as time spent integrating and interpreting the data</p> <p>These codes do not include time for testing administration and scoring services (96136, 96137.)</p> | | <p>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</p> |
| 96136 96137 | 96136 96137 | Psychological or neuropsychological testing administration by physician or QHP | <p>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.</p> <p>96136: first 30 minutes 96137: each additional 30 minutes</p> | MD/DO, PhD/PsyD, PA, NP, CNS | <ul style="list-style-type: none"> • 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 |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | These codes do not include time for testing evaluation (96130, 96131, 96132, 96133) | | |
| 90885 | 90885 | Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes | Use this code when reviewing and evaluating of clinical records, reports, tests and other data for: <ul style="list-style-type: none"> • Assessment and/or diagnostic purposes • Plan development • Preparation for a treatment session or other clinical service | MD/DO, PA, PhD/PsyD (Licensed or Waivered), LCSW, MFT, NP or CNS (Certified), LPCC | <ul style="list-style-type: none"> • Document the records, tests and data reviewed • Document the individuals or agencies for any reports generated from the review • Documentation must include total time |
| H0031 | H0031 | Mental health assessment by non-physician, 15 minutes | Use this code for an in-depth mental health assessment | Pharm, PA, PhD/PsyD, LCSW, MFT, LPCC, NP, CNS, PT, PA, RN, LVN, MHRS, Other, Peer | <ul style="list-style-type: none"> • 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 | Comprehensive multidisciplinary evaluation | All Disciplines | <ul style="list-style-type: none"> • 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



SFDPH-BHS CPT/HCPCS PA/NP/CNS Tip Sheet- SMHS

| 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 90833 (when provided with E&M services) | MD/DO, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS | <ul style="list-style-type: none"> 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 |
| H2011 | H2011 | Crisis intervention service, per 15 minutes | Use this code when providing crisis stabilization services. | All disciplines | <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 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: | 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/CNS** Tip Sheet- SMHS

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| | | | 99202: 15 - 29 min 99203: 30 - 44 min 99204: 45 - 59 min 99205: 60 - 74 min | | |
| 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 | <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 |
| 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 99344: 60 minutes met or exceeded 99345: 75 minutes met or exceeded | MD/DO, PA, NP, CNS | <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 | 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 | MD/DO, PA, NP, CNS | <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/CNS** Tip Sheet- SMHS

| | | | | | |
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| | | | 99350: 60 minutes met or exceeded | | |
| 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 | <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 |
| 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 | <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 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 | <ul style="list-style-type: none"> 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 |
|----------------|------------------|--|---|--|--|
| 99366 | 99366 | Medical team conference with interdisciplinary team of health care | Use this code for participation in medical team conferences by non-physician face-to-care | Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN | <ul style="list-style-type: none"> Reporting participants in the team conference shall document their participation as well as their contributed information and subsequent treatment recommendations |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | professionals, 30 minutes or more | <p>face conference with patient and/or family.</p> <p>Face-to-face participation by a minimum of three qualified health care professionals 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</p> <p>Time starts at the beginning of review of individual patient and ends at the conclusion of the review. Team conference services of less than 30 minutes duration are not reported separately</p> | | <ul style="list-style-type: none"> • Problem List should be updated accordingly based on the team conference |
| 99368 | 99368 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more | <p>Use this code for participation in medical team conferences by non-physician face-to-face conference without patient and/or family.</p> <p>Face-to-face participation by a minimum of three qualified health care</p> | Pharm, PhD/Psy, LCSW, PCC, MFT, PA, NP, CNS, RN | <ul style="list-style-type: none"> • Documentation should note the team members present and reflect the recommendations of the team • Problem List should be updated accordingly based on the team conference. |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <p>professionals 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</p> <p>Time starts at the beginning of review of individual patient and ends at the conclusion of the review. Team conference services of less than 30 minutes duration are not reported separately.</p> | | |
| 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 staff time, directed by a physician or other QHP, <u>per calendar month</u> | MD/DO, Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN, PT, LVN | <p>Documented services must encompass the required elements listed in the code descriptor. Required elements for reporting are:</p> <ul style="list-style-type: none"> • 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 |
| H0032 | H0032 | Mental health service plan development by | Use this code for selection of treatment targets in collaboration | Pharm, PhD/PsyD, LCSW, PCC, | <ul style="list-style-type: none"> • Document the development of written protocols for treating and measuring all treatment targets |



