



**San Francisco
Behavioral Health Services**

**DMC-ODS CPT/HCPCS Training
for LPHA Providers**

June, 2023



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Housekeeping

- Welcome!
 - All participants will be muted upon entry.
 - Use the chat box in the bottom right hand corner to ask a question of the presenters or to communicate with the organizers.
 - Questions will be collected and answered at the end of the presentation.
 - Closed captioning and language assistance are both available in the bottom left hand corner of the screen.

AGENDA

- CalAIM Payment Reform
- What is Changing; Billing Rules
- Review of applicable CPT/HCPCS codes for LPHA providers

- DMC-ODS CPT/HCPCS review based on 2023 billing manual
 - Drug Medi-Cal Organized Delivery System (DMC-ODS)
 - Billing Manual Version 1.3
 - Version 1.4 published Friday, 6/23/23 – currently working on updates based on this version

CalAIM Payment Reform Effective 7/1/2023

CaAIM Behavioral Health Payment Reform



- CaAIM – California Advancing and Innovating Medi-Cal
- Payment reform goals:
 - Simplify county BH plan payments and reduce administrative burden for the State, counties, and providers.
- The payment reform initiative will enable counties and providers to deliver value-based care that improved quality of life for Medi-Cal beneficiaries
- Ending cost-based reimbursement and simplifying payments to county BH plans are foundational first steps toward future development of more innovative value-based payment models
- The CaAIM Behavioral Health Payment Reform initiative consists of three different transitions, effective July 1, 2023
- Documentation link: [CaAIM BH Payment Reform Fact Sheet DHCS Letterhead](#)


Provider Billing - CPT Code Transition

Goals: Improve reporting and support data-driven decision making. Align with other healthcare delivery systems and comply with CMS requirements for all state Medicaid programs to adopt CPT codes where appropriate.

Present HCPCS Level II – All Services	Future CPT/HCPCS Level I – Where Applicable
HCPCS Level II codes are highly flexible; a variety of activities may be captured by the same code, making detailed analysis of services rendered a challenge	CPT codes: more detailed and nationally standardized definitions for each code.
HCPCS Level II codes can be used by any provider (licensed or non-licensed)	Some HCPCS Level II codes will be retained, for those behavioral health providers and services not captured by CPT codes.

Benefits of the Transition

Increased ability to understand the services rendered via data analysis



Additional granularity to describe the services provided



Provides a more accurate reflection of the range of services and needs of the beneficiaries served

Provider Billing – What is Changing

What is Changing

Changes to procedure codes:

- Addition of CPT codes to both SMHS and DMC-ODS delivery systems.
- More codes with more specific usage.
- Most CPT codes may only be used by licensed/registered/waivered professionals.
- HCPCS will continue to be used by both LPHAs and non-LPHAs and for Existing Day/24-hour services.
- Change from minutes to units
- Duplicate service changes
- Modifier changes
- Expansion of code lockouts


**HCPCS: Health Care Common Procedure Coding System*

**CPT: Current Procedural Terminology*

CPT Code Categories

CPT Category I Codes

- Some of the most commonly used codes to report services and procedures
- Codes range from 00100 to 99499
- Codes are 5 digits long
- AMA CPT Manual includes parenthetical notes, instructions that verify the intent of the code(s)
- Codes are further divided into 6 sub-categories as follows:
 - 00100-01999 – Anesthesia
 - 10004-69990 – Surgery
 - 70010-79999 – Radiology Procedures
 - 80047-89398 – Pathology and Laboratory Procedures
 - 90281-99607 – Medicine Services and Procedures
 - 99091-99499 – Evaluation and Management Services



BHS captured
mainly in
these 2
subcategories

Minutes vs. Units

- Claims will be based on units of service rather which is based on the number of direct service minutes.
- Direct services providers will still document service time, the finalized claim will be based on units of service dependent on the number of minutes
- A unit of time is considered ‘met’ when the midpoint of the given time or time range is exceeded
- *Example #1:*
 - A Counselor meets with a client and provides 60 minutes of Targeted Case Management. This service would be noted as 4 units of Targeted Case Management (60 minutes of service/15 minutes per unit)
- *Example #2:*
 - A Counselor meets with a client and provides 4 minutes of Targeted Case Management. This service does not pass the midpoint of 15 minutes and cannot be billed. If the service was 8 minutes, then 1 unit of Targeted Case Management could be billed.
 - Regardless of total direct patient care time, a progress note should be completed to document the interaction

Time Associated with CPT Codes

Per DHCS, providers must be familiar with and follow the guidelines in the CPT code manual.

