



Coding Part 1

MH Service Codes



Download the PPT from the QM Website:

<https://www.smchealth.org/bhrs/qm>

Click on the “Webinar Recording & PPTs” Tab



March 20, 2025

Meet Your QM TEAM



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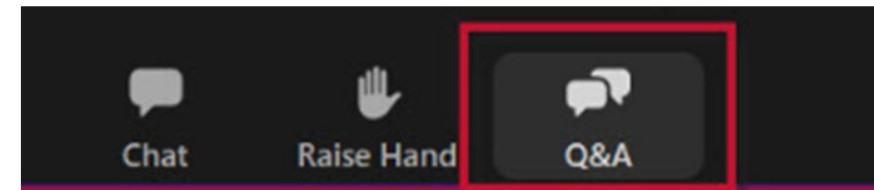
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Housekeeping

- Reminder- Please keep your mic muted
- Type your questions using the Q&A button.
- Today's session will be recorded.



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Agenda

At the conclusion of this 2-Part training, participants will have a better understanding of the following:

- The distinction between different service codes and location codes.
- The relationship between Service Codes, Location Codes, and Service Time
- When to use specific Service Codes and Location Codes

Coding Basics



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Direct Client Care



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Direct Care

Definition

The time spent meeting directly with the client, the client's caregivers and significant support persons, as well as other professionals.

There are some very limited exceptions to this "Direct Care" requirement, but QM will let staff know about these in the Documentation Manual and Service Code Cheat Sheet.

What does not count

- Administrative activities
- Utilization Review
- Quality Assurance Activities
- Travel Time
- Documentation Time
- Any other activities a provider engages in, before or after a direct client care visit



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Direct Care: Scenario

The beneficiary is being provided a billable service in their own home for **60 minutes**.

The beneficiary was late coming home from work, so staff had to **wait 12 minutes** before starting session.

Staff drove a total of **25 minutes round trip**, meaning from their office to the beneficiary's home and then back to the office.

Staff spent **10 minutes writing progress note** upon returning to the office.

60 Add to Service Time field

12 Add to Other Non-Billable Time

25 Add to Travel Time field

10 Add to Documentation Time field



Coding Time for Services

	Individual Services	Group Services	Services Delivered without Beneficiary Present
Service Time	Entire time spent providing direct service.	Entire time spent providing the group service.	Entire time spent providing direct service.
Documentation Time	Entire time spent documenting.	Only the time it took to write the beneficiary's note.	Entire time spent documenting.
Travel Time*	Entire time spent traveling.*	Entire time spent traveling for the group service.*	Entire time spent traveling.*
Non-Billable Time	Entire time spent providing non-billable service (non-billable time other than documentation time or travel time).	Only the time it took to provide unbillable services for that particular beneficiary (e.g., time spent completing a mandated report, etc.).	Entire time spent providing non-billable service.

*See Documentation Manual for more information re: what "counts" as travel time.



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Service Types Overview



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Service Types

Assessment

Crisis Services

Intensive Care Coordination Services (ICC)

Intensive Home-Based Services (IHBS)

Plan Development

Medication Support Service

Peer Support Specialist (PSS) Services

Rehabilitation

Targeted Case Management (TCM)

Therapy

Therapeutic Behavioral Services (TBS)

**Provide only services that
are within your scope of
practice.**

**Additional Resources Available on
the QM Website**

- ✓ [Service Code Cheat Sheet](#)
- ✓ [Scope of Practice Matrix for MH and SUD](#)
- ✓ [Documentation Manual for MH](#)



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Commonly Used Specialty Mental Health Services (SMHS)



Crisis Intervention

(Not Crisis Stabilization or Crisis Residential)

Description

An unplanned, expedited service, or an emergency response service

May be provided face-to-face, by telephone or by videoconferencing

Provided to or on behalf of a beneficiary

Purpose

Addresses a condition that requires more timely response than a regularly scheduled visit

Enables the beneficiary to cope with a crisis

Assists the beneficiary in regaining their status as a functioning community member.

Service Components

Assessment

Collateral

Therapy

Referral / Linkages

Referral Title 9, CCR, § 1840.366 states that “the maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.

Psychotherapy for Crisis

New Code for Crisis Service (Available 3/31/2025)

Psychotherapy for Crisis

90839CA

- **Minimum time** needed to claim is **30 minutes**.
- You are providing a therapy session to address a crisis situation.
- Only allowed for those disciplines for whom therapy is **within their scope of practice**.
- If you provided a crisis service that was under 30 minutes, and what you provided was not psychotherapy to address a crisis, use code 2CA (Crisis Intervention).



Mental Health Assessment

Description

Collect information and evaluate the current status of a beneficiary's mental, emotional, or behavioral health

Purpose

Determines if criteria is met for behavioral health diagnosis

Determines whether and what type of SMHS are medically necessary

Recommends or updates a course of treatment

Service Components

Analysis of relevant biopsychosocial and cultural issues and history

Analysis of the beneficiary's clinical history

Mental status examination, Psychological Testing, and/or other Assessment Tools

Mental Health Assessment

Billable Chart Review

Time spent reviewing a client's **external chart**, including hospital records, for the purpose of completing an assessment

Use Code: 90885CA External Chart Review

Input time reviewing in “**Service Time**”

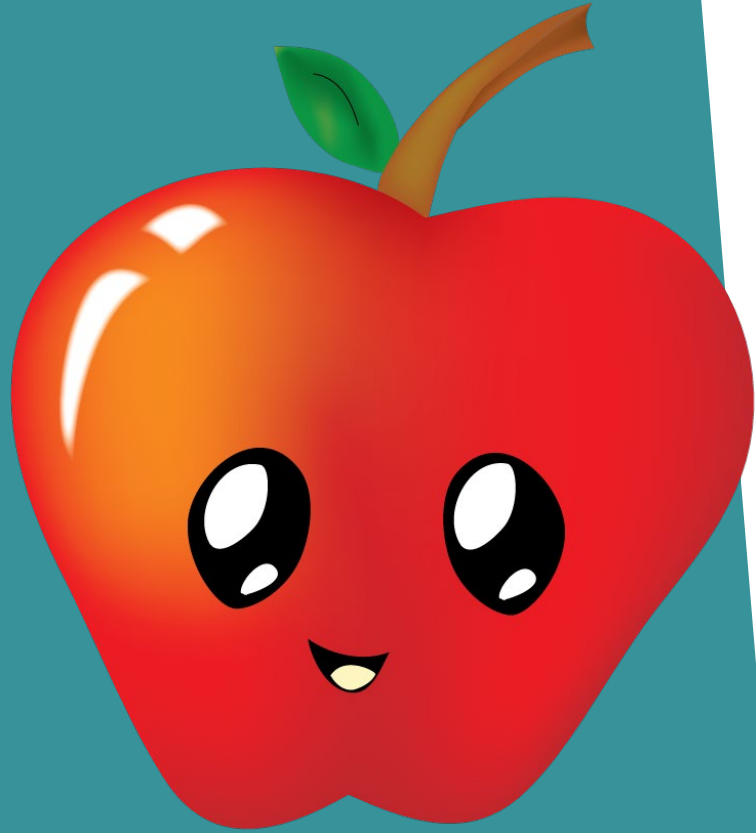
Not Billable Chart Review

Time spent reviewing a client's **internal chart** for the purpose of completing an assessment

Use Code: 55 Nonbillable Service

Input time in “**Other Non-Billable Time**”





Poll 1

True or False: A BHRS program that reviews documentation from a client's previous BHRS Program can bill for chart review.

