

Santa Cruz County Behavioral Health Quality Improvement
Fee for Service FAQ Version 3
DMC-ODS 10.13.2023

<u>Category</u>	<u>Question</u>	<u>Answer</u>
Service Code - H2021 Community Wrap Around	When can the code H2021, Community Wrap Around be used in DMC-ODS?	H2021 can only be utilized by OP/IOP/NTP programs when coordinating care with a provider outside of DMC-ODS network. Residential including WM providers cannot utilize this code because it is not billable outside of the residential daily rate and will need to utilize care coordination code T1017 when coordinating care with outside providers.
Service Codes - for Certified Peer Specialists	What codes should a Certified Peer Specialist use?	Counties want to correctly track peer activities, so the use of the correct peer specialist codes is important. Even if the service could meet standards for a different code as well, all certified peer activates fall into these two codes: MH0025 Skill building groups: Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior. MH0038 Peer Service: Engagement; therapeutic activity Self-Help/Peer Services.
Service Code - H1000 Prenatal Care, at risk assessment (Care Coordination code)	Can Prenatal care, at risk assessment code H1000 be utilized by NTP providers?	QI received confirmation from DHCS that NTP programs can utilize H1000 Prenatal Care, at risk assessment service code and that the updated billing manual will reflect this change. This code has now been added to Avatar for NTP programs under service code ANTH1000.
Service Code - H0001 Alcohol and/ or drug (AOD) assessment code	When can providers utilize AOD assessment code H0001?	QI received clarification from CalMHSA that outpatient providers may utilize AOD assessment code H0001 for all assessment activities outside of the ASAM assessment including; gathering of required historical information, review/completion of intake/ consent forms (applicable programs IOT, ODF, Pre-Admit) The client or client support person/ legal guardian must be present to bill.
Service Codes - AH2017 & AH2017G, Recovery Services Codes, Psychosocial Rehab & Group Psychosocial Rehab	What code should be utilized to bill for group services in Recovery Support Services (RSS)?	A group rehab code has been added. AH2017 = Psychosocial Rehabilitation, individual service AH2017G = Psychosocial Rehabilitation, group service

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<p>Documenting - Two service types in one encounter</p>	<p>How do I document if I provide a service that involves more than one service activity type within the same session (ex-Individual counseling & care coordination)?</p>	<p>DMC-ODS Programs - First, utilize clinical judgement and consult with immediate supervisor regarding most appropriate service code(s) to utilize for that specific session.</p> <p>Considerations when making clinical decisions around what service code(s) to utilize include: -initial purpose of the session, -services provided (do they support service code and purpose of session?), -if multiple different services were provided within one session how much time was spent doing each service code? -is there a max # of billable units for service code?</p> <p>Example: A provider may choose to document a session as individual counseling H0004 that contains some care coordination activities, but the majority of time is spent doing individual counseling. This could happen if follow up to a call or referral is needed based on information that was raised in individual session, but did not require a significant amount of time do to. If a significant amount of additional time is spent on care coordination activities then those services should be billed separately.</p>
<p>Documenting - Services without client present or without person receiving services on behalf of client present</p>	<p>What service codes can be utilized when the client and/or person receiving services on behalf of the client is not present?</p>	<p>DMC-ODS = 90885 - Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/ or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. *This code is to be utilized by LPHA when reviewing records for diagnostic purposes when documenting medical necessity without the client being present. (All other service codes involve either client/ family or support person)</p>
<p>Service Code - H0049 Alcohol and/ or drug (AOD) screening</p>	<p>When can AOD screening code H0049 be utilized?</p>	<p>Per DHCS AOD code H0049 can be utilized for patient screening that is performed, annually or biannually, to identify possible high-risk behaviors such as alcohol and substance abuse. Standardized assessment tools, such as the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST), are used to identify the high-risk behavior and determine the appropriate intervention or treatment needed. Screening services do not include intervention, treatment, or therapeutic intervention, such as medication therapy or a combination of medication and counseling. This service code can be utilized by ODF & IOT programs.</p>
<p>Updated SUD staff grids</p>		<p>NOTE: DMC-ODS staff grids have been updated & are on the CalAIM web page and were emailed.</p>