Some services can be claimed once they reach the mid point of the time associated with code.

For example, *Targeted Case Management* has a 15-minute time associated with the code. The service cannot be claimed unless it lasts at least 8 minutes (midpoint).

Other codes, have a time range associated with the service and the service can be claimed as long as it fits within the designated time range.

For example, code 99202 is claimed for services that last anywhere from 15-29 minutes.

Code Type	Service	Code	SD/MC Allowable Disciplines
Assessment Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	LP, PA, NP
Assessment Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	LP, PA, NP
Assessment Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	LP, PA, NP
Assessment Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	LP, PA, NP

Targeted Case Management, Each 15 Minutes	T1017	LP, PA, Pharma, Psy, LCSW, MFT,	96
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Direct Patient Care Time



- The DHCS definition of Direct Patient Care is different from the CMS definition of total time. The table below compares the 2 definitions.

	DHCS	CMS
Includes	<p><u>Direct Patient Care</u></p> <ul style="list-style-type: none"> Means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation/care coordination, it means time spent with the consultant/members of the beneficiary’s care team 	<p>Includes the following activities on the date of the encounter:</p> <ul style="list-style-type: none"> preparing to see the patient (e.g., review of tests), obtaining and/or reviewing separately obtained history, performing a medically appropriate examination and/or evaluation, counseling and educating the patient/family/caregiver, ordering medications, tests, or procedures, referring and communicating with other health care professionals, documenting clinical information in the electronic or other health record, independently interpreting results and communicating results to the patient/ family/caregiver, care coordination
Does Not Include	<p><u>Does not include</u></p> <ul style="list-style-type: none"> 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 Time spend preparing for a session, time thinking about or reviewing assessment notes 	<p><u>Does not include</u> time spent on the following:</p> <ul style="list-style-type: none"> the performance of other services that are reported separately, travel. teaching that is general and not limited to discussion that is required for the management of a specific patient

Registered Interns

- Interns are **registered**, pre-licensed behavioral health professionals who work in clinical settings under supervision (e.g., ASW, AMFT, APCCs, etc.).
- In both Specialty Mental Health (SMHS) and Drug MediCal Organized Delivery (DMC-ODS) systems,
 - Interns should use the Taxonomy codes for the profession for which they are registered.
 - Interns may use CPT codes and HCPCs to bill.

Dependent Codes

Dependent Codes:

- These are codes that either indicate:
 - Time has been added to a primary procedure (i.e., add-on codes – G2212); or
 - Modifies a procedure (i.e., supplemental codes).
- Dependent codes cannot be billed unless the provider first bills the primary code to the same beneficiary by the same rendering provider on the same date on the same claim.

Lockout Codes

Lockout codes:

- Codes that typically cannot be billed together.
 - For example: When an adult is in ASAM level 3.5 residential setting, their outpatient ASAM level 1 clinician cannot bill for case management services.
- However under certain circumstances, lockout codes can be billed together with the appropriate modifier, such as:
 - Separate practitioners or separate sessions on the same date of service.
 - Potential modifiers include (but are not limited to) 59, 93,95
 - Modifiers can be used as appropriate in lockout situations.
- Dependent codes and lockout codes are listed in the SMHS or DMC-ODS billing manual tables.