A. True

☒ False



Targeted Case Management

Description

Assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services

Provided to client or significant support persons or other providers

Purpose

Supports client's access to services including when transitioning care.

Service Components

Communication, coordination, and referral

Monitoring service delivery to ensure patient access to services

Placement services and plan management

Monitoring the beneficiary's progress

Rehabilitation

Description

A recovery or resiliency focused service activity

May be provided to a beneficiary or a group of beneficiaries

Purpose

Addresses a MH need

Enhances self-sufficiency or self-regulation

Provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills

Service Components

Includes support resources, and/or medication education

Can include therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills

Rehab vs Therapy Services

Remember to be mindful of your Scope of Practice

Rehab

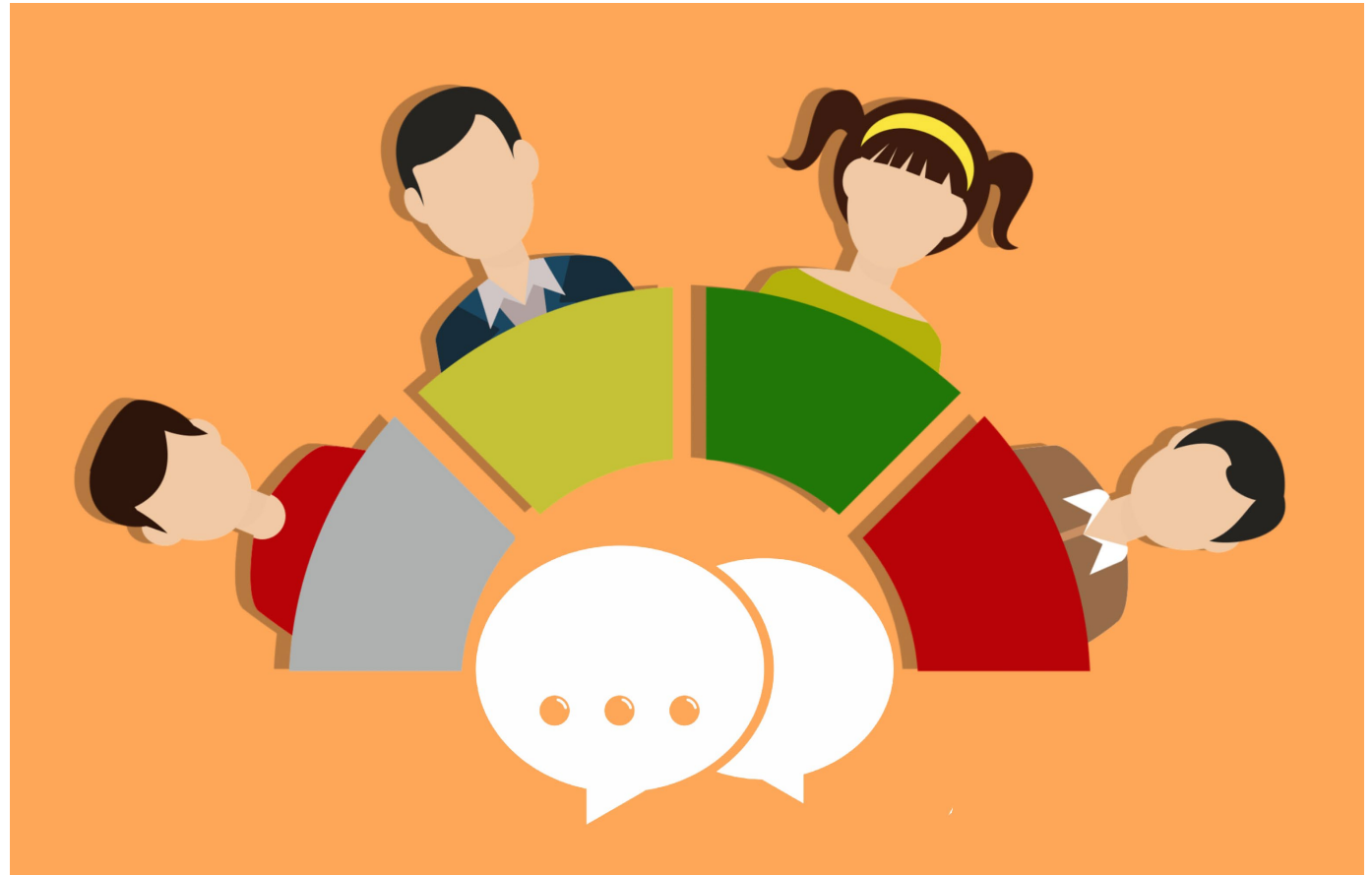
- Aims to address functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation.
- Task / Skill-oriented. For instance, practicing/developing coping skills, problem-solving strategies, etc.

VS

Therapy

- Aims to address personal, interpersonal and community functioning
- Aims to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective

Collateral Services



Collateral Services



Billing collateral has changed under Payment Reform ...

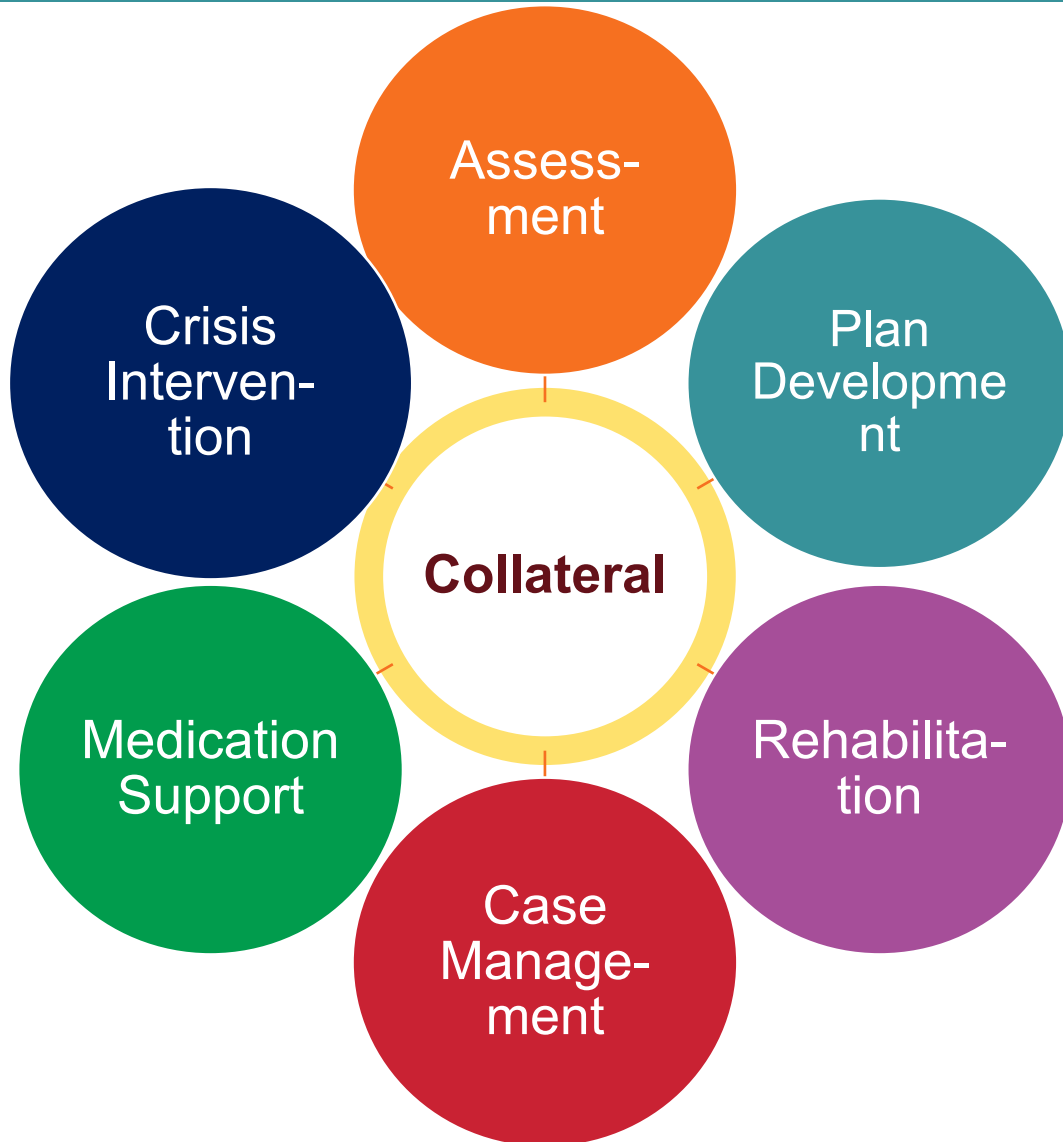
There is no longer a dedicated Service Code for “Collateral”

