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

2. **Document Structure:**
   a. There are 08 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. Medication Support Services Codes Table (Yellow)
      iv. Plan Development Codes Table (Green)
      v. Referral Codes Table (Blue)
      vi. Rehabilitation Codes Table (Pink)
      vii. Therapeutic Behavioral Services Codes Table (Purple)
      viii. Supplemental Services Codes Table
   b. For each table, the columns contain information: (Black)
      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)
### 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>
</table>
| H2000          | H2000            | Comprehensive multidisciplinary evaluation, 15 minutes | Comprehensive multidisciplinary evaluation | All Disciplines | • Document the findings of the comprehensive evaluation and multidisciplinary team members involved in the evaluation  
• Documentation must include total time of the evaluation |
| H0031          | H0031            | Mental health assessment by non-physician, 15 minutes | Use this code for an in-depth mental health assessment | Pharm, PA, PhD/PsyD, LCSW, MFT, LPCC, NP, CNS, PT, PA, RN, LVN, MHRS, Other, Peer | • Document the findings of the in-depth mental health assessment, including treatment plan/goals  
• Documentation must include total time of the assessment |

### Table 2: SMHS Crisis Intervention 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>
| 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 3: SMHS Medication Support Services 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>
| 99605          | 99605            | Medication therapy management service(s) provided by a Pharmacist, 15 minutes | Use this code when providing a new patient with individual, face-to-face assessment and intervention | Pharma | • Documentation should state service was provided face-to-face to a new patient with documentation of time.  
• Document review of the patient's pertinent history and medication profile, including both prescription and nonprescription medications, and identify possible interactions and problems.  
• Document any recommendations for drug therapy. |
| 99606          | 99606            | Medication therapy management service(s) provided by a Pharmacist, 15 minutes | Use this code when providing an established patient with individual, face-to-face assessment and intervention | Pharma | • Documentation should state service was provided face-to-face to a new patient with documentation of time  
• Document review of the patient's pertinent history and medication profile, including both prescription and nonprescription medications, and identify possible interactions and problems.  
• Document any recommendations for drug therapy |
| 99607          | 99607            | Medication therapy management service(s) provided by a Pharmacist, each additional 15 minutes | Use this code with 99605 or 99606 for each additional 15 of individual, face-to-face assessment and intervention. | Pharma | • Each additional 15 minutes beyond 99605 or 99606 |
| H0034          | H0034            | Medication training and support, per 15 minutes | Medication training and support, per 15 minutes | MD/DO, Pharma, PA, NP, CNS, RN, LVN, PT | • 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. |
| G2212          | G2212            | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum | Each additional 15 minutes for E/M services provided beyond maximum time for primary procedure, e.g., 74 minutes | MD/DO, PA, NP, CNS, PhD/PsyD, LCSW, PCC, MFT, Pharm, RN, LVN | • 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. |
### H0033

**Oral Medication Administration, Direct Observation, 15 Minutes**

Use this code for direct observation of single or multiple administration at one time of oral medications

- All disciplines
- 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.
- Document compliance, assessment of side effects and efficacy of the medication.

### Table 4: SMHS Plan Development 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>
| 99366          | 99366             | Medical team conference with interdisciplinary team of health care professionals, 30 minutes or more | Use this code for participation in medical team conferences by non-physician face-to-face conference with patient and/or family. Face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines. Participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference. | Pharm, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, RN | - Reporting participants in the team conference shall document their participation as well as their contributed information and subsequent treatment recommendations
- Problem List should be updated accordingly based on the team conference. |
<table>
<thead>
<tr>
<th>Code</th>
<th>99368</th>
<th>Description</th>
<th>CPT/HCPCS Code</th>
<th>Note</th>
</tr>
</thead>
</table>
|        | 99368          | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more |                | - Documentation should note the team members present and reflect the recommendations of the team  
- Problem List should be updated accordingly based on the team conference. |

Within the previous 60 days
Time starts at the beginning of review of individual patient and ends at the conclusion of the review. Team conference services of less than 30 minutes duration are not reported separately.

Use this code for participation in medical team conferences by non-physician face-to-face conference without patient and/or family.
Face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines. Participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days.
Time starts at the beginning of review of individual patient and ends at the conclusion.
of the review. Team conference services of less than 30 minutes duration are not reported separately.

<table>
<thead>
<tr>
<th>CPT/HCPCS cod</th>
<th>Service Description</th>
<th>Required elements for reporting are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>99484</td>
<td>Care management services for behavioral health conditions, directed by physician. At least 20 minutes</td>
<td>• initial assessment or follow-up monitoring, including the use of applicable validated rating scales; • behavioral health care planning in relations to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; • facilitating and coordination treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team</td>
</tr>
<tr>
<td>H0032</td>
<td>Mental health service plan development by non-physician, 15 minutes</td>
<td>• Document the development of written protocols for treating and measuring all treatment targets</td>
</tr>
</tbody>
</table>

Table 5: SMHS Referral 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>T1017</td>
<td>T1017</td>
<td>Targeted case management, each 15 minutes</td>
<td>Targeted case management services are aimed specifically at special groups, such as</td>
<td>All disciplines</td>
<td>• Documentation should include the reasons for the targeted case management and include the components of the services provided and/or recommended. • Time documentation for the use of this code is each 15 minutes. Specific documentation of time must be included. For</td>
</tr>
</tbody>
</table>
those with developmental disabilities or chronic mental illness.

example, an occurrence of 30 minutes would use code T1017 with 2 units to account for each 15 minutes.

---

**Table 6: SMHS Rehabilitation 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>
| 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 7: SMHS Therapeutic Behavioral Services 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>
| H2019          | H2019            | Therapeutic behavioral services, per 15 minutes | Use this code when providing intensive individualized one on one behavioral health service(s) to children/youth with | All disciplines | • Document the behavior impairments being managed and current level of functioning. Include diagnosis or provisional diagnosis.  
• Document pertinent family information & history  
• Document the patients previous medical and mental health history  
• Document any client strengths and risks  
• Document measurable goals |

### Table 8: SMHS Supplemental Services 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>
| 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 or other care givers involved in the care of the patient  
Explanation of condition, tests results and current treatment plan are included.  
Supplemental codes cannot be billed independently. They have to be billed with a/another (primary) procedure. | MD/DO, PhD/PsyD, Pharm, LCSW, PCC, MFT, PA, NP, CNS, OT | • Document the specific results or other accumulated data utilized in explanation to family or others  
• Include a narrative indicating there was another individual in addition to the physician and patient present at the time of this service |
| 90785          | 90785            | Interactive complexity   | Use this code as an add on code reported in conjunction with an appropriate primary | All disciplines | Document at least one of the following:  
• Need to manage maladaptive communication (related to, eg, high anxiety, high reactivity, repeated questions, or |

Effective 7/1/2023

CPT book version 2023; HCPCS book version 2023

Page 8 of 9
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Code</th>
<th>Time</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>service for psychiatric diagnostic evaluation (90791,90792) or psychotherapy (90832 – 90838, 90853) service</td>
<td>Used for situations beyond simply standard verbal communication. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.</td>
<td>T1013</td>
<td>All disciplines</td>
<td>Specific documentation of time must be included as this code is per each 15 minutes.</td>
</tr>
<tr>
<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>T1013</td>
<td>All disciplines</td>
<td></td>
</tr>
</tbody>
</table>