



Department of Behavioral Health  
Quality Management Division and Office of Compliance

# CalAIM Payment Reform Chart Documentation and Coding Training – Mental Health (Community Based Organizations)

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- Provide information to successfully document Specialty Mental Health Services (SMHS) based on current guidance specific to Department of Health Care Services (DHCS), California Advancing and Innovating Medi-Cal (CalAIM).
- Assist with understanding requirements of documentation to minimize risk of disallowance by DBH Quality Management Division (QM) or DHCS.
- Assist with understanding of applicable codes and modifiers, to ensure accurate coding practices.
- Ensure education to prevent fraud/waste/abuse via inaccurate or inappropriate coding practices, including false claims.

# Medical Coding Concepts

| Concept                                     | Description   |
|---|---|
| <b>Purpose/Importance of Medical Coding</b> | To convert patient services into a code(s) that is translatable to a payor to know what amount is reimbursable to a healthcare provider for service(s) rendered. Coding is also used to provide statistical data for research.  |
| <b>HCPC</b>                                 | Healthcare Common Procedure Coding System – Codes are made up of five (5) alphanumeric characters, starting with a letter that represents a category of similar codes, followed by four (4) numbers. HCPC codes are used by physicians and other health care professionals.   |
| <b>CPT</b>                                  | Current Procedural Terminology - Each procedure or service is identified with a five (5) digit code. The use of CPT codes simplifies the reporting of procedures and services. In the CPT code set, the term “procedure” is used to describe services, including diagnostic test. CPT codes are used by licensed professionals. |
| <b>Lockout Codes</b>                        | A combination of codes that cannot be billed together, others can only be billed together in extraordinary circumstances. In these cases, these codes must be used with an appropriate modifier. Please note, lockout over-riding modifiers only apply to CPT codes, not HCPC codes.  |
| <b>Location Code (Place of Service)</b>     | Place of Service codes are two (2) digit codes placed on health care professional claims to indicate the setting in which a service was provided. Place of Service codes must accompany appropriate CPT and HCPCs code for SD/MC to process the claim.  |



# Medical Coding Concepts, cont'd.

| Concept                         | Description  |
|---------------------------------|--|
| <b>Allowable Disciplines</b>    | Rendering providers/practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description. SD/MC identify allowable disciplines for each procedure code.  |
| <b>Minimum and Maximum Time</b> | CPT code set contains many codes with a time basis for code selection. Each code has a minimum time that must be reached to bill for that service; as well as a maximum time that it cannot exceed.  |
| <b>Midpoint Way</b>             | A unit of time is attained when the mid-point is passed. For example, in the instance of a code with a time of 60 minutes, the mid-point would be at 31 minutes (1 minute past the halfway time period). In the instance of a code with a time of 15 minutes, the mid-point would be 8 minutes of service to attain a full unit.     |
| <b>Modifiers</b>                | Modifiers provide a way to report or indicate that the service or procedure has been modified by some specific circumstance, but not changed in its definition. Modifiers will not impact how much a service is reimbursed, but does impact how a service is billed, whom pays for the service and how the service is distinguished. |

- **Code selection (CPT/HCPCS)**
  - Codes should be selected based on provider discipline and the duration of the service provided
    - CPT codes are used by licensed or licensed-eligible providers
    - HCPCS codes can be used by both licensed and unlicensed providers
- **Place of service codes**
  - Providers must be mindful of place of service codes as some codes are only allowed to be performed in certain locations.
  - Certain locations require the use of a modifier to claim that service

**Question:** Can non-billable codes still be used?

**Answer:** There are no changes to the non-billable codes; they are still available for use when/if appropriate.

**Question:** Is reviewing a beneficiary's chart billable?

**Answer:** The time spent reviewing a chart can only be included in the service claim when a covered service has been rendered. For example, if a provider reviews a beneficiary's chart in preparation for a session, and the beneficiary is a no show for their appointment, the time for chart review cannot be claimed.

**Question:** Is a mental health diagnosis required for access to covered SMHS?

**Answer:** No. Per WIC §14184.402 (f)(1)(a), a mental health diagnosis is not a prerequisite to accessing covered SMHS.

**Question:** Is the midpoint rule required for all codes? (Midpoint rule refers to the unit of time attained, once the “mid-point” of a unit of service is passed).