Collateral is now a component of a service

Mark “Yes” on Progress Note for “Did collateral participate in this service?”



Collateral Services



You can bill collateral using any of the codes here **as long as they are within your scope of practice** and as long as they **address the client's behavioral health needs**.

Collateral services may be an individual or group service.



Collateral Services

Assessment

- Meeting with the beneficiary's caregiver/significant support person to develop a plan for treatment.

Plan Development

- Meeting with the beneficiary's caregiver/significant support person to develop a plan for treatment.

Rehabilitation

- Meeting with the beneficiary's caregiver/significant support person for the purpose of coaching, skill development as way to support the beneficiary with managing behavioral health needs.

Case Management

- Meeting with the beneficiary's caregiver/significant support person for the purpose of connecting them with resources/community supports to address the beneficiary's needs.

Medication Support

- Meeting with the beneficiary's caregiver/significant support person for the purpose evaluating the client's medication needs, medication use, and treatment planning.

Crisis Intervention

- Meeting with beneficiary's caregivers/significant support person for the purpose of stabilizing an immediate crisis within a community or clinical treatment setting



VEGETABLES ARE COOL



Poll 2

Collateral services should no longer be provided because there is no billing code specifically called “collateral.”

A. True

☒ False



Peer Support Services



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Peer Support Specialists

H0038

Peer Support/Self Help Therapy

Use for Peer Support Services such as

- ✓ prevention/recovery coaching,
- ✓ linking to resources and
- ✓ recovery related education provided to individuals and their support persons.

PSS can also use all the codes used by non-certified Peer Workers.



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H0025

Peer Support Prevention Education Group

Use for Peer Support Prevention/Education Groups provided to individuals and their support persons



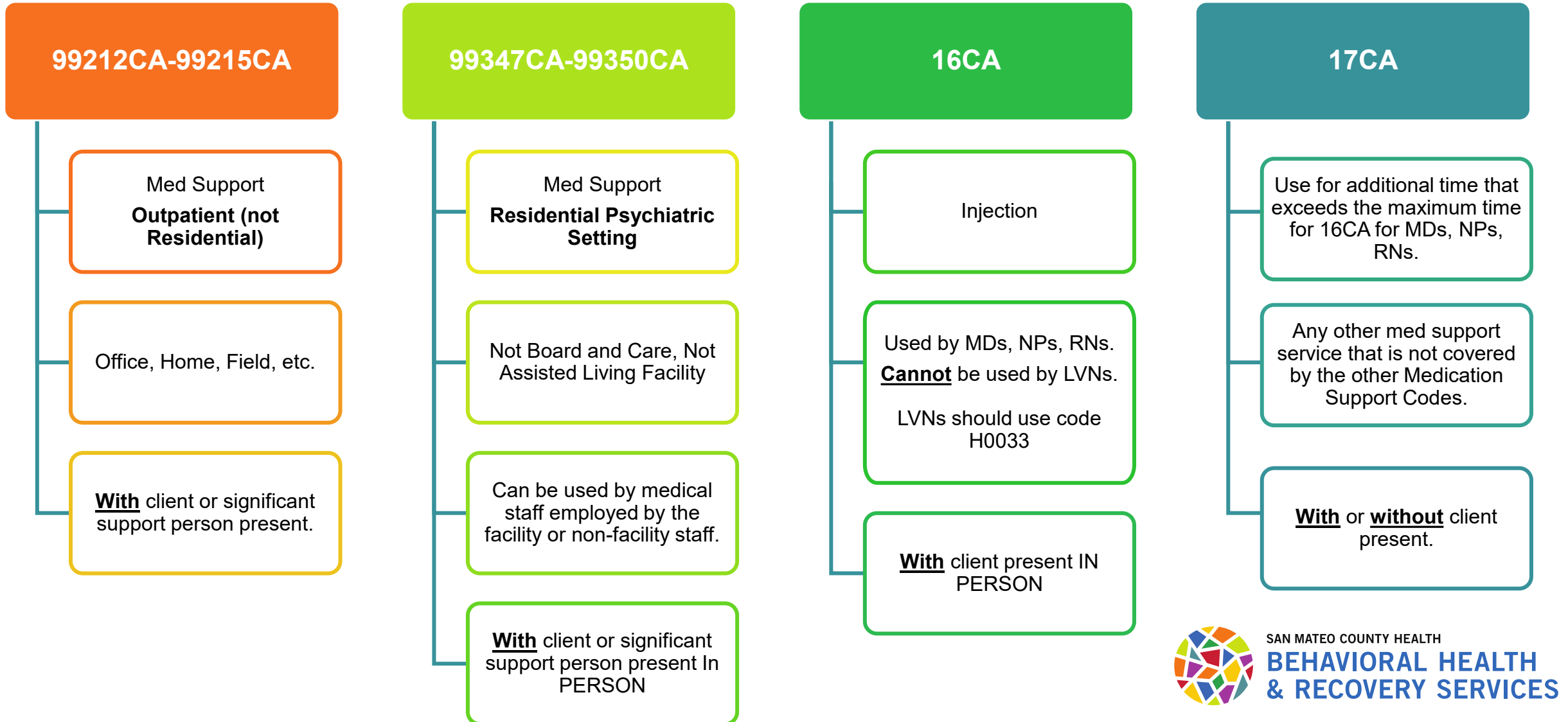
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Medication Support Services



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Medication Related Codes



Medication Support – 16 CA

Code 16CA is meant to cover only the medical activities that are directly involved in administering an injection. **It has a maximum time of 15 minutes** and must be provided **in-person**.

