SPECIALITY MENTAL HEALTH SERVICES (SMHS)
MD/DO/NP/PA TIP SHEET
7/1/2024

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.

<mark>***IMPORTANT CHANGES STARTING JULY 1, 2024***</mark>

- **90792** is now 60 minutes in duration. It cannot be prolonged. You must claim **T2024** for services over 68 minutes. See details below.
- **G2212** is no longer available. You must now choose the appropriate add-on codes for prolonged services. See details below.
- **90885** is now 60 minutes in duration. It cannot be prolonged. You must claim **T2024** for services over 68 minutes. See details below.
- **Home E&M** code durations have changed. See details below.
- **96372** can no longer be extended. See details below.

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 <u>must</u> enter Direct Service Time and ensure that the Direct Service Time on each Progress Note supports the units for all services charged.
   - 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 <u>Medical Decision Making (MDM)</u> when selecting Evaluation and Management (E&M) codes. **USE ONLY** <u>Time</u> spent providing direct patient care. This is a DHCS requirement.

- **DO NOT** use **NEW E&M 99202-99205** for the <u>Initial Psychiatric Assessment</u>. **USE 90792** as most BHS clients are not considered "New" by the DHCS definition.

- The tables below highlight the recent changes & 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 SMHS Provider Crosswalk.

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 75 minutes providing a comprehensive psychosocial mental health assessment for diagnostic purposes with medical services, they would:
  - Enter **75** minutes in the Direct Service Time field in their Progress Note in Epic
  - Select **Eval w/Med 60 Min** on the LOS
    - Quantity defaults to 1 in Epic
  - Select **T2024**
    - Quantity defaults to 1 in Epic

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 in Epic?	Identified Add-On Code in Epic and Examples of Unit/Duration Breakdown	Code Guidance
Eval w/Med 60 m (90792)	**Psychiatric Diagnostic Evaluation with Medical Services**, 60 Min	31 Min	67 Min	1	Yes	**T2024** 1 Unit = 68–82min 2 Unit = 83-97min 3 Unit = 98-112min 4 Unit = 113-127min 5 Unit = 128-142min 6 Unit = 143-157min 7 Unit = 158-172min 8 Unit = 173-187min 9 Unit = 188-202min 10 Unit=203-217min 11 Unit=218-232min 12 Unit=233-247min 13 Unit=248-262min 14 Unit=263-277min 15 Unit=278-292min	• 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,** 60 Min	31 Min	67 Min	1	Yes	**T2024**
						1 Unit = 68–82min
						2 Unit = 83-97min
						3 Unit = 98-112min
						4 Unit = 113-127min
						5 Unit = 128-142min
						6 Unit = 143-157min
						7 Unit = 158-172min
						8 Unit = 173-187min
							• 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 not be used if patient no-shows
EM 10-19m (99212) EM 20-29m (99213) EM 30-39m (99214) EM 40-83m (99215)	**Office or Other Outpatient Visit of an Established Patient**	10 Min 20 Min 30 Min 40 Min	19 Min 29 Min 39 Min 83 Min	1	Yes For service time of 84 minutes or more, claim prolonged codes 99415 and 99416 as appropriate	**99415** 84-128 min: 1 Unit 99215 + 1 Unit 99415 **99416:** 129-158 min: 1 Unit 99215 + 1 Unit 99415 + 1 Unit 159-188 min: 1 unit 99215 + 1 Unit 99415 + 2 Units 99416	• 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 20-29m (99347) HEM 30-39m (99348) HEM 40-59m (99349) HEM 60-88m (99350)	**Home Visit of an Established Patient**	20 Min 30 Min 40 Min 60 Min	29 Min 39 Min 59 Min 88 Min	1	Yes For service time of 89 minutes or more, claim the appropriate units of prolonged code 99417.	**99417** 89-103 min: 1 Unit 99350 + 1 Unit 99417 104-117 min: 1 Unit 99350 + 2 Units 99417 118-132 min: 1 unit 99350 + 3 Units 99417	• Home or residence visit of an established patient • Choose E&M that corresponds to the Direct Service Time that is documented in the progress note • 99417 **does not** follow the midpoint rule. A full 15 minutes must be met before one unit of 99417 can be claimed • The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.

Tel 5-10m (99441) **Tel** 11-20m (99442) **Tel** 21-30m (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	**No**	N/A	• 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.

Most Frequently Used HCPCs Codes for Behavioral Health

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)	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	• 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.

				12 Unit=173-187min 13 Unit=188-202min 14 Unit=203-217min 15 Unit=218-232min 16 Units=233 min+	• The maximum number of hours claimable for medication support services in a 24-hour period is 4 hours.

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

References:

- [DHCS SMHS Billing Manual May 2024](#)
- [SFDPH BHS CalAIM Payment Reform FAQ](#)
- [Epic Operation Guide for BHS Providers](#)