San Francisco Health Network
Behavioral Health Services

SPECIALITY MENTAL HEALTH SERVICES (SMHS)
PRESCRIBER TIP SHEET
6/7/2024

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:

- Direct Patient Care is billable time and **ONLY INCLUDES** time spent doing patient care activities. Patient Care activities include time spent with the client, time spent with significant support persons if the purpose is to support the care of the client and time with clients care team.
- Direct Patient Care will be a text field labeled "Direct Service Time" in Epic.
- All BHS providers must enter Direct Service Time and ensure that the Direct Service Time on each Progress Note supports the units for all services charged. The following fields should align:
    - Progress Notes: Direct Service Time is the text field at the end of each Progress Note. Providers will enter the time in minutes for the service being documented on the note. The duration of time per service is required for all Specialty Mental Health Services (SMHS).
    - Level of Service or Charge Capture Units: The number of units selected for each charge must align with the Direct Service Time 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 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 Evaluation and Management 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.
- **DO NOT** use Medical Decision Making (MDM) when selecting Evaluation and Management (E&M) codes. **USE ONLY** Time spent providing direct patient care. This is a DHCS requirement.
- **DO NOT** use **NEW E&M 99202-99205** for the Initial Psychiatric Assessment. **USE 90792** as most BHS clients are not considered "New" by the DHCS definition.
- The tables below highlight some of **the most commonly used** Specialty Mental Health (SMHS) CPT and HCPCs codes used by Prescribers.
    - **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.

Example:

- A Psychiatrist spends 63 minutes providing a comprehensive psychosocial mental health assessment for diagnostic purposes with medical services, they would:
  - Enter **63** minutes in the Direct Service Time field in their Progress Note in Epic
  - Select **90792** 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: MD/DO, NP, PA

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	Code Guidance
Eval w/Med (90792)	**Psychiatric Diagnostic Evaluation with Medical Services**, 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	• Use when performing an integrated biopsychosocial and medical assessment or reassessment and medical services are also provided. • Can be office, telephone, telehealth (audio/visual) • Documentation must include a complete medical and psychiatric history, a mental status exam, ordering of laboratory and other diagnostic studies

							with interpretation, and communication with of sources or informants.
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	• Use this when reviewing and evaluating of clinical records, reports, tests and other data for: o Assessment and/or diagnostic purposes o Plan development • Document the records, tests and data reviewed • May be used the same day as billing E&M/H0034 • May not be used the same day as billing the code 90792 • May not be used if patient no-shows
EM 10-19 (99212) **EM** 20-29 (99213) **EM** 30-39 (99214) **EM** 40-61 (99215)	**Office or Other Outpatient Visit of an Established Patient**	10 Min 20 Min 30 Min 40 Min	19 Min 29 Min 39 Min 61 Min	1	No	**G2212 (up to 14 units)** 1 Unit = 62-76min 2 Unit = 77-91min 3 Unit = 92-106min 4 Unit = 107-121min 5 Unit = 122-136min	• Office or Telehealth Services • Choose E&M that corresponds to the Direct Service Time that is documented in the progress note • DO NOT use Medical Decision Making (MDM) when selecting the E&M codes. USE ONLY Time spent providing direct patient care. • The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.
HEM 10-20 (99347) **HEM** 21-35 (99348)	**Home Visit of an Established Patient**	10 Min 21 Min	20 Min 35 Min	1	No	**G2212 (up to 14 units)** 1 Unit = 78-92min	• Home or residence visit of an established patient

HEM 36-50 (99349) **HEM** 51-70 (99350)		36 Min 51 Min	50 Min 77 Min			2 Unit = 93-107min 3 Unit = 108-122min 4 Unit = 123-137min	• Choose E&M that corresponds to the Direct Service Time that is documented in the progress note • DO NOT use Medical Decision Making (MDM) when selecting the E&M codes. USE ONLY Time spent providing direct patient care. • The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.
Tel 5-10 (99441) **Tel** 11-20 (99442) **Tel** 21-30 (99443)	**Telephone Evaluation and Management Service**	5 Min 11 Min 21 Min	10 Min 20 Min 37 Min	1	No	N/A	• With Established Patients, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours • Choose E&M that corresponds to the Direct Service Time that is documented in the progress note.
96372	**Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular**, 15 Minutes	1 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	• Use when administering intramuscular injections • Do not use for vaccines • The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.
90785	**Interactive Complexity**. May be used by all disciplines, including non-Prescribers. This	Variable. This code is claimable when at least 1 unit	This code cannot be extended	1 per allowed procedure per provider	No		• Encompasses several factors including: ○ Manage maladaptive communication

	code must be **billed with** the primary code.	of the primary procedure is claimed.		per beneficiary			○ Caregiver emotions or behavior that interferes with treatment ○ Evidence of disclosure of a sentinel event and mandated reporting ○ Use of devices to communication with the beneficiary • Use of an interpreter should be captured with HCPCs code T1013 • T1013 and 90785 can not be claimed on the same day

Additional HCPCS Codes used by Behavioral Health Prescribers

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	Code Guidance
T1017	**Targeted Case Management**, Each 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	• Service activities may include, but are not limited to, communication, coordination, and referral; monitoring of the person's progress once they receive access to services; and development of the plan for accessing services. • Interventions must clearly document the connection between the case management need and mental health needs.
H0034	**Medication training and support,** 15 Min	8 Min	22 Min	16 (240 Min)	See above	• Use when providing services that include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. • The maximum number of hours claimable for medication support

						services in a 24-hour period is 4 hours.
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	See above	• When the provider and the patient cannot communicate in the same language, and the provider uses an on-site interpreter and/or individual trained in medical interpretation to provide medical interpretation • May not be used when the practitioner provides the service in the clients' preferred language

Reminder: Add-On Services Codes **<u>are not</u>** used with HCPCs codes

References:

- V 1.5 DHCS SMHS Billing Manual
- SFDPH BHS CalAIM Payment Reform FAQ
- Epic Operation Guide for BHS Providers