If you spend more than 15 minutes with a client after administering an injection, this will require an additional progress note to be written with a different code to account for any additional services that were provided during the injection appointment.

Progress Note 1: **16CA**

Injection Administration Service Provided:

13 min to administer the injection.

This code may only be used if the service was provided IN-PERSON.

Progress Note 2: **17CA**

Additional Service Provided:

24 min to provide education about the side effects of the medication and answer questions related to the administration of the injection.



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Medication Support Groups

A note about Medication Support Groups (150CA)



What is it? A group focused on medication training and support.



Usually provided by Medical Staff and covers information that is within the scope of the medical staff (e.g., discussing side effects, etc.)



MHRS and Other Qualified Providers can also bill for this but the focus and content of the group **must be within the scope of their role** (e.g., building strategies to support medication adherence)





Poll 3

True or False: A non-medical staff (e.g., PSS, Case Manager, Rehab Specialist, etc.) can advise on things like substituting medications, physical side effects, etc. in the same way that a Nurse Practitioner can when they provide medication groups.

A. True

☒ False



Case Conference Codes for Medical Team Conferences



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Case Conference Codes

99368CA

- Medical Team conference without the beneficiary/family present

99366CA

- Medical Team conference with the beneficiary/family present

99367CA

- Medical Team conference without the beneficiary/family present.
- For use by MD only.

Only for use by certain non-MD staff. Check Service Code Cheat Sheet if this is available for you to bill.

For non-medication-related conferences to coordinate services with other providers, please use Code 51CA.

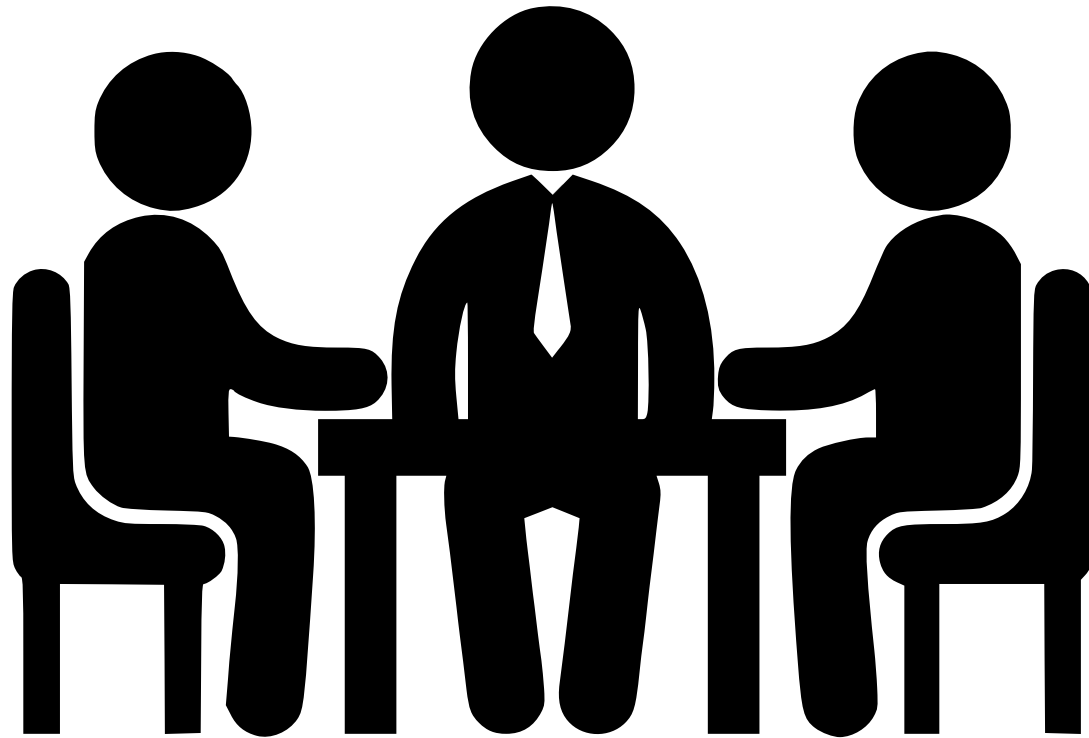


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ICC and CFT

TEAM WORK



ICC, CFT, and IHBS Codes

ICC_CA

*Intensive
care
coordination*

- Use for case management services provided to clients ages 20 and under **who are approved for ICC services.**

CFTICC_CA

*Children and
Family Team
ICC*

- Use to document your time spent attending and participating in CFT meeting.

IHBS Versions of Some Codes

- Use when providing SMHS to youth who are eligible for and are receiving IHBS services.

If the client is not approved for ICC services, or is 21 years old and over, **DO NOT use these service codes.**

Instead use 51CA Case Management OR any of the other non-IHBS versions of the codes.

ICC, IHBS, and TFC Training



COVID-19 H5N1 (BIRD FLU) HEALTH CARE SERVICES

PATHWAYS TO WELL-BEING – INTEGRATED CORE PRACTICE MODEL (ICPM) PROVISION OF ICC, IHBS, TFC AND WRAPAROUND SERVICES: 24-05







Admission Referral

Coming Soon: Policy 24-05 Pathways to Well-Being – Integrated Core Practice Model (ICPM) Provision of ICC, IHBS, TFC and Wraparound Services

Attachments

 Attachment A: SMC ICC Eligibility Screening Form

Additional Reference Materials

- [CALIFORNIA Integrated Core Practice Model for Children, Youth, and Families](#) 
- [Medi-Cal Manual Third Edition ADA](#) 
-  Comparison Matrix
-  ICC IHBS TFC Training for Clinicians
-  Instructions: SMC ICC Eligibility Screening Form on AVATAR
- [Recorded Instructions](#)  SMC ICC Eligibility Screening Form on AVATAR
- **Coming Soon:** ICC, CFT, IHBS, and TFC FAQ's

ICC, IHBS, TFC Training Available in the LMS!

Training Objectives:

- Understand the EPDST benefits of ICC, IHBS, and TFC Services for our clients.
- Review the role of an Intensive Care Coordinator
- Learn how to complete the ICC eligibility screening form.
- Review Documentation and Coding requirements.

Additional Resources Available under the Pathways to Wellbeing Policy

✓ [BHRS Policy 24-05](#)