DMS-ODS (SUDS) Services

Drug Medi-Cal ODS (DMC-ODS) Billing Manual,
January 2023; V1-3; Found at:

[DMC-ODS-Billing-Manual-v-1-3.pdf](#)

June 2023; V1-4; Found at:

[DMC-ODS Billing Manual v 1.4.pdf \(ca.gov\)](#)

DMC-ODS BH Service Types

1. Assessment
2. SUD Crisis Intervention
3. Medication Services
4. Mobile Crisis
5. Treatment Planning
6. Individual Counseling
7. Group Counseling
8. Care Coordination
9. Recovery Services
10. Supplemental Services
11. Discharge Services
12. Family Therapy
13. Peer Support Specialist Services
14. Existing 24-hour and Day Services

SUDS Services

Assessment Codes

DMC-ODS Assessment Codes

- Consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary.
- Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards.
- Assessment may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary.

DMC-ODS Assessment Codes

Local Code	Code	Description	Code Guidance	Documentation
H0001	H0001	Alcohol and/or Drug Assessment	Use this code for completing drug and/or alcohol assessments to determine the appropriate delivery system for patient seeking services.	<ul style="list-style-type: none"> Document why the Assessment is being completed and preliminary findings or observations of the client's behaviors during the assessment process. Not acceptable to simply note that an Assessment was completed Note involvement of family or other collaterals included. Document the course of treatment recommended. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
H0003	H0003	Alcohol and/or Drug Screening	Use this code to bill for laboratory analysis of specimens for presence of alcohol and/or drugs	<ul style="list-style-type: none"> Documentation of order(s) for screening including diagnosis to support medical necessity Psy (registered/waiver), RN
H0048	H0048	Alcohol and/or Drug Testing	Use this code for the collection and handling of specimens other than blood. Use this code for "Point of Care" tests.	<ul style="list-style-type: none"> Documentation of order(s) for testing. UAs for alcohol/drug analysis. To ensure the integrity of the specimen & chain of custody from the point of collection throughout the analysis process is necessary. Service frequency limitation is based on medical appropriateness and treatment plan. One unit equals one collection and handling. RN
H0049	H0049	Alcohol and/or Drug Screening	Use this code for miscellaneous drug and alcohol services	<ul style="list-style-type: none"> Documentation of order(s) for screening Tool and scoring must be recorded in record. Valid brief questionnaire for screening that includes questions about the frequency and amount of alcohol/drugs used. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

DMC-ODS Assessment Codes



Local Code	Code	Description	Code Guidance	Documentation
G2011	G2011	Alcohol and/or substance abuse misuse structured assessment and brief intervention, 5-14 min	Use this code for alcohol or substance abuse assessment. This code can be used to determine ASAM criteria and includes a brief intervention of 5 – 14 minutes	<ul style="list-style-type: none"> • Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. • Document provisional diagnosis(es) • Document total time for the assessment • Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. • If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008 • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
G0396	G0396	Alcohol and/or substance abuse misuse structured assessment and brief intervention 15 to 30 minutes	Use this code for alcohol or substance abuse assessment. This code can be used to determine ASAM criteria and includes a brief intervention of 15-30 minutes	<ul style="list-style-type: none"> • Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. • Document provisional diagnosis(es) • Document total time for the assessment • Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. • If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008 • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

DMC-ODS Assessment Codes

Local Code	Code	Description	Code Guidance	Documentation
G0397	G0397	Alcohol and/or substance abuse structured assessment, 30+ minutes	Use this code for alcohol or substance abuse assessment. This code can be used to determine ASAM criteria and includes intervention of 30 or more minutes	<ul style="list-style-type: none"> • Document significant findings from the assessment such as identified risks, level of care required, patient insight regarding substance use and initial treatment plan. • Document provisional diagnosis(es) • Document total time for the assessment • Do not report separately with an E/M, psychiatric diagnostic, or psychotherapy service code for the same work/time. • If an intervention is not required on the basis of screening results the work effort is included in E/M or preventative service. CPT Asst. May 2008 • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

DMC-ODS Assessment Codes



Local Code	Code	Description	Code Guidance	Documentation
98966 98967 98968	98966 98967 98968	Telephone assessment and management service provided by a non-physician provider	<p>Use this code for service provided by a qualified non-physician health care professional to an established patient, parent, or guardian.</p> <p>The phone call cannot be related to any previous face-to-face assessment and management service or any related services/procedures, within the last 7 days prior to the telephone service.</p> <p>This code is not reported if it results in a decision for a subsequent face-to-face assessment and management service within the following 24 hours or the soonest available urgent care appointment.</p> <p>Time requirements: 98966: 5-10 minutes 98967: 11-20 minutes 98968: 21-30 minutes</p>	<ul style="list-style-type: none"> • Document discussion of treatment and how the symptoms/treatments are being managed. • Documentation must include the amount of time spent conversing with the patient, parent or guardian, • Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC

SUDS Services

Medication Services Codes

DMC-ODS Medication Services Codes

- Medication Services includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication.
- Medication Services does not include MAT for Opioid Use Disorders(OUD)or MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders.

DMC-ODS Medication Services Codes



Local Code	Code	Description	Code Guidance	Documentation
G2212	G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum time, each additional 15 minutes	<p><u>Each additional 15 minutes</u> for E/M services provided beyond maximum time for primary procedure.</p> <p>Do not report for any time unit less than 15 minutes</p> <p>14 units</p>	<ul style="list-style-type: none"> 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 Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC Allowable with codes: 90791 90792 90865 90882 90885 90887 90889 96131
G2212HQ	G2212	Group prolonged office or other outpatient evaluation and management service(s) beyond the maximum time, each additional 15 minutes	<p><u>Each additional 15 minutes</u> for E/M services provided beyond maximum time for primary procedure.</p> <p>Do not report for any time unit less than 15 minutes</p> <p>14 units</p>	<ul style="list-style-type: none"> 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 Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC Allowable with codes: 90791 90792 90865 90882 90885 90887 90889 96131

DMC-ODS Medication Services Codes



Local Code	Code	Description	Code Guidance	Documentation
H0033	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	<ul style="list-style-type: none"> • Documentation must include direct observation for oral medication administration • Documentation must include the specific reason (symptom or diagnosis) for which the oral medication is administered • Documentation must include total time • RN
H0034	H0034	Medication training and support, per 15 minutes	Use this code when providing medication information orally or in written format. Includes medication refills or blood draws done as part of monitoring/chart review	<ul style="list-style-type: none"> • Documentation must include training and support provided • Documentation must include the specific reason (symptom or diagnosis) for which the on-body injection is applied • Documentation must include total time • RN

SUDS Services

Treatment Planning Codes

Treatment Planning

Per California Mental Health Services Authority (CalMHSA); Clinical Documentation Guide; 2022

- Effective treatment planning involves a dynamic process since the person's needs are dynamic and can change rapidly.
- Treatment planning consist of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.
- Document link: [CalMHSA-MHP-LPHA-Documentation-Guide-05182022.pdf](#)

DMC-ODS Treatment Planning Codes



Local Code	Code	Description	Code Guidance	Documentation
IOPTEDUC ODSPTEDUC ODSPTEDUCG	H2014	Skills training and development, per 15 minutes	Use this code for Patient Education Services.	<ul style="list-style-type: none"> Documentation should include specific skills address and the associated training plan. Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included. For example, an occurrence of 30 minutes would use code H2014 with 2 units to account for each 15 minutes. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
H2021	H2021	Community-based wrap-around services, per 15 minutes	<p>Use this code when providing wraparound services.</p> <p>Use this code to show that a delivery-system coordination of care has occurred.</p>	<ul style="list-style-type: none"> Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included. For example, an occurrence of 30 minutes would use code H2021 with 2 units to account for each 15 minutes. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
H2027	H2027	Psychoeducational service, per 15 minutes	Use this code when providing the client knowledge about various facets of the illness and its treatment	<ul style="list-style-type: none"> Include the specifics of the service provided to address the psychoeducational needs of the client. Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included. For example, an occurrence of 30 minutes would use code H2027 with 2 units to account for each 15 minutes. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUDS Services

Care Coordination Codes

Care Coordination

- These codes apply to those who can provide care coordination to the client and family, regardless of role. Your physician can do this work as well as your AOD counselor.
- Care coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:
 - Coordination with primary care and mental health care providers to monitor and support comorbid health conditions.
 - Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/specialty medical providers.
 - Ancillary services, including individualized connection, referral, and linkages to community-based services and supports.

