



SFDPH-BHS CPT/HCPCS RN_LVN Tip Sheet- SMHS

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. Document Structure:
 - 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. 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 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



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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	<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	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, MHRSP, PT, Other, Peer	<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



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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 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 2: 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 professionals, 30 minutes or more	<p>Use this code for participation in medical team conferences by non-physician face-to-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>	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 Treatment plan should be updated accordingly based on the team conference



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			<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>		
99368	99368	<p>Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more</p>	<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 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</p>	<p>Pharm, PhD/Psy, LCSW, PCC MFT, PA, NP, CNS, RN</p>	<ul style="list-style-type: none">• Documentation should note the team members present and reflect the recommendations of the team• Treatment plan should be updated accordingly based on the team conference.



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			duration are not reported separately.		
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	Documented services must encompass the required elements listed in the code descriptor. Required elements for reporting are: <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 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	<ul style="list-style-type: none"> Document the development of written protocols for treating and measuring all treatment targets

Table 3: 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	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.



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			disabilities or chronic mental illness.		
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Table 4: 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) -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	<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.

Table 5: SMHS Therapeutic Behavioral Services Codes



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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 6: SMHS Supplemental Services Codes

BHS LOCAL CODE	CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
90785	90785	Interactive complexity	<p>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</p> <p>Used for situations beyond simply standard verbal communication</p> <p>Common factors include more difficult communication with discordant or emotional family</p>	All disciplines	<p>Document at least one of the following:</p> <ul style="list-style-type: none"> 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 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



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			members and engagement of young and verbally undeveloped or impaired patients.		
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">• Specific documentation of time must be included as this code is per each 15 minutes.