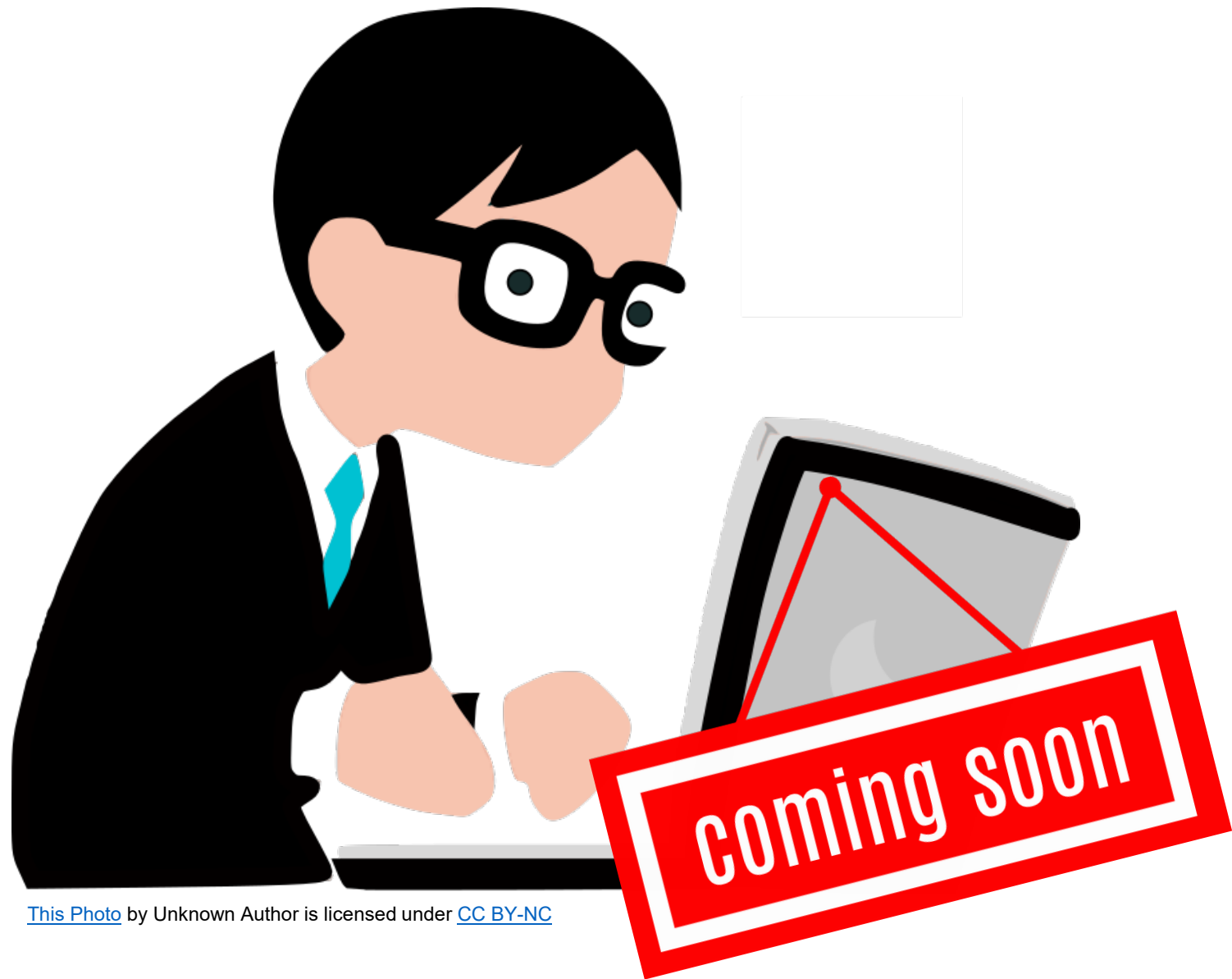


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New Category Coming Soon



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New Service Code Category



- Codes for **Psychological Testing / Evaluation / Interpretation** will be coming soon (3/31/2025)!
- These may only be used by those staff for whom Psych and Neuropsych Testing are within their scope of practice AND for which they have the training and education to administer these tests/evaluations.
- These are NOT codes to use for standard assessment activities that do not include formal psychological/neuropsychological testing/evaluation.



Get Ready to WIN a \$25 Visa GIFT CARD



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- Next Poll is to win a \$25 Visa Gift Card
- Rules are:
 - ☐ Wait to hear Eri say **“GO”**
 - ☐ First person to answer the question correctly IN THE CHAT will win.



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Poll 4

Which of these statements is true regarding the new Psychological Testing/Evaluation/Interpretation codes:

- A. Codes 5CA (Assessment) and the new Psychological Testing/Evaluation codes are interchangeable
- B. Staff do not need training to administer these tests/evaluations and to use the new codes
- ☒ C. Scope of practice AND training to administer the Psychological Testing/Evaluations are the criteria necessary for using these codes
- D. A and C



Non-Billable Services



Non-Reimbursable Service Codes

- ❑ Used for services provided to beneficiaries and their families that are not claimable to Medi-Cal.
- ❑ These services are those services that do not fit the description of any billable SMHS but are deemed necessary for recovery and resiliency.
- ❑ These services may be documented by all members of the clinical teams working with beneficiaries.

Unclaimable
Individual Service



Unclaimable
Group Service



For Missed Visits

Use the intended service code and "Missed Visit" location. **Do NOT code 55 for Missed Visits.**



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Non-Billable Service Codes



Reviewing or preparing chart for assignment of therapist, to close a chart (discharge note) or for release of information



Administrative activities related to closing a chart



Preparing documents for court/testifying/waiting in court



Transportation of a beneficiary



Personal Care services provided to beneficiaries including grooming, personal hygiene, etc



Non-Billable Service Codes

If non-billable service was provided alongside a billable service



Write Progress Note Using Billable Service Code



Add time spend on non-billable activity to "Other Non-Billable Time" field



Add brief description of non-billable service in note.



Submit Note

If non-billable service was a stand-alone service



Write Progress Note Using Non-Billable Service Code



Add time spend on non-billable activity to "Other Non-Billable Time" field



Submit Note



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Is this reimbursable?

Academic/Education Situation

Activity

Sitting in a
classroom with the
beneficiary

Not Reimbursable

Assisting the
beneficiary with
his/her homework
(e.g., explain how to
solve a math
problem or how to
improve their writing)

Reimbursable

Sitting with the client in a
class to coach use of
coping skills to reduce
anxiety; then debriefing
the experience
afterward.