DMC-ODS Care Coordination Codes

Local Code	Code	Description	Code Guidance	Documentation
96160	96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	Used to collect health information in conjunction with biometric testing to help determine an individual's health status and health risks and formulate a healthy lifestyle plan to promote wellness.	<ul style="list-style-type: none"> • Face-to-face interview with a standardized questionnaire, recorded by interviewer and scored with the standardized tool • The score is used to estimate the level of health risk • A health plan is implemented or modified to provide clinical preventive care, health promotion, and disease management • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
99368	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present. 30 minutes or more; nonphysician health care professional	Use this code for team conference when the patient and/or family is not present. Services of less than 30 minutes duration are not reported separately.	<ul style="list-style-type: none"> • Documentation should note the team members present and reflect the recommendations of the team • The treatment plan should be updated accordingly based on the team conference. • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

DMC-ODS Care Coordination Codes

Local Code	Code	Description	Code Guidance	Documentation
H1000	H1000	Prenatal care, at risk assessment	Use this code when evaluating behaviors that can be dangerous for the mother and/or fetus	<ul style="list-style-type: none"> Documentation should include all elements of the assessment related to the client's prenatal care. This could include the development of a care plan, referral to or consultation with an appropriate specialist, individualized counseling and services designed to address the risk factor(s) involved. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
T1017	T1017	Targeted case management, each 15 minutes	Use this code for targeted case management services.	<ul style="list-style-type: none"> 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 <u>each 15 minutes</u>. Specific documentation of time must be included. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUD Crisis Intervention Services

Crisis Intervention

- An immediate emergency response intended to help a client cope with a crisis
 - Potential danger to self or others, severe reactions that is above the client's normal baseline
- Crisis Intervention progress notes describe:
 - The immediate emergency requiring crisis response
 - Interventions utilized to stabilize the crisis
 - Development of Safety Plan
 - Client response and outcome(s)
 - Follow-up plan and recommendations

DMC-ODS Crisis Intervention Codes

Local Code	Code	Description	Code Guidance	Documentation
IOCRISIS ODFCRISIS ODSCRISIS	H0007	Alcohol and/or drug services, crisis intervention (outpatient)	Use this code for crisis assessment, intervention and stabilization related to substance use disorders	<ul style="list-style-type: none"> • Document medical necessity for crisis intervention including actual relapse or imminent threat of relapse • Document the actual intervention performed to alleviate the crisis problem and stabilize the situation. • Psy (registered/waiver) LCSW, LMFT, RN, ASW, AMFT

SUDS Services

Individual Counseling Codes

Individual Counseling

- Includes the application of strategies incorporating the principles of:
 - Development
 - Wellness
 - Adjustment to impairment
 - Recovery and resiliency
- Counseling should assist client in acquiring greater personal, interpersonal and community functioning **or**
 - To modify feelings, thought processes, conditions, attitudes, or behaviors
- Can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

DMC-ODS Individual Counseling Codes

Local Code	Code	Description	Code Guidance	Documentation
IINDCONS INDNTPCNS ODSINDCNS 31RCVIND OPRCVYIND	H0004	Behavioral health counseling and therapy, per 15 minutes	Time spent providing individual counseling.	<ul style="list-style-type: none"> Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included Individual counseling can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals Document assessment of readiness for change as well as barriers to change Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
T1006	T1006	Alcohol and/or substance abuse services; family/couple counseling	Use code for time spent providing family/couple counseling	<ul style="list-style-type: none"> Specific documentation of time must be included as this code per <u>15 minutes</u>. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
H0050	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Use this code to report time spent providing individual SBI (screening and brief intervention) for alcohol and drug use problems	<ul style="list-style-type: none"> Document brief intervention(s) performed in relation to alcohol and/or drug use. Specific documentation of time must be included as this code per <u>15 minutes</u>. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUDS Services

Group Counseling

Group Counseling

- A group service is provided to 2 or more clients at the same time.
- One or more practitioners may provide these services and the total time for intervention should be claimed, billing in 15-minute increments.
- Only one group progress note is written for each client
- Documentation of group counseling can/should include the following:
 - A general statement about what the group counseling was for
 - Specific interventions
 - Each group note must be individualized to the beneficiary and note specific responses/observations to intervention(s).

