



**SPECIALITY MENTAL HEALTH SERVICES (SMHS)
AOA, CYF & TAY CPT and HCPCs CODE TIP SHEET
FOR LPHAs, MHRS and MHW
July 2023**

BHS Providers will continue to use many of the same BHS Local Codes in Avatar to document services to clients. However, there are some important changes to understand about Payment Reform now and remember as we prepare to move to Epic in April of 2024.

- Direct Patient Care is billable time and **ONLY INCLUDES** time spent doing patient care activities.
- Patient care activities include (but are not limited to) the following:
 - Face to Face Assessments
 - Face to Face Treatment Planning
 - Rehabilitation
 - Targeted Case Management
 - Individual and Group Psychotherapy
- Direct Patient Care will be labeled Face to Face time in Avatar.

DHCS Direct Patient Care	
INCLUDES	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.
DOES NOT INCLUDE	Direct Patient Care does not include travel time, administrative activities, chart review, documentation/writing, preparation time, utilization review and quality assurance activities or other activities a provider engages in either before or after a client visit.

Tips:

- BHS providers will enter minutes into Avatar using the BHS Local Codes. Avatar will calculate the units based on the Face to Face (Direct Patient Care) time entered.
- Assessment code ASMT1 (**90791**) has a **MAXIMUM** of 15 Minutes. You must now use Add-On **G2212** to extend the time for this code.
- **G2212** is a prolonged service add-on code that can be used to extend time beyond the maximum time with CPT codes that don’t have their own dedicated add-on.
- Dependent codes are procedures that either indicate that time has been added to a primary CPT procedure (**add-on codes**) or modify a procedure (**supplemental codes**).
- The tables below highlight some of **the most common** Specialty Mental Health (SMHS) CPT and HCPCs codes used by LPHAs, MHRS and MHW.
 - **Note that there are additional codes available to bill.** Further information can be found on the [BHS SMHS Crosswalk](#).



Current Procedural Terminology (CPT) Codes

Allowable Disciplines for CPT Codes: LPHA/Registered/Waivered: LMFT, LCSW, LPCC, Ph.D./Psy.D., AMFT, ASW, APCC, Psychology Post-Doc

BHS Local Code	CaAIM Billing Code	SERVICE DESCRIPTION	Max. Units that Can be Billed	Can time be added to this service?
ASMT1	90791	Psychiatric Diagnostic Evaluation, 15 Mi.	1	Yes – Use G2212
90885	90885	Eval. of Hospital Records, Other Psychiatric Reports, Psychometric and Other Accumulated Data for Diagnostic Purposes, 15 Min.	1	Yes – Use G2212
90839	90839	Psychotherapy for Crisis, first 30-74 Minutes	1	Yes – Use 90840
90840	90840	Psychotherapy for Crisis, Each Additional 30 minutes	13	No
INDTPY	90832	Psychotherapy, 30 Min. (min 16 minutes)	1	No
	90834	Psychotherapy, 45 minutes	1	No
	90837	Psychotherapy, 60 minutes	1	Yes – Use G2212
90847	90847	Family Psychotherapy (Client Present), 50 Min.	1	Yes – Use G2212
90849	90849	Multiple-Family Group Psychotherapy, 15 Minutes	1	Yes – Use G2212GRP
GRPTPY	90853	Group Psychotherapy, 15 Min.	1	Yes – Use G2212GRP
90785 (Supplemental)	90785	Interactive Complexity. May be used by all disciplines, including non-LPHAs. This code must be billed with the primary code.	1 per allowed procedure per provider per beneficiary	No
90887 (Supplemental)	90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Min. This code must be billed with the primary code.	1	No
G2212 (Add-On)	G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Min. This code must be added on to a primary code.	14	No
G2212GRP (Add-On)	G2212	Group Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Min. This code must be added on to a primary code.	14	No
T1013 (Supplemental)	T1013	Sign Language or Oral Interpretive Services, 15 Min. This code must be billed with primary code.	Variable	No



Healthcare Common Procedure Coding System (HCPCs) Codes

Allowable Disciplines: All Disciplines may use these codes

Note: Add-On Services Codes are not used with HCPCs codes

BHS Local Code	CaAIM Billing Code	SERVICE DESCRIPTION	Max. Units that Can be Billed
H0031	H0031	Mental Health Assessment by Non- Physician, 15 Minutes	96
H2000	H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	96
H0032	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	96
T1017	T1017	Targeted Case Management, Each 15 Minutes	96
IREHAB	H2017	Psychosocial Rehabilitation, per 15 Minutes	96
GREHAB	H2017	Psychosocial Group Rehabilitation, per 15 Minutes	96
H2021	H2021	Community-Based Wrap-Around Services, per 15 Minutes	96
ICOLL/GCOLL	N/A	Individual and Group Collateral	96
CRISIS	H2011	Crisis Intervention Service, per 15 Minutes	32
H0033	H0033	Oral Medication Administration, Direct Observation, 15 Minutes	14
T1013 (Supplemental)	T1013	Sign Language or Oral Interpretive Services, 15 Min. This code must be billed with the primary code.	Variable
90785 (Supplemental)	90785	Interactive Complexity. May be used by all disciplines, including non-LPHAs. This code must be billed with the primary code.	1 per allowed procedure per provider per beneficiary

References:

1. [SMHS-Billing-Manual-v-1-4 \(ca.gov\)](https://www.ca.gov/smhs-billing-manual-v-1-4)
2. [BHS CaAIM Payment Reform FAQ Version 1.0 0.pdf \(sf.gov\)](https://www.sf.gov/bhs-caaim-payment-reform-faq-version-1.0-0.pdf)