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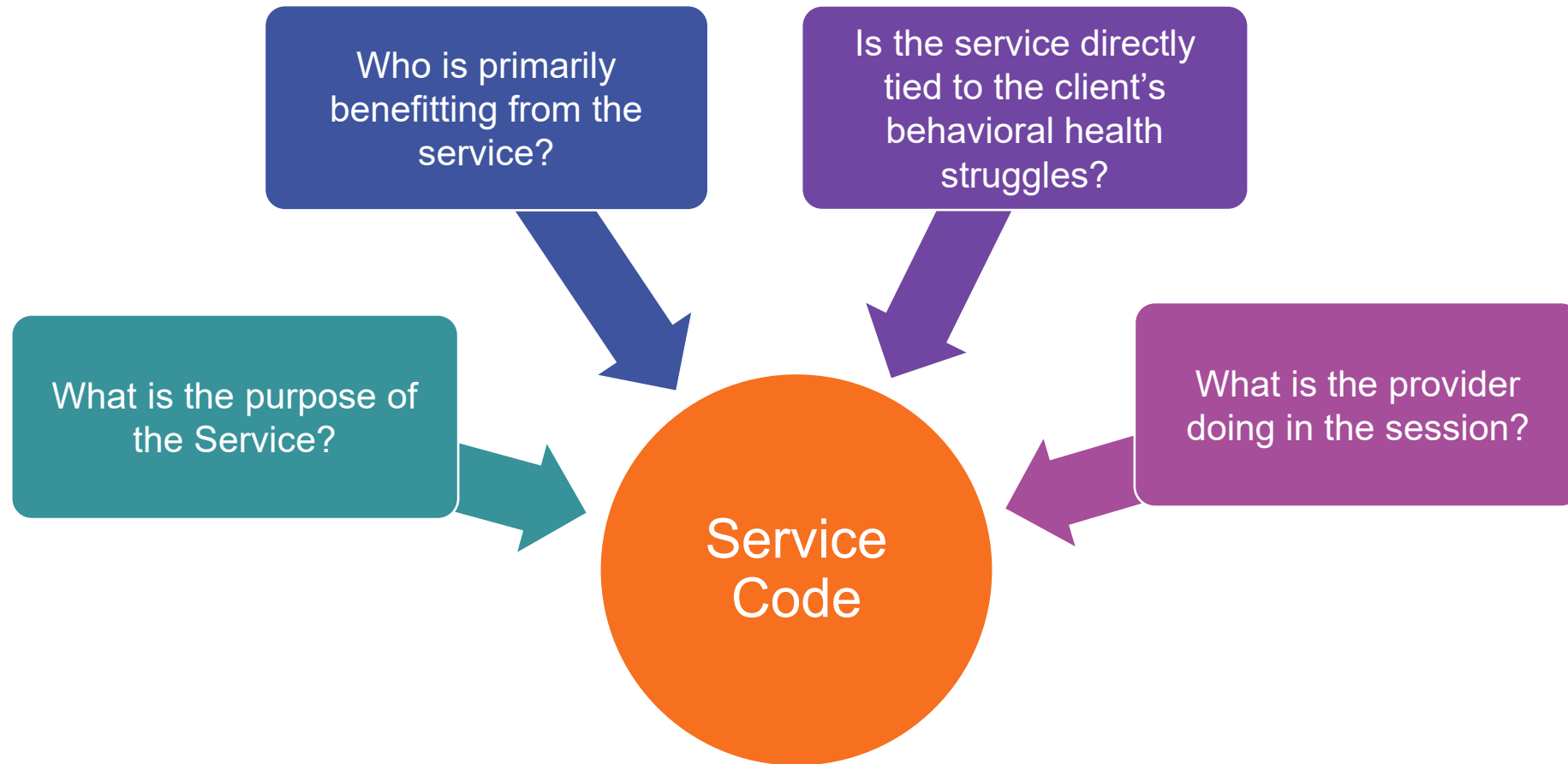
Selecting the Correct Service Code



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Selecting the Correct Service Code



Selecting the Correct Service Code

Scenario:

Provider held a group session with parents of minor clients. How should they code this service?

Answer:

Code 70CA – Rehab Group

If the general purpose of the group is aligned with the client's behavioral health needs, but a particular session for some reason does not, then you would code that one session a 550 (unbillable group) because it does not address the client's needs.

What is the purpose of the Service?

- The main purpose of this group is to provide psychoeducation about and strategies for handling anxiety.

Who is primarily benefitting from the service?

- Minor client will benefit the most from the service, but parent may also learn strategies for their own anxiety.

Is the service directly tied to the client's behavioral health struggles?

- Yes, client is diagnosed with anxiety, which is causing problems for them at school and in the community.

What is the provider doing in the session?

- In today's session, the provider educated the parents about ways to coach their child through deep breathing techniques. 3 variations of deep breathing were introduced and practiced in session.



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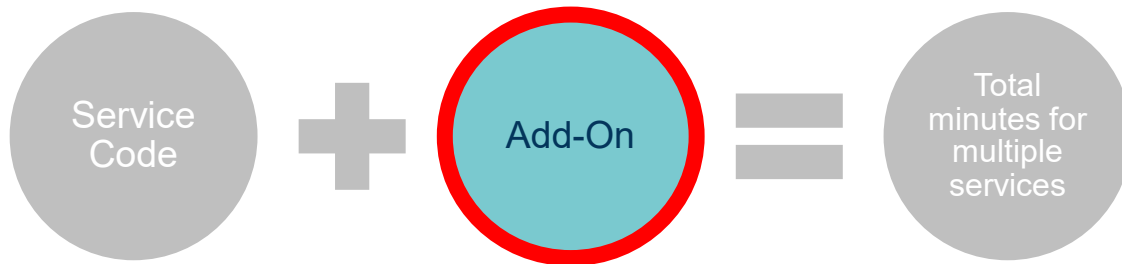
Add-On Codes and Prolonged Service Codes



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Add-On and Prolonged Services Codes



About Add-on and Prolonged Service Codes...

These codes can be tagged on to specific services to allow for additional billing opportunities.

Neither Add-On Codes nor Prolonged Service Codes can be used alone.



Add-On Codes

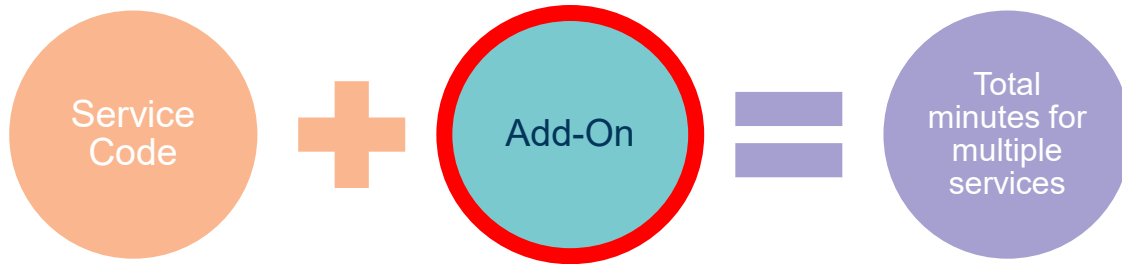


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Add-On Codes



Add-on codes are:

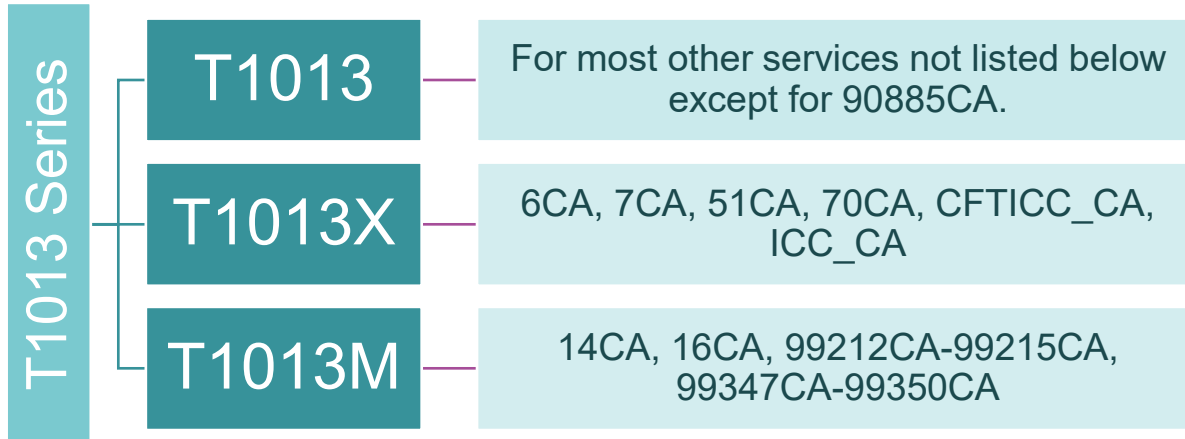
- ✓ Reimbursable services when reported **in addition to** the appropriate primary service by the same provider.
- ✓ A HCPCS/CPT code that describes a service that is **always** performed in conjunction with another primary service.



