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](https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral-Health-Information-Notice-%28BHIN%29-Library.aspx#D)
   c. BHS
### Table 1: SMHS 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>
<tbody>
<tr>
<td>H0031</td>
<td>H0031</td>
<td>Mental health assessment by non-physician, 15 minutes</td>
<td>Use this code for an in-depth mental health assessment One in-depth assessment per recipient, per year</td>
<td>Pharmacist, PhD/PsyD, LCSW, MFT, PCC, Psychiatric Technician, PA, NP, CNS, RN, LVN, MHRSP, Occupational Therapist, Other Qualified Practitioner, Peer</td>
<td>• Document the findings of the in-depth mental health assessment, including treatment plan/goals • Documentation must include total time of the assessment</td>
</tr>
<tr>
<td>H2000</td>
<td>H2000</td>
<td>Comprehensive multidisciplinary evaluation, 15 minutes</td>
<td>Use this code for a comprehensive evaluation by a multidisciplinary team</td>
<td>MD/DO, PhD/PsyD, PA, Pharm, CNS, NP, RN, LCSW, LVN, OT, PCC, MFT, MHRS, PT, Other, Peer</td>
<td>• Document the findings of the comprehensive evaluation and multidisciplinary team members involved in the evaluation • Documentation must include total time of the evaluation</td>
</tr>
</tbody>
</table>

### Table 2: SMHS Crisis Intervention Codes
### Table 3: SMHS Plan Development Codes

<table>
<thead>
<tr>
<th>BHS LOCAL CODE</th>
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<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
</table>
| CRISIS         | H2011            | Crisis intervention service, per 15 minutes | Use this code when providing crisis stabilization services. | All disciplines | • 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>
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</tr>
</thead>
<tbody>
<tr>
<td>H0032</td>
<td>H0032</td>
<td>Mental health service plan development by non-physician, 15 minutes</td>
<td>Use this code for selection of treatment targets in collaboration with family members and other stakeholders</td>
<td>Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN, PT, LVN, MHRS, OT, Other</td>
<td>• Document the development of written protocols for treating and measuring all treatment targets</td>
</tr>
</tbody>
</table>

### Table 4: SMHS Referral Codes

<table>
<thead>
<tr>
<th>BHS LOCAL CODE</th>
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</tr>
</thead>
</table>
| 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 disabilities or chronic mental illness. | All disciplines | • 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. |
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| IREHAB         | H2017            | Psychosocial rehabilitation, per 15 minutes | Use this code when providing PSR (psychosocial rehabilitation) services; individual or group services | All disciplines | • 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 | • 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>
<thead>
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<tbody>
<tr>
<td>H2019</td>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
<td>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</td>
<td>All disciplines</td>
<td>• Document the behavior impairments being managed and current level of functioning. Include diagnosis or provisional diagnosis. • Document pertinent family information &amp; 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.</td>
</tr>
</tbody>
</table>

**Table 7: SMHS Supplemental Services Codes**

<table>
<thead>
<tr>
<th>BHS LOCAL CODE</th>
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<th>DOCUMENTATION TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>90785</td>
<td>Interactive complexity</td>
<td>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</td>
<td>All disciplines</td>
<td>Document at least one of the following: • 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</td>
</tr>
</tbody>
</table>

Effective 7/1/2023

CPT book version 2023; HCPCS book version 2023
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Time</th>
<th>Provider</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1013</td>
<td>Sign language or oral interpretive services, 15 minutes</td>
<td>Use this code when necessary to facilitate effective communication with deaf or hearing-impaired patients</td>
<td>All disciplines</td>
<td>Specific documentation of time must be included as this code is per each 15 minutes.</td>
</tr>
</tbody>
</table>