**Answer:** No. The midpoint rule only applies when no code or code-range specific instructions provides other guidance (e.g., code set without specified times).

| Modifier | Definition  | When to Use   |
|----------|---|---|
| 76       | Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional | Use this modifier to override 24-hour or day duplicate services lockout for S9484 (crisis stabilization). Do not use this code for crisis intervention. This modifier may be used by a licensed, pre-licensed or otherwise qualified healthcare professional employed by the county and/or contracted provider. |
| GT       | Via telehealth in 24-hour or day facilities or as part of mobile crisis                   | Use this modifier on day, 24-hour or mobile crisis, transportation mileage or transportation staff time claims when the service was provided via telehealth   |
| HB       | Adult program, non-geriatric  | Use this modifier when billing for crisis residential treatment services provided to adults from 21 through 64 years of age   |
| HC       | Adult program, geriatric  | Use this modifier when billing for crisis residential treatment services provided to adults 65 years of age   |
| HK       | Specialized mental health programs for high-risk populations                              | Use this modifier to indicate that a Katie A, IHBS or ICC service was provided  |

# Modifiers, cont.

| Modifier | Definition  | When to Use   |
|----------|---|---|
| HL       | Intern  | Use this modifier when the service was performed by a registrants and interns who are working in clinical settings under supervision to obtain licensure. |
| HQ       | Group setting   | Use this modifier to indicate that a therapy service was provided in a group setting.   |
| HV       | The State covers 50 percent of the nonfederal share, as the service was determined to be covered under Proposition 30                     | Use this modifier to indicate services provided as a result of Prop 30 and First Prevention Services Act (FFPSA).   |
| HW       | The State covers 100 percent of the nonfederal share, as the service was determined to be covered under Proposition 30.                   | Use this modifier to identify continuum of care services provided as a result of Prop 30.   |
| 59       | Serves the purpose of distinguishing that a procedure/service was distinct or independent from another service performed on the same day. | Same beneficiary, same provider, two distinct services, same date of service.   |





## Frequent Modifier 59 Combination Examples:

| Code Used Same Day   | Code Requiring Modifier (Allowable Lockout Override) | Allowable Discipline           |
|--|--|--------------------------------|
| 90832: Psychotherapy/Individual Therapy (30 mins)  | 99214  | LP, LPsy, LCSW, LMFT, NP, LPCC |
| 99214: Office of Other Outpatient Visit of Established Patient (20-19 mins)  |  | LP, NP                         |
| 90832: Psychotherapy/Individual Therapy (30 mins)  | 90832  | LP, LPsy, LCSW, LMFT, NP, LPCC |
| 90853: Group Therapy (Other than Multiple Family Group) (15 mins)  |  | LP, LPsy, LCSW, LMFT, NP, LPCC |
| 90832: Psychotherapy/Individual Therapy (30 mins)  | 90832  | LP, LPsy, LCSW, LMFT, NP, LPCC |
| 90834: Psychotherapy/Individual Therapy (45 mins)  |  | LP, LPsy, LCSW, LMFT, NP, LPCC |
| 99214: Office of Other Outpatient Visit of Established Patient (20-19 mins)  | 99214  | LP, NP                         |
| 96372: Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection. |  | LP, NP, RN                     |
| 99214: Office of Other Outpatient Visit of Established Patient (20-19 mins)  | 99214  | LP, NP                         |
| 90792: Psychiatric Diagnostic Evaluation with Medical Services (15 minutes)  |  | LP, NP                         |

- **Note: Modifier 59 can only be realistically applied when service is recorded in the same EHR, since service recorded in different EHRs (i.e., contract agency versus DBH) will not be visible to the second provider. See next slide for examples within DBH system of care.**

- Overview of CalAIM
- Criteria to Access Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS)
- Clinical Assessment
- Problem List
- Treatment Plan/Treatment Plan Progress Note
- Progress Notes
- Telehealth Services
- Future of Quality Management Chart Reviews

