



**SPECIALITY MENTAL HEALTH SERVICES (SMHS)
AOA, CYF & TAY CPT and HCPCs CODE TIP SHEET
FOR LPHAs, MHRS and MHW
5/17/2024**

All BHS Providers must use the appropriate CPT and/or HCPCs code to charge for Specialty Mental Health Services (SMHS). BHS Providers are responsible for understanding the codes, the appropriate unit definition, adding the appropriate modifiers, training staff, and maintaining up to date information.

Important Reminders for Epic Go-live:

- Direct Patient Care is billable time and **ONLY INCLUDES** time spent doing patient care activities.
- Direct Patient Care will be a text field labeled “Direct Service Time” in Epic.
- All BHS providers must ensure that the direct service minutes on each Progress Note supports the units for all services charged. The following fields should align for all charges:
 - Progress Notes: There is a Direct Service Time field in Epic at the end of each Progress Note. Providers will enter the time in minutes for each service being documented on the note. The duration of time per service is required for all Specialty Mental Health Services (SMHS).
 - Charge Capture Units: The Charge Capture section indicates the number of units for each service being charged. The number of units selected for each charge must align with the Direct Service Time minutes on the corresponding note.
- Most codes should be selected based on the midpoint rule meaning that a unit associated with a code is attained when the mid-point is passed. For example, if one unit of a code is one hour, one unit of that code is attained when 31 minutes of direct patient care has been provided.
 - Note that some codes, such as the Psychotherapy codes have defined time ranges and are not subject to the midpoint rule. When claiming these codes, when a provider delivered the lower bound of the service indicated in the range, they can claim one unit of that code.
- The tables below highlight some of **the most commonly used** Specialty Mental Health (SMHS) CPT and HCPCs codes used by LPHAs, MHRS and QHPs.
 - **There are additional codes available to bill.** Further information can be found on the [BHS SMH Provider Crosswalk v5](#).

DHCS Direct Patient Care	
INCLUDES	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.
DOES NOT INCLUDE	Direct Patient Care does not include travel time, administrative activities, chart review, documentation/writing, preparation time, utilization review and quality assurance activities or other activities a provider engages in either before or after a client visit.

Scenario:

- A LPHA spends 63 minutes providing a comprehensive psychosocial mental health assessment for diagnostic purposes, they would:
 - Enter **63** minutes in the Direct Service Time field in their Progress Note
 - Select **90791** Psychiatric Diagnostic Evaluation, 15 Min
 - Enter Quantity **1**
 - Select **G2212** Prolonged Office Visit, 15 Min
 - Enter Quantity **3**



Most Frequently Used CPT Codes for Behavioral Health

Allowable Disciplines for CPT Codes: LPHA/Registered/Waivered: LMFT, LCSW, LPCC, Ph.D./Psy.D., AMFT, ASW, APCC, Psychology Post-Doc

CPT Code	Service Description	Min Time to Charge 1 Unit	Max Time to Charge 1 Unit	Max Units That Can be Charged Per Day	Can This Code Be Extended with An Add-On?	Appropriate Add-On Code and Examples of Unit/Duration Breakdown
90791	Psychiatric Diagnostic Evaluation, 15 Min	8 Min	22 Min	1	Yes	G2212 (up to 14 units) 1 Unit = 23-37min 2 Unit = 38-52min 3 Unit = 53-67min 4 Unit = 68-82min 5 Unit = 83-97min
90885	Eval. of Hospital Records, Other Psychiatric Reports, Psychometric and Other Accumulated Data for Diagnostic Purposes, 15 Min	8 Min	22 Min	1	Yes	G2212 (up to 14 units) 1 Unit = 23-37min 2 Unit = 38-52min 3 Unit = 53-67min 4 Unit = 68-82min 5 Unit = 83-97min
90839	Psychotherapy for Crisis, First Hour	30 Min	74 Min	1	No	90840 (up to 13 units) 1 Unit = 75-104min 2 Unit = 105-134min 3 Unit = 135-164min 4 Unit = 165-194min 5 Unit = 195-224min
90832	Psychotherapy, 30 Min	16 Min	37 Min	1	No	
90834	Psychotherapy, 45 Min	38 Min	52 Min	1	No	
90837	Psychotherapy, 60 Min	53 Min	67 Min	1	Yes	G2212 (up to 14 units) 1 Unit = 68-82min 2 Unit = 83-97min 3 Unit = 98-112min 4 Unit = 113-127min 5 Unit = 128-142min
90847	Family Psychotherapy (Client Present), 50 Min	26 Min	57 Min	1	Yes	G2212 (up to 14 units) 1 Unit = 58-72min 2 Unit = 73-87min 3 Unit = 88-102min 4 Unit = 103-117min 5 Unit = 118-132min



90849	Multiple-Family Group Psychotherapy, 15 Min	8 Min	22 Min	1	Yes	G2212 (up to 14 units) + HQ Modifier 1 Unit = 23-37min 2 Unit = 38-52min 3 Unit = 53-67min 4 Unit = 68-82min 5 Unit = 83-97min
90853	Group Psychotherapy, 15 Min	8 Min	22 Min	1	Yes	G2212 (up to 14 units) + HQ Modifier 1 Unit = 23-37min 2 Unit = 38-52min 3 Unit = 53-67min 4 Unit = 68-82min 5 Unit = 83-97min
90785	Interactive Complexity. May be used by all disciplines, including non-LPHAs. This code must be billed with the primary code.	Variable. This code is claimable when at least 1 unit of the primary procedure is claimed.	This code cannot be extended	1 per allowed procedure per provider per beneficiary	No	
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Min. This code must be billed with the primary code.	8 Min	This code cannot be extended	1	No	



Most Frequently Used HCPCs Codes for Behavioral Health

Allowable Disciplines: **All Disciplines** may use these codes

HCPCs Code	Service Description	Min Time Needed to Charge First Unit	Max Time Needed to Charge First Unit	Max Units That Can be Charged Per Day	Examples of Unit/Duration Breakdown
H0031	Mental Health Assessment by Non-Physician, 15 Min	8 Min	22 Min	96 (1440 Min)	1 Unit = 8-22min 2 Unit = 23-37min 3 Unit = 38-52min 4 Unit = 53-67min 5 Unit = 68-82min 6 Unit = 83-97min 7 Unit = 98-112min 8 Unit=113-127min 9 Unit=128-142min 10 Unit=143-157min 11 Unit=158-172min 12 Unit=173-187min 13 Unit=188-202min 14 Unit=203-217min 15 Unit=218-232min
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Min	8 Min	22 Min	96 (1440 Min)	See above
T1017	Targeted Case Management, Each 15 Min	8 Min	22 Min	96 (1440 Min)	See above
H2017	Psychosocial Rehabilitation, per 15 Min	8 Min	22 Min	96 (1440 Min)	See above
H2017 - HQ	Psychosocial Group Rehabilitation, per 15 Min	8 Min	22 Min	96 (1440 Min)	See above
H2011	Crisis Intervention Service, per 15 Min	8 Min	22 Min	32 (480 Min)	See above
H0034	Medication training and support, 15 Min	8 Min	22 Min	16 (240 Min)	See above
T1013	Sign Language or Oral Interpretive Services, 15 Min. This code must be billed with the primary code.	Variable	Variable	Variable, dependent on codes billed	

Reminder: Add-On Services Codes are not used with HCPCs codes

References:

- [V 1.5 DHCS SMHS Billing Manual](#)
- [SFDPH BHS CalAIM Payment Reform FAQ](#)
- [Epic Operation Guide for BHS Providers](#)