SFDPH-BHS CPT/HCPCS PA/NP/CNS Tip Sheet- SMHS

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| | | non-physician, 15 minutes | with family members and other stakeholders | MFT, PA, NP, CNS, RN, PT, LVN, MHRS, OT, Other | |
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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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 providing wrap-around programs services and can include: -Case management (service coordination) | All disciplines | <ul style="list-style-type: none"> 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. |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <p>-Counseling (individual, family, group, youth, and vocational)</p> <p>-Crisis care and outreach</p> <p>-Education/special education services, tutoring</p> <p>-Family support, independent living supports, self-help, or support groups.</p> | | |
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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 | <ul style="list-style-type: none"> • 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 |
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SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| 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: <ul style="list-style-type: none"> • 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 |
| 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: <ul style="list-style-type: none"> • 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 and improve family dynamics. Report 90836 if a separate E/M service | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | Documentation should include, but is not limited to the following: <ul style="list-style-type: none"> • 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 |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | is performed during the same encounter | | |
| 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: <ul style="list-style-type: none"> • 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 <u>Add-on G2212 may be used to extend the time for this code.</u> | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | Documentation should include, but is not limited to the following: <ul style="list-style-type: none"> • 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 90838 | 90838 | Psychotherapy, 60 minutes with patient when | Use this code for 60 minutes of psychotherapy that | MD/DO, PA, NP, CNS | Documentation should include, but is not limited to the following: <ul style="list-style-type: none"> • Modalities and frequency • The interventions provided |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | performed with an evaluation and management service | utilizes re-education, support, reassurance and insight discussions to affect behavior modification and improve family dynamics when performed with an E/M service. | | <ul style="list-style-type: none"> 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 | <p>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.</p> <p>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</p> | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | <ul style="list-style-type: none"> 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 | <p>Use this code for psychotherapy with several families in group therapy.</p> <p>90849 should be reported separately for each beneficiary receiving group therapy.</p> | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | <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. |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <u>Add-on G2212GRP may be used to extend the time for this code</u> | | |
| GRPTPY | 90853 | Group psychotherapy, 15 minutes | 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. <u>Add-on G2212GRP may be used to extend the time for this code</u> | MD/DO, PA, PhD/PsyD, LCSW, MFT, NP, CNS, PCC | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 management of a patient. | Use this code to report the first inpatient or observation encounter based on time. 99221: 40 minutes met or exceeded 99222: 55 minutes met or exceeded | MD/DO, PA, NP, CNS | <ul style="list-style-type: none"> • 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 |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 established patient. | Use this code to report a subsequent service nursing facility based on time 99307: 10 minutes met or exceeded | MD/DO, PA, NP, CNS | <ul style="list-style-type: none"> 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 |



SFDPH-BHS CPT/HCPCS PA/NP/CNS Tip Sheet- SMHS

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| | | | 99308: 15 minutes met or exceeded 99309: 30 minutes met or exceeded 99310: 45 minutes met or exceeded | | |
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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 | <ul style="list-style-type: none"> 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 | <p>Document at least one of the following:</p> <ul style="list-style-type: none"> 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 (eg, abuse or neglect with report to state agency) |



SFDPH-BHS CPT/HCPCS **PA/NP/CNS** Tip Sheet- SMHS

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| | | | <p>Used for situations beyond simply standard verbal communication</p> <p>Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.</p> | | <p>with initiation of discussion of the sentinel event and/or report with patient and other visit participants</p> <ul style="list-style-type: none"> • 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 | <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. |