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. Drug Med-Cal Organized Delivery System (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 11 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. Family Therapy Codes Table (Pink)
      v. Group Counseling Codes Table (Purple)
      vi. Individual Counseling Codes Table (Grey)
      vii. Medication Services Codes Table (Yellow)
      viii. Recovery Services Codes Table (Turquoise)
      ix. SUD Crisis Intervention Codes Table (Orange)
      x. Treatment Planning Codes Table (Brown)
      xi. 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

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>
<th>ALLOWABLE DISCIPLINES</th>
<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
</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. |
| H0003          | H0003            | Alcohol and/or Drug Screening | Use this code to bill for laboratory analysis of specimens for presence of alcohol and/or drugs | LP, PA, Psy, RN, NP, Pharma | • Documentation of order(s) for screening including diagnosis to support medical necessity |
| H0048          | H0048            | Alcohol and/or Drug Testing  | Use this code for the collection and handling of specimens other than blood. Use this code for “Point of Care” tests. | LP, PA, RN, NP, Pharma | • Documentation of order(s) for testing. UAs for alcohol/drug analysis.  
• To ensure the integrity of the specimen & chain of custody from the point of collection throughout the analysis process is necessary.  
• Service frequency limitation is based on medical appropriateness and treatment plan.  
• One unit equals one collection and handling. |
| 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 |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Use Code for</th>
<th>Provider Types</th>
<th>Instructions and Notes</th>
</tr>
</thead>
</table>
| 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.  
  • 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 |
| G2011  | Alcohol and/or substance abuse misuse structured assessment and brief intervention, 5-14 min | Use this code for alcohol or substance abuse assessment. This code meets ASAM criteria and includes a brief intervention of 5 – 14 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 |
| NEML   | Office Visit New Patient                                                     | Assign codes based on time:  
  99202: 15-29 min;  
  99203: 30-44 min;  
  99204: 45-59 min;  
  99205: 60-74 min. | LP, PA, NP | • 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   | Office Visit Established Patient                                             | Assign codes based on time:  
  99212: 10-19 min  
  99213: 20-29 min  
  99214: 30-39 min  
  99215: 40-54 min. | LP, PA, NP | • 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 |
98966 98967 98968
Telephone assessment and management service provided by a non-physician provider

Use this code for service provided by a qualified non-physician health care professional to an established patient, parent, or guardian.

98966: 5-10 minutes
98967: 11-20 minutes
98968: 21-30 minutes

The phone call cannot be related to any previous face-to-face assessment and management service within the last 7 days prior to the telephone service.

This code is not reported if it results in a decision for a subsequent face-to-face assessment and management service within the following 24 hours or the soonest available urgent care appointment.

- Document any patient complaints and concerns, answers provided requests for additional related information, counseling and instruction provided and modifications the treatment plan, if necessary.
- Documentation must include the amount of time spent conversing with the patient, parent or guardian.

Table 2: DMC-ODS Care Coordination 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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</tr>
</thead>
<tbody>
<tr>
<td>96160</td>
<td>96160</td>
<td>Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with</td>
<td>Use this code when collecting health information in conjunction with biometric testing to help determine an individual’s health</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC</td>
<td>Face-to-face interview with a standardized questionnaire, recorded by interviewer and scored with the standardized tool. The score is used to estimate the level of health risk. A health plan is implemented or modified to provide clinical preventive care, health promotion, and disease management</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Provider</td>
<td>Documentation</td>
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</tr>
</tbody>
</table>
| H1000  | Prenatal care, at risk assessment                                            | 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.  
• 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.  |
| T1017  | Targeted case management, each 15 minutes                                     | LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD | • Documentation should note the team members present and reflect the recommendations of the team  
• The treatment plan should be updated accordingly based on the team conference.  |
| 99368  | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present. 30 minutes or more; nonphysician health care professional | PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC | • Documentation should note the team members present and reflect the recommendations of the team  
• The treatment plan should be updated accordingly based on the team conference.  |