Add-On Codes

T1013 Series

(Sign Language or Oral Interpretive Services)



Special Notes about Add-on codes:

- The amount of time entered for the T1013 Codes should not exceed the time of the primary session/service.
- Services codes that are not meant to include the beneficiary, such as 90885CA External Chart Review, would not require the use of an interpreter and therefore do not allow for the application of this add-on code.



Prolonged Service Codes



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Time Ranges For Service Codes

The CPT Coding system specifies a minimum and maximum time allowed for some services. This means that time below or above the allotted time range for a specific code cannot be billed using that specific code.

The BHRS Service Code Cheat Sheet notes which services have a time range.



Prolonged Service Codes:

- ✓ Allow for additional time to be billed for service codes that have a maximum time specified.
- ✓ Different prolonged services codes are associated with specific primary service codes.



Less than Minimum in Range

What if the service is less than the time limit?

Consider if another code is more appropriate for the service provided (e.g., rehab, etc.).

If you believe that the only service code that fits is the one for which you're not meeting the minimum limit, you may proceed to use that code. Just know it won't be billed.

Keep those time limits in mind



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Services less than the minimum time cannot be billed using time limited codes.



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More than Maximum in Range



Example: Med Support Services

- Code 99212CA for 10-19 min
- Code 99213CA for 20-29 min
- Code 99214CA for 30-39 min
- Code 99215CA for 40-54 min

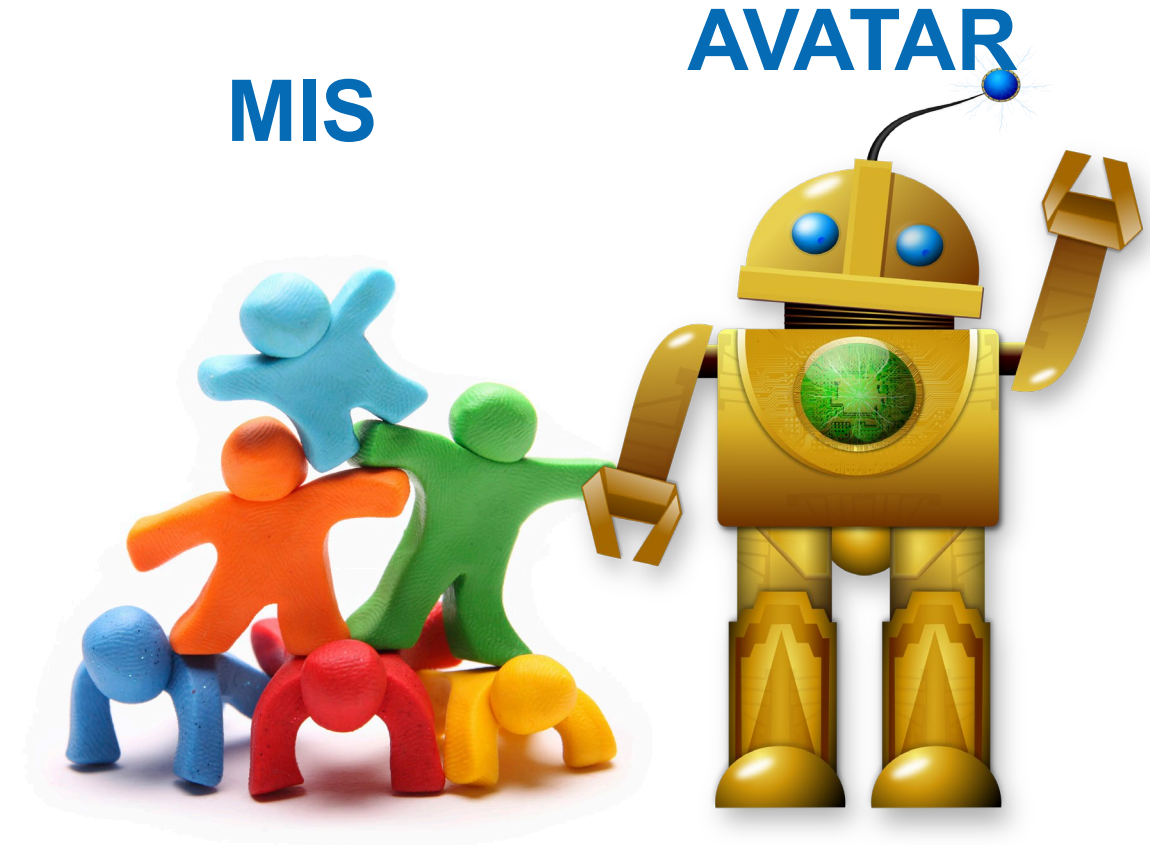
If the service lasted 89 minutes, then what prolonged service code do you use???



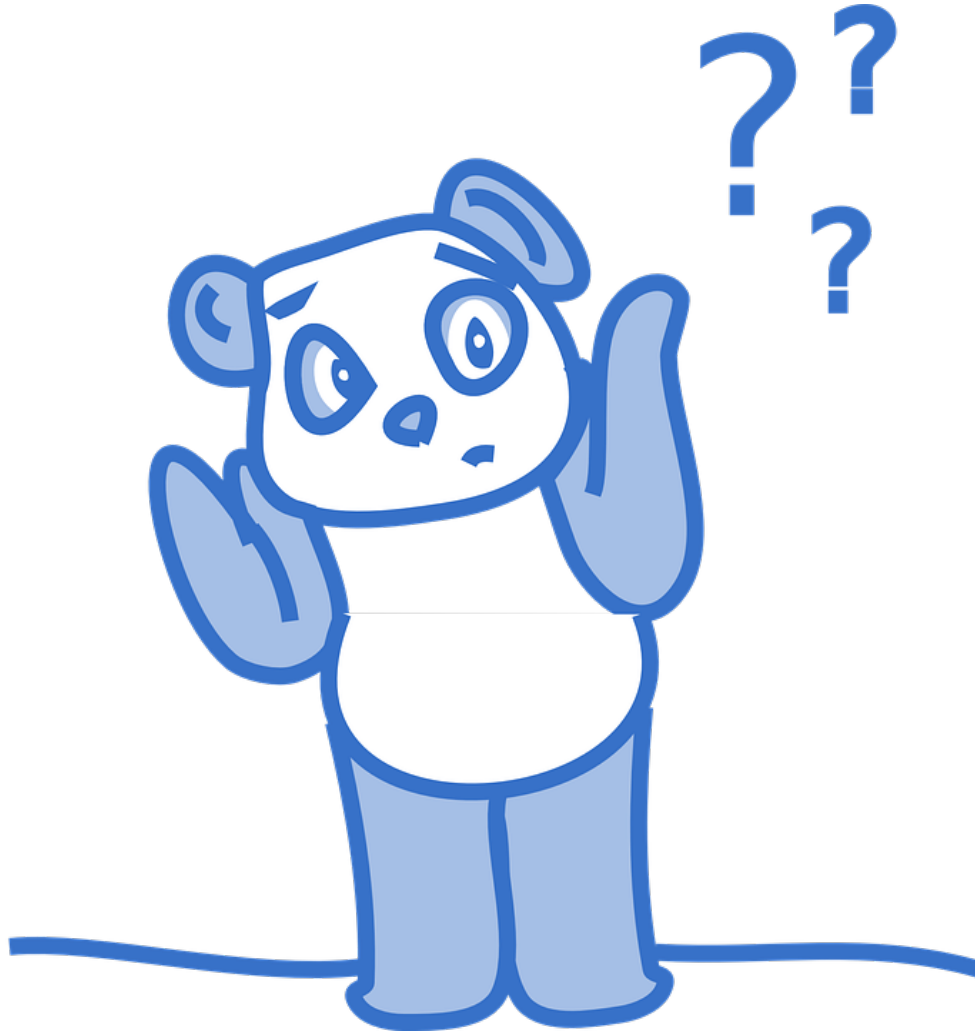
More than Maximum in Range

What to do when you've hit the maximum in the range?