# Overview of CalAIM



- Documentation Redesign began on **July 1, 2022**
- Payment Reform began on **July 1, 2023**
- There are several policies and Interim Instruction Notices that DBH has published which speaks to these changes.
- Policies and procedures specific to CalAIM
  - QM6054 (BHIN 21-073) Criteria for Beneficiary Access to Specialty Mental Health Services, Medical Necessity, and Other Coverage Requirements
  - QM6055 (BHIN 22-011) No Wrong Door for Mental Health Services Policy
  - QM6056 (BHIN 22-019) Documentation Requirements for Specialty Mental Health Services, Drug Medi-Cal (DMC) and Drug Medi-Cal – Organized Delivery System (DMC-ODS) Services

**NOTE:** DHCS BHIN 23-068 is an update to BHIN 22-019 (Published November 20, 2023).

- Interim Instruction Notices
  - IIN 22-001 New Timeframes for Completion of Progress Notes
  - IIN 22-002 Documentation of Co-Occurring Disorders
  - IIN 22-003 Treatment Prior to Assessment

# Criteria to Access Specialty Mental Health Services – Beneficiaries under age 21

- Covered specialty mental health services shall be provided to enrolled beneficiaries who meet **either of the following** criteria:
  1. The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma:
    - a) Scoring in the high-risk range on a trauma screening tool
    - b) Involvement in child welfare system
    - c) Juvenile justice involvement
    - d) Experiencing homelessness

**OR**

2. The beneficiary meets **both of the following** requirements in a) and b):
  - a) The beneficiary has **at least one** of the following:
    - i. A significant impairment
    - ii. A reasonable probability of significant deterioration in an important area of life functioning
    - iii. A reasonable probability of not progressing developmentally as appropriate
    - iv. A need for specialty mental health services, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

## AND

b) The beneficiary's condition as described in subparagraph (2) [previous slide] is due to **one of the following**:

- i. A diagnosed mental health disorder
- ii. A suspected mental health disorder that has not yet been diagnosed.
- iii. Significant trauma placing beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

**NOTE: If a beneficiary under age 21 meets criteria as described in (1) [previous slide], the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2).**



# Criteria to Access Specialty Mental Health Services – Beneficiaries ages 21 and over

- A County mental health plan shall provide covered specialty mental health services for beneficiaries who meet **both of the following** criteria, (1) and (2) below:
  1. The beneficiary has **one or both** of the following:
    - a) Significant impairment (distress, disability, dysfunction)
    - b) A reasonable probability of significant deterioration in an important area of life functioning.

**AND**

2. The beneficiary's condition as described in paragraph (1) is due to **either of the following**:
  - a) A diagnosed mental health disorder
  - b) A suspected mental disorder that has not yet been diagnosed.

- Managed Care Plans (MCP) are required to provide or arrange for the provision of NSMHS for the following populations:
  - Beneficiaries 21 years of age and over - mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders
  - Beneficiaries under age 21 – to the extent eligible for services through the Medicaid EPSDT benefit, regardless of level of distress or impairment or presence of a diagnosis.
  - Beneficiaries of any age with potential mental health disorders not yet diagnosed.

# Assessment



- It is no longer required to complete a Clinical Assessment prior to the provision of SMHS services. Any services completed prior to the completion of the Clinical Assessment must demonstrate medical necessity and the need for this service.
- Documentation must include reference to the seven (7) domains.

## ■ Purpose:

- Information gathered to aid in the decision making and care planning for a child/adolescent.
- Identify needs and strengths of the child/adolescent.

## ■ When to complete:

- In conjunction with initial Clinical Assessment
- Updates to the CANS occur every 90 days
  - **(60 days for TBS and ChRIS providers)**