**Table 3: DMC-ODS Discharge Services Codes**
### Table 3: DMC-ODS Clinical Services Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
<th>CPT / HCPCS CODE</th>
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</tr>
</thead>
</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 Family Therapy 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>
<th>ALLOWABLE DISCIPLINES</th>
<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
</table>
| 90846          | 90846             | Family psychotherapy (without the patient present), 26-50 minutes | Use this code this code for psychotherapy with the patient’s family and without the patient to identify challenges, improve coping skills and change patterns of behavior. 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 | LP, PA, Psy, LCSW, MFT, NP, LPCC | • Document family members present.  
• Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient. |
| 90847          | 90847             | Family psychotherapy (conjoint psychotherapy) (with patient present), 26-50 minutes | Use this code this code for with the patient’s family and the patient to identify challenges, improve coping skills and change patterns of behavior. | LP, PA, Psy, LCSW, MFT, NP, LPCC | • Document family members present.  
• Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient. |
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.

**Table 5: DMC-ODS Group Counseling 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>
<th>ALLOWABLE DISCIPLINES</th>
<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGRCVY</td>
<td>H0005</td>
<td>Alcohol and/or drug services’ group counseling by a clinician</td>
<td>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</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC</td>
<td>• Specific documentation of time must be included as this code is per 15 minutes.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BHS Local Code</th>
<th>CPT / HCPCS CODE</th>
<th>CODE SERVICE DESCRIPTION</th>
<th>CODE GUIDANCE AND USAGE</th>
<th>ALLOWABLE DISCIPLINES</th>
<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRPNTPCNS</td>
<td>H0005</td>
<td>Multiple-family, group psychotherapy, 15-minutes</td>
<td>Use this code for psychotherapy with several families in group therapy. H0005 should be reported separately for each beneficiary receiving group therapy. Add-on G2212 may be used to extend the time for this code.</td>
<td>LP, PA, Psy, LCSW, MFT, NP, LPCC</td>
<td>• 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.</td>
</tr>
</tbody>
</table>
Table 6: DMC-ODS Individual Counseling Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
<th>CPT / HCPCS Code</th>
<th>CODE SERVICE DESCRIPTION</th>
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<th>DOCUMENTATION TIPS</th>
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</thead>
</table>
| IINDCONS       | H0004            | Behavioral health counseling and therapy, per 15 minutes | Time spent providing individual counseling and therapy. One-on-one session does not involve family or friends of the individual during the therapy provided. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | • Include in the documentation assessment of patient’s readiness for change as well as barriers to change  
• Individual counseling can include non-face to face contact with family members or other collaterals if the purpose of the collateral’s input to assist with the treatment needs of the beneficiary and supporting achievement of treatment goals.  
• Specific documentation of time must be included as this code per 15 minutes |
| 99408          | 99408            | Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | Billing for 99408 is limited to once per day  
Do not report services lasting less than 15 minutes  
Do not report with 96160 or 96161 | LP, PA, NP | • Provider spends 15-30 minutes screening a patient for abuse of alcohol or another non-tobacco substance  
• Provider performs a brief intervention at the same session  
• Should be utilized for screening and intervention lasting no more than 30 minutes |
| 99409          | 99409            | Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes | Billing for 99409 is limited to once per day  
Do not report with 99408  
Do not report with 96160 or 96161 | LP, PA, NP | • Should be utilized for screening and intervention lasting more than 30 minutes |
| 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  
• Specific documentation of time must be included as this code per 15 minutes |
Alcohol and/or drug services, brief intervention, per 15 minutes

Use this code to report time spent providing individual SBI (screening and brief intervention) for alcohol and drug use problems

- 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>
<thead>
<tr>
<th>Table 7: DMC-ODS Medication Services Codes</th>
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<tbody>
<tr>
<td>BHS Local Code</td>
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<tr>
<td>H0033</td>
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<tr>
<td>H0034</td>
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<table>
<thead>
<tr>
<th>Table 8: DMC-ODS Recovery Services Codes</th>
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<tbody>
<tr>
<td>BHS Local Code</td>
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<tr>
<td>----------------</td>
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<tr>
<td>H0033</td>
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<tr>
<td>H0034</td>
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</tbody>
</table>
### Comprehensive Community Support Services, per 15 minutes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Service Details</th>
<th>Providers Available</th>
</tr>
</thead>
</table>
| H2015 | Use this code for time spent providing community support services. | • 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. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD |

### Psychosocial Rehabilitation Services, per 15 minutes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Service Details</th>
<th>Providers Available</th>
</tr>
</thead>
</table>
| IREHAB GREEHAB | Use this code for time spent providing PSR (psychosocial rehabilitation) services. These include services designed to improve emotional, social and vocational wellbeing. | • 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 and social skills related to their specific rehabilitation needs and goals. | LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD |

### Alcohol and/or Other Drug Treatment Program, per hour

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Service Details</th>
<th>Providers Available</th>
</tr>
</thead>
</table>
| H2035 | Time spent providing alcohol/other drug treatment program services. | • Document medical necessity for SUD (Substance Use Disorder) services.  
• 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. | LP, PA, Psy, Pharma, LCSW, MFT, RN, NP, LPCC, AOD |

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**Table 9: DMC-ODS SUD Crisis Intervention Codes**

<table>
<thead>
<tr>
<th>BHS Local Code</th>
<th>CPT / HCPCS Code</th>
<th>CODE SERVICE DESCRIPTION</th>
<th>PCODE GUIDANCE AND USAGE</th>
<th>ALLOWABLE DISCIPLINES</th>
<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
</table>

**Effective 7/1/2023**

CPT book version 2023; HCPCS book version 2023
### DMC-ODS Treatment Planning Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>IOPTEDUC</td>
<td></td>
<td>H2014  Skills training and development, per 15 minutes</td>
<td>Use this code for Patient Education Services.</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP</td>
<td>Documentation should include specific skills address and the associated training plan. Specific documentation of time must be included as this code per 15 minutes.</td>
</tr>
<tr>
<td>ODSPTEDUC</td>
<td></td>
<td>H2021  Community-based wrap-around services, per 15 minutes</td>
<td>Use this code when providing wraparound programs 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.</td>
<td>LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>Documentation should address all components included in each client’s wraparound program. Specific documentation of time must be included as this code per 15 minutes.</td>
</tr>
</tbody>
</table>

**Effective 7/1/2023**

CPT book version 2023; HCPCS book version 2023
**H2027**  
**Psychoeducational service, per 15 minutes**  
Use this code when combining the elements of cognitive-behavior therapy, group therapy, and education to provide the client knowledge about various facets of the illness and its treatment  
- Include the specifics of the service provided to address the psychoeducational needs of the client.
- Specific documentation of time must be included as this code per 15 minutes.

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### Table 11: DMC-ODS Supplemental Services Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
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</table>
| 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 to explain the patient’s condition, diagnostic test results, treatments, medications and how they can assist in patient’s recovery. Document participants. Supplemental codes must be billed with a/another (primary) service. | LP, PA, Pharma, Psy, LCSW, MFT, NP, LPCC | • Document the specific results or other accumulated data utilized in explanation to family or others in the note.  
• Include a narrative indicating there was another individual in addition to the physician and patient present at the time of this service.  
• Document family members present and key factors of discussion. |
| 96170          | 96170             | Health behavior intervention, family (without the patient present), face-to-face, initial 30 minutes | Use this code for face-to-face interaction with family members without the patient present. Facilitate family communication and | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC | • Document a description of the patient’s status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.  
• Document treatment recommendations for functional improvement, minimizing barriers to recovery and coping mechanisms. |
<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Description</th>
<th>Provider</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 96171  | 96171  | Health behavior intervention, family (without the patient present), face-to-face, each additional 15 minutes (List separately in addition to code for primary service) | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC | - Specific documentation of time must be included as this code per 15 minutes.  
- Document a description of the patient's status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise. |
| T1013  | T1013  | Sign language or oral interpretive services, 15 minutes                    | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD | - Specific documentation of time must be included as this code per 15 minutes.  
- Use this code when necessary to facilitate effective communication with deaf or hearing-impaired patients. |