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. DMC-ODS services dated 7/1/23 and after should reflect the correct CalAIM “local code” and service descriptions.

2. **Document Structure:**
   a. There are 9 tables in this document – each table contains procedure codes associated with the specific services:
      i. Assessment Codes Table (Red)
      ii. Care Coordination Codes Table (Green)
      iii. Discharge Services Codes Table (Blue)
      iv. Group Counseling Codes Table (Purple)
      v. Individual Counseling Codes Table (Grey)
      vi. Recovery Services Codes Table (Turquoise)
      vii. SUD Crisis Intervention Codes Table (Orange)
      viii. Treatment Planning Codes Table (Brown)
      ix. Supplemental Services Codes Table (Black)
   b. For each table, the columns contain information:
      i. BHS Local Code: this is the procedure code that appears in the electronic health record
      ii. CPT/HCPCS Code: this is the procedure code used for billing each service
      iii. Code Service Description: this provides the written description of the CPT/HCPCS code in the previous column
      iv. Code Guidance and Usage: this provides additional guidance for the use of each code
      v. Allowable Disciplines: this identifies which type of provider is allowed to utilize this code
      vi. 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. For time-based patient care **direct patient care** means time spent with the patient for the purpose of providing healthcare. 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

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*Effective 7/1/2023  CPT book version 2023; HCPCS book version 2023*
# Table 1: DMC-ODS Assessment Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
<th>CPT / HCPCS Code</th>
<th>CODE SERVICE DESCRIPTION</th>
<th>CODE GUIDANCE AND USAGE</th>
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</table>
| H0001          | H0001            | Alcohol and/or Drug Assessment | Use this code for completing drug and/or alcohol assessments to determine the appropriate delivery system for patient seeking services. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Document why the Assessment is being completed and preliminary findings or observations of the client’s behaviors during the assessment process. Not acceptable to simply note that an Assessment was completed  
- Note involvement of family or other collaterals included.  
- Document the course of treatment recommended. |
| H0049          | H0049            | Alcohol and/or Drug Screening | Use this code for miscellaneous drug and alcohol services | LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Documentation of order(s) for screening  
- Tool and scoring must be recorded in record.  
- Valid brief questionnaire for screening that includes questions about the frequency and amount of alcohol/drugs used. |
| G0396          | G0396            | Alcohol and/or substance misuse structured assessment and brief intervention 15 to 30 minutes | Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes a brief intervention of 15-30 minutes | LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan.  
- Document provisional diagnosis(es)  
- Document total time for the assessment  
- Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time.  
- If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008 |
| G0397          | G0397            | Alcohol and/or substance abuse structured assessment, 30+ minutes | Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes intervention of 30 or more minutes | LP, Pharma, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan.  
- Document provisional diagnosis(es)  
- Document total time for the assessment  
- Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. |
### Table 2: DMC-ODS Care Coordination Codes

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| H1000          | H1000            | Prenatal care, at risk assessment | Use this code when evaluating behaviors that can be dangerous for the mother and/or fetus | LP, PA, Psy, LCSW, MFT, RN, NO, LPCC, AOD | - Documentation should include all elements of the assessment related to the client’s prenatal care. 
- This could include the development of a care plan, referral to or consultation with an appropriate specialist, individualized counseling and services designed to address the risk factor(s) involved. |
| T1017          | T1017            | Targeted case management, each 15 minutes | Use this code for targeted case management services are aimed specifically at special groups, such as those with developmental disabilities or chronic mental illness. | LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Documentation should include the reasons for the targeted case management and any assessment/reassessment, care plan modifications, referrals and monitoring activities recommended. 
- Specific documentation of time must be included as this code per 15 minutes. |

- If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008
### Table 3: DMC-ODS Discharge Services Codes

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</table>
| T1007          | T1007            | Alcohol and/or substance abuse services; treatment plan development and/or modification | Use this code for treatment plan development and modification | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | • Should be used for both the initial treatment plan as well as the modification to an existing treatment plan.  
• Document any referrals to recovery resources and/or medical providers to support the patient's transition during treatment and discharge. |