# Child and Adolescent Needs and Strengths Assessment, cont'd.

| LIFE DOMAIN FUNCTIONING     |                       |                   |                                  |                                  |                                  |
|-----------------------------|-----------------------|-------------------|----------------------------------|----------------------------------|----------------------------------|
| 0 = no evidence of problems |                       | 1 = history, mild |                                  |                                  |                                  |
| 2 = moderate                |                       | 3 = severe        |                                  |                                  |                                  |
|                             | PV                    | N/A               | 0                                | 1                                | 2 3                              |
| Family *                    |                       |                   | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Living Situation            |                       |                   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Social Functioning          |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Recreational                |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Developmental *             |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Job Functioning             | <input type="radio"/> |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Legal                       |                       |                   | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| Medical                     |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Physical                    |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Sexuality *                 |                       |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Sleep                       |                       |                   | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| School Behavior *           | <input type="radio"/> |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| School Achievement *        | <input type="radio"/> |                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| School Attendance *         | <input type="radio"/> |                   | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |

| CHILD/YOUTH STRENGTHS     |                       |                        |                                  |                                  |                                  |
|---------------------------|-----------------------|------------------------|----------------------------------|----------------------------------|----------------------------------|
| 0 = centerpiece           |                       | 1 = useful             |                                  |                                  |                                  |
| 2 = identified            |                       | 3 = not yet identified |                                  |                                  |                                  |
|                           | PV                    | N/A                    | 0                                | 1                                | 2 3                              |
| Family                    |                       |                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Interpersonal             |                       |                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Optimism                  |                       |                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Educational               |                       |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Vocational                | <input type="radio"/> |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Talents/Interests         |                       |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Spiritual/Religious       |                       |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Community Life            |                       |                        | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Relationship Permanence * |                       |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Well-Being                |                       |                        | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Resiliency                |                       |                        | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Resourcefulness           |                       |                        | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |

| ACCULTURATION              |    |                   |                                  |                       |                       |
|----------------------------|----|-------------------|----------------------------------|-----------------------|-----------------------|
| 0 = no evidence of problem |    | 1 = history, mild |                                  |                       |                       |
| 2 = moderate               |    | 3 = severe        |                                  |                       |                       |
|                            | PV |                   | 0                                | 1                     | 2 3                   |
| Language                   |    |                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identity                   |    |                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ritual                     |    |                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Stress            |    |                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CAREGIVER STRENGTHS & NEEDS      |    |                         |                                  |                                  |                                  |
|----------------------------------|----|-------------------------|----------------------------------|----------------------------------|----------------------------------|
| Caregiver Assessment(s) Present  |    |                         |                                  |                                  | YES                              |
| CHILD BEHAVIORAL/EMOTIONAL NEEDS |    |                         |                                  |                                  |                                  |
| 0 = no evidence of problem       |    | 1 = hx or sub-threshold |                                  |                                  |                                  |
| 2 = signif, meets dx             |    | 3 = severe/dangerous    |                                  |                                  |                                  |
|                                  | PV |                         | 0                                | 1                                | 2 3                              |
| Psychosis                        |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Impulsivity/Hyperactivity        |    |                         | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Depression                       |    |                         | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Anxiety                          |    |                         | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Oppositional                     |    |                         | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Conduct                          |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Adjustment to Trauma *           |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Anger Control                    |    |                         | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Eating Disturbances              |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Affect Dysregulation             |    |                         | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Behavioral Regressions           |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Somatization                     |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Substance Use *                  |    |                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |

| CHILD RISK BEHAVIORS               |    |                        |                                  |                                  |                       |
|------------------------------------|----|------------------------|----------------------------------|----------------------------------|-----------------------|
| 0 = no evidence of problem         |    | 1 = Hx - Watch/Prevent |                                  |                                  |                       |
| 2 = recent - ACT                   |    | 3 = acute - ACT IMMED. |                                  |                                  |                       |
|                                    | PV |                        | 0                                | 1                                | 2 3                   |
| Suicide Risk                       |    |                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| Self-Mutilation                    |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Other Self Harm                    |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Danger to Others *                 |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Sexual Aggression *                |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Runaway *                          |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Delinquency *                      |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Judgment                           |    |                        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| Fire Setting *                     |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| Social Behavior - Sanction Seeking |    |                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |

Modules 1 » 0 thru 5 2 » TAY 3 » Family Diff. 4 » Dev. Needs (DD) 5 » Sexuality 6 » School 7 » Permanency 8 » Trauma 9 » Subst. Use D/O (SUD) 10 » Violence 11 » Sexually Aggr. Bx. (SAB) 12 » Runaway 13 » Juv. Just. (JJ) 14 » Fire Setting (FS)

PV = Previous Value of question from most recent previous assessment: display value when different; display blank when not different or when previous value not present.

