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. 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 10 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. Medication Services Codes Table (Yellow)
      vii. Recovery Services Codes Table (Turquoise)
      viii. SUD Crisis Intervention Codes Table (Orange)
      ix. Treatment Planning Codes Table (Brown)
      x. 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>
<thead>
<tr>
<th>BHS Local Code</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. |
| 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 |
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.  
• 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 | 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

Table 2: DMC-ODS Care Coordination Codes

<table>
<thead>
<tr>
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</table>
| 96160          | 96160            | Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument | Use this code when collecting health information in conjunction with biometric testing to help determine an individual’s health status and health risks and formulate a healthy lifestyle plan to promote wellness. | LP, PA, Psy, LCSW, MFT, RN, NP, LPCC | • 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 |
**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**

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.

**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

Use this code for team conference when the patient and/or family is not present. Services of less than 30 minutes duration are not reported separately.

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.

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

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>T1007</td>
<td>T1007</td>
<td>Alcohol and/or substance abuse services; treatment plan development and/or modification</td>
<td>Use this code for treatment plan development and modification</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Table 4: DMC-ODS Group Counseling Codes

<table>
<thead>
<tr>
<th>BHS Local Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>IGRPCONS GRPNTPCNS ODSGRPCNS GRPOPRCVY</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 receiving group therapy.</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>• Specific documentation of time must be included as this code per 15 minutes.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BHS Local Code</th>
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<tbody>
<tr>
<td>IINDCONS INDNTPCNS ODSINDCNS 31RCVIND OPRCVYIND</td>
<td>H0004</td>
<td>Behavioral health counseling and therapy, per 15 minutes</td>
<td>Time spent providing individual counseling and therapy. One-on-one session does not involve family or friends of the individual during the therapy provided.</td>
<td>LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>• 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</td>
</tr>
<tr>
<td>T1006</td>
<td>T1006</td>
<td>Alcohol and/or substance abuse services; family/couple counseling</td>
<td>Use code for time spent providing family/couple counseling</td>
<td>LP, Psy, PA, LCSW, MFT, RN, NP, LPCC, AOD</td>
<td>• Specific documentation of time must be included as this code per 15 minutes.</td>
</tr>
<tr>
<td>H0050</td>
<td>H0050</td>
<td>Alcohol and/or drug services, brief intervention, per 15 minutes</td>
<td>Use this code to report time spent providing individual SBI (screening and</td>
<td>LP, Psy, PA, LCSW, MFT, RN, NP,</td>
<td>• Document brief intervention(s) performed in relation to alcohol and/or drug use, such as education, consequences of use and behavior changes</td>
</tr>
</tbody>
</table>

Effective 7/1/2023
brief intervention) for alcohol and drug use problems

LPCC, AOD, Peers

- Specific documentation of time must be included as this code per 15 minutes

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

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<thead>
<tr>
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</thead>
</table>
| H0033          | H0033            | Oral medication administration, direct observation, per 15 min | Use this code for direct observation of single or multiple administration at one time of oral medications | LP, PA, Pharma, NP, RN | • Specific documentation of time must be included as this code per 15 minutes.  
• Document observed ingestion of prescribed medication  
• Document the reason for DOT (Directly Observed Therapy) services, compliance, assessment of side effects and efficacy of the medication including treatment course as indicated in the treatment plan |
| 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 | LP, PA, Pharma, NP, RN | • Specific documentation of time must be included as this code per 15 minutes.  
• 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 7: DMC-ODS Recovery Services Codes

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</table>
| 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 | Use this code for time spent providing PSR | LP, PA, Psy, Pharma, | • Specific documentation of time must be included as this code per 15 minutes. |
services, per 15 minutes (psychosocial rehabilitation) services. These include services designed to improve emotional, social and vocational wellbeing. LCSW, MFT, RN, NP, LPCC, AOD

- 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

<table>
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</table>
| IOCRISIS       | ODFCRISIS ODSCRISIS | Alcohol and/or drug services, crisis intervention (outpatient) | Use this code for crisis assessment, intervention and stabilization related to substance use disorders | LP, PA, Psy, LCSW, MFT, RN, NP | - 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 |

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, 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 9: DMC-ODS Treatment Planning Codes

<table>
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<tr>
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</thead>
</table>
| IOPTEDUC ODSPTEDUC ODSPTEDUCG | H2014 Skills training and development, per 15 minutes | Use this code for Patient Education Services. | LP, PA, Psy, LCSW, MFT, | - Documentation should include specific skills address and the associated training plan.  
- Document medical necessity for patient education services  
- Document the actual intervention performed linked to the symptoms/impairments of the patient’s diagnosis |
### Table 10: Supplemental Services Codes

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<thead>
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</table>
| H2021          | H2021            | Community-based wrap-around services, per 15 minutes | 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. | RN, NP, LPCC, AOD | **Specific documentation of time must be included as this code per 15 minutes.** |
| H2027          | 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 | LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD | **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.** |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Use Case</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| 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 provide education about the patient and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence. Do not report for less than 16 minutes of service provided. | • 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. |
| 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) | Use code 96171 as an add on code used in conjunction with 96170 for each additional 15 minutes beyond the initial 30 minutes of intervention provided | • 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  | Sign language or oral interpretive services, 15 minutes                     | Use this code when necessary to facilitate effective communication with deaf or hearing-impaired patients | • Specific documentation of time must be included as this code per 15 minutes. |