- ✓ MIS has configured Avatar to **automatically add prolonged service codes** when minutes exceed the maximum time allowed. This is why staff won't see the maximum limit on the Service Code Cheat Sheet. MIS is taking care of it "behind the scenes" so you don't have to!



Time Ranges for Service Codes

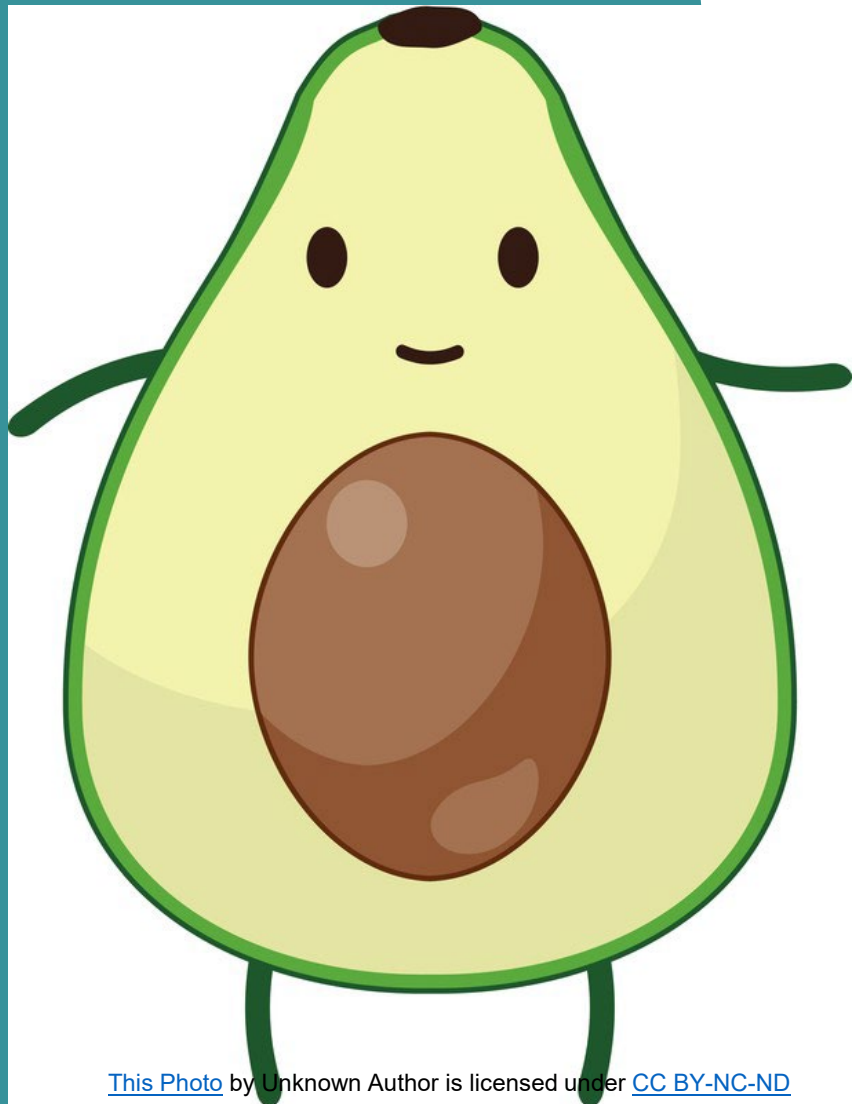


Example: Med Support Services

- Code 99212CA for 10-19 min
- Code 99213CA for 20-29 min
- Code 99214CA for 30-39 min
- Code 99215CA for **40+ minutes**

If the service lasted **89** minutes, then you would use code 99215CA and input **89** in the Service Time field.





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Poll 5

Add-On Codes are codes that can be used to ...

- A) add multiple clients to a service
- B) add multiple service types to a single service (e.g., case management + rehab + therapy in one note)



None of the above.



Coming Soon

Service Code Cheat Sheet Updates

- Psychological Assessment and Psychotherapy for Crisis Codes
- Medical Assistant to be added

Scope of Practice Matrix Updates

- Reformatted and adds scopes of practice for SUD staff.

Avatar Updates:

- Avatar Updates and Tips



Available
March 31, 2025



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Next Webinar

**Get ready to tackle Part 2
of our coding training next
month!**

**Location
Codes!!**

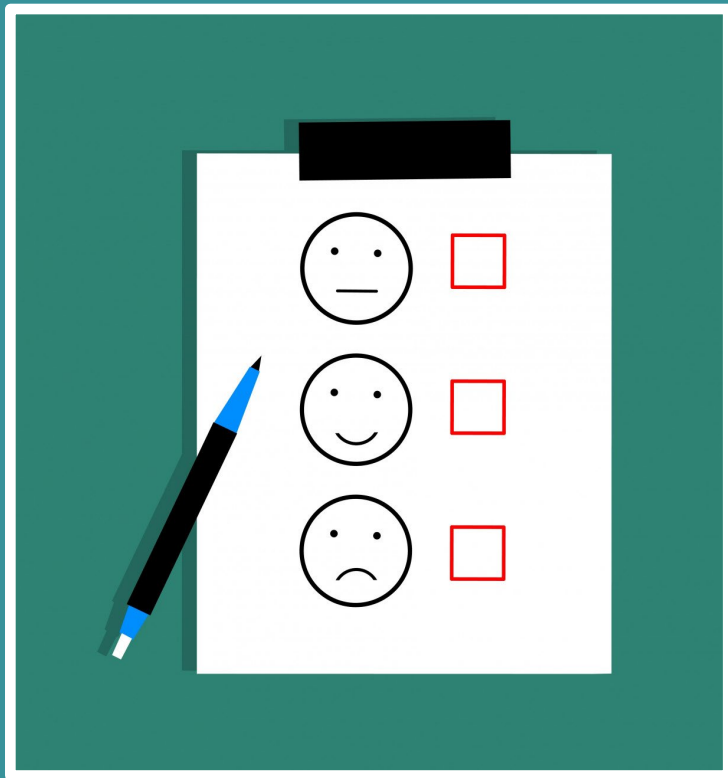


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Training Evaluation



Go to this website to
provide your
feedback on today's
training: LINK

<https://www.surveymonkey.com/r/YY2XWK7>



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Resources



- [BHRS QM Website](#)
- [HS_BHRS_ASK_QM@smcgov.org](#)
- [BHRS Service Codes Cheat Sheet](#)
- [Location Codes Index](#)
- [Scope of Practice Matrix](#)
- [Avatar NX Updates and Tips](#)
- [BHRS CalAIM Hub](#)





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Questions?