1. Actionable needs/items identified as 2's and 3's should be documented in the presenting problem and other relevant sections.
2. Strengths/items identified as 0's and 1's should be documented in the strengths section and other relevant sections.

## ■ Purpose:

- The ANSA is an assessment tool that focuses on measuring beneficiary's functioning in several important life domains, to best meet the mental health needs of the adult population (ages 18+ years of age and over).
- Assessment process involves communication with beneficiary and beneficiary's family.
- Assessment helps to support decision making, level of care, and service planning for adult beneficiary.

## ■ When to complete:

- In conjunction with the initial Clinical Assessment
- Updates to the ANSA occur every 6 months (or as clinically indicated)
- For all adult beneficiaries

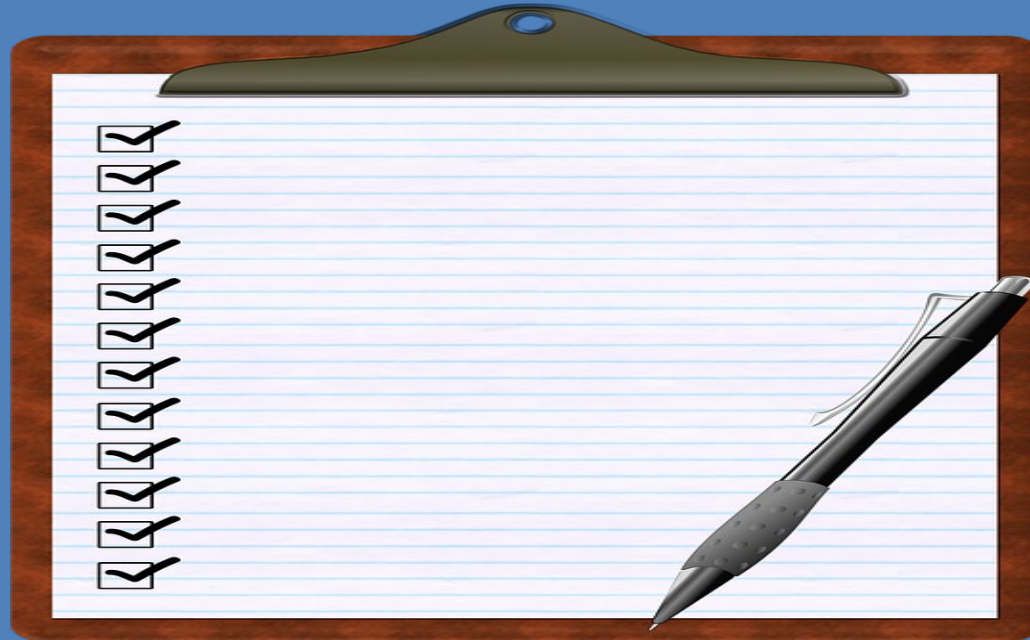
- Must be completed by a physician (MD/DO)
- Used to determine the need for/maintenance of psychotropic medication and other ‘Medication Support Services’
- Must include current presenting problem and frequency of behavior/symptoms.
- Must include historical information related to presenting problem



- 90791 (331) - Psychiatric Diagnostic Eval - For use by licensed/registered professionals.
- 90792 (364) - Psychiatric Diagnostic Eval with Medical Services.
- H0031 (331) - Mental Health Assessment by Non-Physician - For use by paraprofessionals (temporary use for student interns included until MH Billing Manual is updated)

\* Note (Former Direct Service Code/Procedure Code/Local Code)

# Problem List




- A problem list is required for all beneficiaries receiving services, even if a Clinical Assessment has not been completed.
- It is a list of symptoms, conditions, diagnoses and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.
- The problem list shall be updated on an ongoing basis to reflect the current presentation of the beneficiary.
  - There is no requirement regarding the frequency with which the problem list needs to be updated.