DMC-ODS Group Counseling Codes

Local Code	Code	Description	Code Guidance	Documentation
IGRPCONS GRPNTPCNS ODSGRPCNS GRPOPRCVY	H0005	Alcohol and/or drug services' group counseling	<p>Use this code to report time spent providing face to face group counseling. Minimum of 2 and maximum of 12 in the group.</p> <p>H0005 should be reported separately for each beneficiary receiving group therapy.</p>	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>. • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUDS Services

Family Therapy

Family Therapy

- Family Therapy is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary's recovery as well as the holistic recovery of the family system.
- Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment.
- There may be times when, based on clinical judgement, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

DMC-ODS Family Therapy Codes



Local Code	Code	Description	Code Guidance	Documentation
90846	90846	Family psychotherapy (without the patient present), 26-50 minutes	Use this code this code for psychotherapy with the patient's family and without the patient to identify challenges, improve coping skills and change patterns of behavior. Do not report services less than 26 minutes May be used on the same day as an individual psychotherapy service when the services are separate and distinct for the patient	<ul style="list-style-type: none"> Document family members present. Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
90847	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 26-50 minutes	Use this code for family therapy with the patient's family and the patient to identify challenges, improve coping skills and change patterns of behavior. Do not report services less than 26 minutes May be used on the same day as an individual psychotherapy service when the services are separate and distinct for the patient	<ul style="list-style-type: none"> Document family members present. Document medical necessity and any challenges identified in the recovery process and recommendations to interact with and support the patient. Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC
90849	90849	Multiple-family, group psychotherapy, 15-minutes	Use this code for group therapy with multiple families. 90849 should be reported separately for each beneficiary receiving group therapy. <u>Add-on G2212 may be used to extend the time for this code.</u>	<ul style="list-style-type: none"> Documentation should include total time of the group psychotherapy session and number of participants. Summarize the discussions, shared experiences, challenges, current and potential coping mechanisms Document suggested home exercises if applicable. Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC

SUDS Service

Discharge Services

Discharge Services

- Discussion about discharge planning begins at the time of initial assessment (as clinically appropriate) and continues throughout the course of treatment
- Discharge planning must include the person in care and their social supports as full partners in the planning process and should be done as far in advance as practical
- Including other treatment providers, when applicable, paves the way to successful transitions to other levels of care and to recovery support, including linkage to other non-DMC services.
- Detailed information on discharge planning should be clear, concise, and accurately communicated and documented

DMC-ODS Discharge Services Codes

Local Code	Code	Description	Code Guidance	Documentation
T1007	T1007	Alcohol and/or substance abuse services; discharge treatment plan development and/or modification	Use this code for discharge treatment plan development and modification	<ul style="list-style-type: none"> • Should be used to record discharge planning • Should be used for both the initial discharge treatment plan as well as the modification to an existing discharge treatment plan. • Document any referrals to recovery resources and/or medical providers to support the patient’s transition during treatment and discharge. • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUDS Services

Recovery Services

Recovery Services

- Recovery services are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level.
- Recovery services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries.

DMC-ODS Recovery Services Codes



Local Code	Code	Description	Code Guidance	Documentation
H2015	H2015	Comprehensive community support services, per 15 minutes	Use this code for time spent providing community support services	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code -per <u>15 minutes</u>. • Document medical necessity for support services, identify specific community support recommended and include a description of the services provided • Document assessment of the effectiveness of the services and progress towards the patient's goals • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
IREHAB GREHAB	H2017	Psychosocial rehabilitation services, per 15 minutes	Use this code for time spent providing PSR (psychosocial rehabilitation) services. These include services designed to improve emotional, social and vocational wellbeing.	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>. • Document and describe the specific activities performed to specifically enhance/support the patient's emotional cognitive and social skills related to their specific rehabilitation needs and goals • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
H2035	H2035	Alcohol and/or other drug treatment program, per hour	Time spent providing alcohol/other drug treatment program services	<ul style="list-style-type: none"> • Document medical necessity for SUD (Substance Use Disorder) services. • 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 • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

SUDS Services

Supplemental Services

Supplemental Services Codes

Supplemental Codes describe additional and simultaneous services that were provided to the beneficiary during the visit **OR** codes that describe the additional severity of the patient's condition.