### Table 4: DMC-ODS Group Counseling Codes

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| H0005          |                  | Alcohol and/or drug services’ group counseling by a clinician | Use this code to report time spent providing face to face group counseling. Minimum of 2 and maximum of 12 in the group.  
H0005 should be reported separately for each beneficiary receiving group therapy. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | • Specific documentation of time must be included as this code per 15 minutes. |

### Table 5: DMC-ODS Individual Counseling Codes

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<tbody>
<tr>
<td>H0004</td>
<td></td>
<td>Behavioral health counseling and</td>
<td>Time spent providing individual counseling and therapy. One-on-</td>
<td>LP, PA, Psy, LCSW, MFT,</td>
<td>• Time documentation for the use of this code is each 15 minutes. Specific documentation of time must be included</td>
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| 31RCVIND OPRCVYIND | therapy, per 15 minutes | one session does not involve family or friends of the individual during the therapy provided. | RN, NP, LPCC, AOD | • Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals.  
• Document assessment of readiness for change as well as barriers to change |
| T1006 T1006 | Alcohol and/or substance abuse services, family/couple counseling | Use code for time spent providing family/couple counseling | LP, Psy, PA, LCSW, MFT, RN, NP, LPCC, AOD | • Specific documentation of time must be included as this code per 15 minutes. |
| H0050 H0050 | Alcohol and/or Drug Services, brief intervention, 15 minutes | Use this code to report time spent providing individual SBI (screening and brief intervention) for alcohol and drug use problems | LP, Psy, PA, LCSW, MFT, RN, NP, LPCC, AOD, Peers | • Document brief intervention(s) performed in relation to alcohol and/or drug use, such as education, consequences of use and behavior changes  
• Specific documentation of time must be included as this code per 15 minutes. |

### Table 6: DMC-ODS Recovery Services Codes

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| H2015 H2015 | Comprehensive community support services, per 15 minutes | Use this code for time spent providing community support services | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | • Specific documentation of time must be included as this code per 15 minutes.  
• Document medical necessity for support services, identify specific community support recommended and include a description of the services provided  
• Document assessment of the effectiveness of the services and progress towards the patient’s goals |
| IREHAB GREHAB H2017 | Psychosocial rehabilitation services, per 15 minutes | Use this code for time spent providing PSR (psychosocial rehabilitation) services. These include services | LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD | • Specific documentation of time must be included as this code per 15 minutes.  
• Document and describe the specific activities performed to specifically enhance/support the patient’s emotional cognitive |
designed to improve emotional, social and vocational wellbeing.

Table 7: DMC-ODS SUD Crisis Intervention Codes

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| CRISIS         | H2011            | Crisis intervention service, per 15 minutes | Use this code for mental health crisis assessment, intervention and stabilization | LP, PA, Psy, LCSW, MFT, RN, NP, Peers, AOD | - 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 8: DMC-ODS Treatment Planning Codes

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| IOPTEDUC       | H2014            | Skills training and development, per 15 minutes | Patient education services claims. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Documentation should include specific skills address and the associated training plan.  
- Time documentation for the use of this code is each 15 minutes. Specific documentation of time must be included. For example, an occurrence of 30 minutes would use code H2014 with 2 units to account for each 15 minutes. |
| ODSPTEDUC     | H2021            | Community-based wrap-around services, per 15 minutes | Services provided through wraparound programs can include: -Case management (service coordination) | LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Documentation should address all components included in each client’s wraparound program.  
- Time documentation for the use of this code is each 15 minutes. Specific documentation of time must be included. |
- 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.

For example, an occurrence of 30 minutes would use code H2021 with 2 units to account for each 15 minutes.

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<tbody>
<tr>
<td>T1013</td>
<td>T1013</td>
<td>Sign language or oral interpretive services, 15 minutes</td>
<td>Facilitate effective communication with deaf or hearing-impaired patients</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>Time documentation for the use of this code is each 15 minutes. Specific documentation of time must be included.</td>
</tr>
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