- The problem list should include the beneficiary's mental health and/or SUD diagnosis in addition to other problems identified by the beneficiary and/or other health care providers.
- Providers may add items to the problem lists that are outside their scope of practice, if they are reported by the beneficiary and/or another qualified professional. There should be documentation in the clinical record to support this information.
- Providers shall not bill solely for completing the problem list. Billing should be captured in the service encounter with the beneficiary.

# Treatment Plan

## Treatment Effectiveness Scale

-  major improvement
-  moderate improvement
-  no effect or uncertain
-  made it slightly worse
-  made it much worse

- While there are some services that no longer require a formal treatment plan, there are still some services/programs that require the documentation of a treatment plan.
- For services that do not require a formal plan documented, providers should use the progress note to indicate any applicable changes related to treatment, frequency of services and whether the beneficiary continues to meet medical necessity when providing a service to the beneficiary.

- Services that require a Treatment Plan
  - Intensive Care Coordination (ICC)/Intensive Home-Based Services (IHBS)
  - Therapeutic Behavioral Services (TBS)
  - Short-Term Residential Treatment Programs (STRTPs)
  - Social Rehabilitation Programs
  - Case Management
  - Peer Support Services

- **Focus:** Development of client plans, approval of client plans, monitoring of beneficiary's progress
- **Interventions:** Creating and reviewing goals with the beneficiary, addressing progress or lack of progress specific to current goals, coordinating with other service providers regarding beneficiary's progress
  - This service may be provided in the presence or absence of the beneficiary
  - **NOTE:** If beneficiary is not present, documentation should indicate when and how this information will be communicated to the client.
- **CPT/HCPCS code:**
  - H0032 (521) – Mental Health Service Plan Developed by Non-Physician.

\* Note (Former Direct Service Code)



# Progress Notes



- Progress notes shall include:
  - Type of service provided
  - Narrative describing services
  - Date of service
  - Duration of the service (**can only bill face-to-face time**)
  - Location/place of service
  - A typed or legibly printed name (including professional designation) and signature
  - Next steps

- Group Services:
  - A list of participants is required to be maintained by the MHP or the provider.
  - The number of beneficiaries should always be documented on the progress note.
  - If there is more than one provider rendering a group service, one progress note may be completed and signed by one provider.\*
    - Specific involvement of each provider
    - Specific amount of time of each provider
  - All other progress note requirements must be met.

**\*Dependent upon functionality in Electronic Health Record (EHR)**

- Timeframes:
  - Progress notes shall be completed within **3 business days** of the date of service.
  - Crisis services shall be completed within **1 calendar day** from the date of service.
  - A **daily** progress note shall be completed for services that are billed on a daily basis.
- Weekly summaries are no longer required for Day Treatment Intensive and Day Rehabilitation services.

- **Focus:** A therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning. The goal is to improve the client's coping skills and reduce functional impairments.
  
- **Interventions:** Cognitive, affective, verbal/nonverbal strategies to assist the client in modifying feelings, thought processes, or behaviors in order to increase their success in interpersonal relationships and community functioning.
  
- **CPT codes**
  - 90832 (341) – Psychotherapy, 16 minutes up to 30 minutes.
  - 90834 (341) – Psychotherapy, 38 minutes up to 45 minutes.
  - 90837 (341) – Psychotherapy, 53 minutes up to 60 minutes.

\* Note (Former Direct Service Code)

- **Focus:** Assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills.
- **Interventions:** Focus on skills taught/modeled to assist the beneficiary in being successful in the home/school/work/community environments
  - NOTE: *For therapists that provide this service*, make sure documentation is reflective of language specific to rehabilitation and not therapeutic interventions in order to avoid claims being at risk for disallowance.
- **HCPCS code:**
  - **H2017 (551)** – Psychosocial Rehab
  - **H2021** – Community-Based Wrap-Around Services

- **Focus:** Services provided to a significant support person to assist in the management or improvement of the mental health symptoms of the beneficiary or progress toward treatment goals.
- **Interventions:** Providing strategies to support person that can be utilized with the client, gathering information on client's progress
- **CPT/HCPCS code:** There is no longer a single code used to document a collateral service. A collateral service should be documented in the context of another billable service provided to the beneficiary or beneficiary's support person.