Cannot be billed independently; must be submitted on the same claim with a primary code.

For example: 90887 is a Supplemental code that can be used to indicate the review and interpretation of tests with family members.

It must be used on the same claim as one of the primary codes listed in the Dependent On Codes column of the Billing Manual.

Supplemental codes cannot be extended with G2212.

DMC-ODS Supplemental Services Codes



Local Code	Code	Description	Code Guidance	Documentation
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. This supplemental code cannot be billed independently. They have to be billed with a/another (primary) procedure.	<ul style="list-style-type: none"> 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 Psy (registered/waiver) LCSW, LMFT, LPCC, ASW, AMFT, APCC
T1013	T1013	Sign language or oral interpretive services, 15 minutes	Use this code when necessary to facilitate effective communication with deaf or hearing-impaired patients. This supplemental code cannot be billed independently. They have to be billed with a/another (primary) procedure.	<ul style="list-style-type: none"> Specific documentation of time must be included as this code is per each 15 minutes. Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

DMC-ODS Supplemental Services Codes



Local Code	Code	Description	Code Guidance	Documentation
96170	96170	Health behavior intervention, family (without the patient present), face-to-face, initial 30 minutes	<p>Use this code for face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient and resistance to change. Engage and mobilize family support and problem-solving regarding treatment adherence.</p> <p>Do not report for less than 16 minutes of service provided. This supplemental code cannot be billed independently. They have to be billed with a/another (primary) procedure.</p>	<ul style="list-style-type: none"> • Document a description of the patient’s status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise. • Document treatment recommendations for functional improvement, minimizing barriers to recovery and coping mechanisms, • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC
96171	96171	Health behavior intervention, family (without the patient present), face-to-face, each additional 15 minutes (List separately in addition to code for primary service)	<p>Use code 96171 as an add on code used in conjunction with 96170 for each additional 15 minutes beyond the initial 30 minutes of intervention provided</p>	<ul style="list-style-type: none"> • Specific documentation of time must be included as this code per <u>15 minutes</u>. • Document a description of the patient’s status, family involvement, and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise. • Psy (registered/waiver) LCSW, LMFT, LPCC, RN, ASW, AMFT, APCC

References

References

- California Advancing and Innovating Medi-Cal (CalAIM). Overview: Behavioral Health Payment Reform. Published December 2022. Found at: [CalAIM BH Payment Reform Fact Sheet DHCS Letterhead](#)
- Drug Medi-Cal ODS (DMC-ODS) Billing Manual, June 2023; V1-4; Found at: [DMC-ODS Billing Manual v 1.4.pdf \(ca.gov\)](#)
- Clinical Documentation Guide 2022; revised 6/23/2022; California Mental Health Services Authority (CalMHSA). Found at: [CalMHSA-MHP-LPHA-Documentation-Guide-05182022.pdf](#)

Appendix A

Acronym List

Acronym List

- ACE: Adverse childhood experience
- ASAM: American Society of Addiction Medicine
- BHIN: Behavioral health information notice
- CalAIM: California Advancing and Innovating Medi-Cal
- CMS: Center for Medicare and Medicaid Services
- CPT: Current Procedural Terminology
- DHCS: Department of Health Care Services
- DMC: Drug Medi-Cal
- DMC-ODS: Drug Medi-Cal Organized Delivery System
- HCPCS: Healthcare Common Procedural Code System
- ICD-10: International Classification of Diseases, 10th edition
- LOC: Level of care
- MAT: Medication for addiction treatment
- MCO: Managed care organization
- MCP: Managed care plan
- MHP: Mental health plan
- NSMHS: Non-specialty mental health services
- NTP: Narcotic treatment program
- SMHS: Specialty mental health services
- SUD: Substance use disorder
- TCM: Targeted case management

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