- **Focus:** Assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services; monitoring service delivery, monitoring patient's progress, placement services.
- **Interventions:** Communication, coordination, and referral with outside agencies; monitoring service delivery, monitoring patient's progress, documentation must support how service needed will assist the client in improving their mental health symptoms.
- **HCPCS code:**
  - **T1017** - Targeted Case Management



- **Focus:** Unplanned, expedited service provided to address a condition that requires a timelier response than a regularly scheduled visit.
- **Interventions:** Use of strategies to stabilize or eliminate the crisis, evaluating the need for client to be assessed for psychiatric hospitalization, addressing safety of client and/or others that may be in danger.
- **CPT/HCPCS code:**
  - **90839 (371)** - Can only be used by licensed or licensed eligible staff, minimum service time of 30 mins must be met
  - **90840 (378)** - Add on code for each additional 30 mins
  - **H2011** - Can be used by paraprofessionals to document provision of crisis services

- **Focus:** Children/youth beneficiaries who receive an array of services due to the intensity of their mental health. Beneficiaries receiving this service are involved with multiple service agencies (school, CFS/Probation, multiple treatment providers).
  - Beneficiary must be 21 years of age or younger
- **Interventions:** Assessing beneficiary's current services, frequency of services, monitoring of progress, transition and discharge. Child Family Team meetings are an important component of this service.
- **HCPCS code and Modifiers:**
  - **T1017 (HK, HV, HW)**
    - **HK** – Use this modifier to indicate that a Katie A, IHBS, or ICC service was provided
    - **HV** – Use this modifier to indicate services provided as a result of Prop 30 and First Prevention Services Act (FFPSA).
    - **HW** – Use this modifier to identify continuum of care services provided as a result of Prop 30.

- **Focus:** Individualized, strength-based interventions to assist a beneficiary in improving functional impairments to increase success in the home and community environments.
  - This service requires authorization prior to the delivery of services
  - Beneficiary must be 21 years of age or younger
- **Interventions:** Appears similar to other MHS services but the child/youth is receiving services at a higher frequency than someone not authorized for this service.
- **Modifier:**
  - **HK**

- **Focus:** Intensive, one-to-one services for beneficiaries up to age 21 years of age who have social emotional disturbances, stressful transition, or a life crisis resulting in the need for therapeutic intervention.
  - This service requires authorization prior to the delivery of services
  - Beneficiary must be 21 years of age or younger
- **Interventions:** Identification of specific behaviors to be targeted and replacing non-desirable behaviors with desired behaviors
- **HCPCS code:**
  - **H2019** – TBS (581), TBS Assessment (582), TBS Treatment Plan (583), TBS Collateral (584)

- **Focus:** Therapeutic Foster Care (TFC), Crisis Residential, Adult Residential, Crisis Stabilization, Day Treatment Intensive, Day Rehabilitation
  - These services require authorization prior to the delivery of services
- **Interventions:** Services billed under a 24-hour setting must justify medical necessity for the entire day.
- **HCPCS code and Modifier(s):**
  - **NOTE:** Inpatient and Outpatient services are locked out except for the day of admission. The only exception to this is Case Management services.
  - **H0018:** Children's - Adult (141) Crisis Residential
  - **H0019 (166):** Adult Residential: Non-Geriatric
  - **S9484 (153):** Crisis Stabilization: Urgent Care
  - **H2012:** Day Treatment Intensive: Half Day (283) and Full Day (285)
  - **H2012:** Day Rehabilitation: Half Day (291) and Full Day (295)

# 24-Hour and Day Services, cont. Modifiers

| Modifier | Definition                      | When to Use   |
|----------|---------------------------------|---|
| HA       | Child/adolescent program        | Use this modifier when billing for Children's Crisis Residential Program (CCRP) services or psychiatric inpatient: administrative day 20 and under. |
| HB       | Adult program, non-geriatric    | Use this modifier when billing for crisis residential treatment services provided to adults from 21 through 64 years of age                         |
| HE       | Mental health program           | Use this modifier when billing for 24-hour and day services   |
| TG       | Complex/high tech level of care | Use this modifier when billing for day treatment intensive and crisis stabilization   |



- **Focus:** Prescribing, administering, dispensing and monitoring drug interactions of psychiatric medications to alleviate the symptoms of mental illness.
- **Interventions:** Assessing the appropriateness/effectiveness of psychotropic medications, educating client on use of medication(s) and side effects, proposed outcomes of a medication regimen, symptom management.
  
- **CPT/HCPCS code and/or Modifier:**
  - **96372** - Injection subcutaneous or intramuscular
  - **H0033** - Oral Medication Administration, Direct Observation
  - **H0034** - Medication Training and Support (Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects)
  
- \* Note (**Former Direct Service Code**)

# Telehealth Services





- The health care provider determines if a service is clinically appropriate to be provided via telehealth modality.
- The beneficiary ***must consent*** to services being provided via telehealth.
  - Provider must obtain written ***or*** verbal consent prior to delivery of telehealth services. This only needs to be done **once**.
  - Documentation of the consent must be included in the beneficiary's clinical record.
- Forms of telehealth services:
  - Video synchronous interaction (audio and visual)
    - Providers *may* begin services with a new beneficiary using this platform.
  - Audio-only synchronous interaction (telephone)
    - Providers *may* establish with new beneficiary's via audio-only synchronous telehealth, per Civil Code §56.06 and as defined under §56.05(p) – mental or behavioral health, substance use disorder treatment..., *or* upon beneficiary request.

**Effective January 1, 2024**, providers must offer beneficiaries the option of receiving services via video or telephone. Providers must have the option of providing both services.

## **Provider requirements:**

- Must be enrolled in CA as a rendering provider or non-physician medical practitioner.
- Must be affiliated with an enrolled Medi-Cal provider group.
- Medi-Cal provider group must meet all Medi-Cal program enrollment requirements.
- Must be located in California or a border community.

# Telehealth Modifiers and Place of Service Codes

| Modifier Category | Modifier Code                           | Modifier Description   |
|-------------------|---|--|
| CPT Only          | 93 – Audio Only<br>95 – Audio and Video | 93 - Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive <b>Audio-Only</b> Telecommunication System<br><br>95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive <b>Audio and Video</b> Telecommunication System |
| HCPC Only         | SC – Telephone or Audio-Only            | Valid for codes when the service was provided <b>via telephone</b> or <b>audio-only</b> systems.   |

## Place of Service or “Location Code”

- If a telehealth modifier is used, the place of service code **must be 02 or 10** unless the service is mobile crisis.
- **02 - Telehealth Provided Other than in Patient’s Home:** The location where service and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving services.
- **10 - Telehealth Provided in Patient’s Home:** The location where health services are provided or received, through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving services.

# Future of Quality Management Chart Reviews



- Disallowances
  - Progress notes that indicate fraud/waste/abuse
- Quality Management will continue to provide technical assistance to ensure programs are completing quality documentation.
- Programs should continue to consult the DBH website and/or DHCS CalAIM FAQ page [CalAIM-Behavioral-Health-Initiative-Frequently-Asked-Questions](#) for current information.

# Resources



- Department of Behavioral Health (DBH) website  
<http://wp.sbcounty.gov/dbh/>
- California Mental Health Services Authority (CalMHSA) –  
CalAIM tab [CalAIM - California Mental Health Services Authority \(calmhsa.org\)](http://calmhsa.org)
- Department of Healthcare Services (Mental Health and Substance Use Disorder Services and Behavioral Health Information Notices)  
[https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral\\_Health\\_Information\\_Notice.aspx](https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx)

- Documentation questions may be forwarded to Quality Management Division mailbox or telephone at:
  - [DBH-QualityManagementDivision@dbh.sbcounty.gov](mailto:DBH-QualityManagementDivision@dbh.sbcounty.gov)
  - Contact via telephone at (909) 386-8227
  
- Coding questions may be forwarded to Compliance Coding mailbox at: [DBH-ComplianceCodingQuestions@dbh.sbcounty.gov](mailto:DBH-ComplianceCodingQuestions@dbh.sbcounty.gov)
  - Contact via telephone at (909) 386-8279



*Thank You!*

