INTRODUCTION TO NEW SERVICE CODES FOR DIRECT SERVICE PROVIDERS

Drug Medi-Cal Organized Delivery System (DMC-ODS)

June 2023

Welcome

SIGN-IN

HANDOUTS

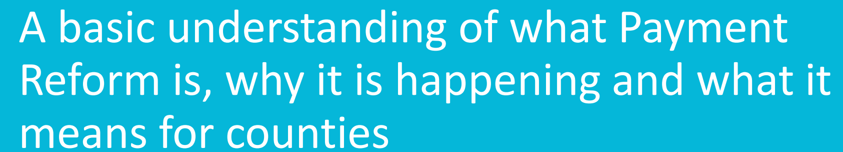
PLEASE HOLD QUESTIONS UNTIL QUESTION BREAK

BREAK

TRAINING OBJECTIVES

Participants will walk away with:

Knowledge of key CalAIM Payment Reform terms & definitions



A basic understanding of what Payment Reform is, why it is happening and what it means for counties

Information about how Payment Reform impacts direct service providers and the service codes that they utilize

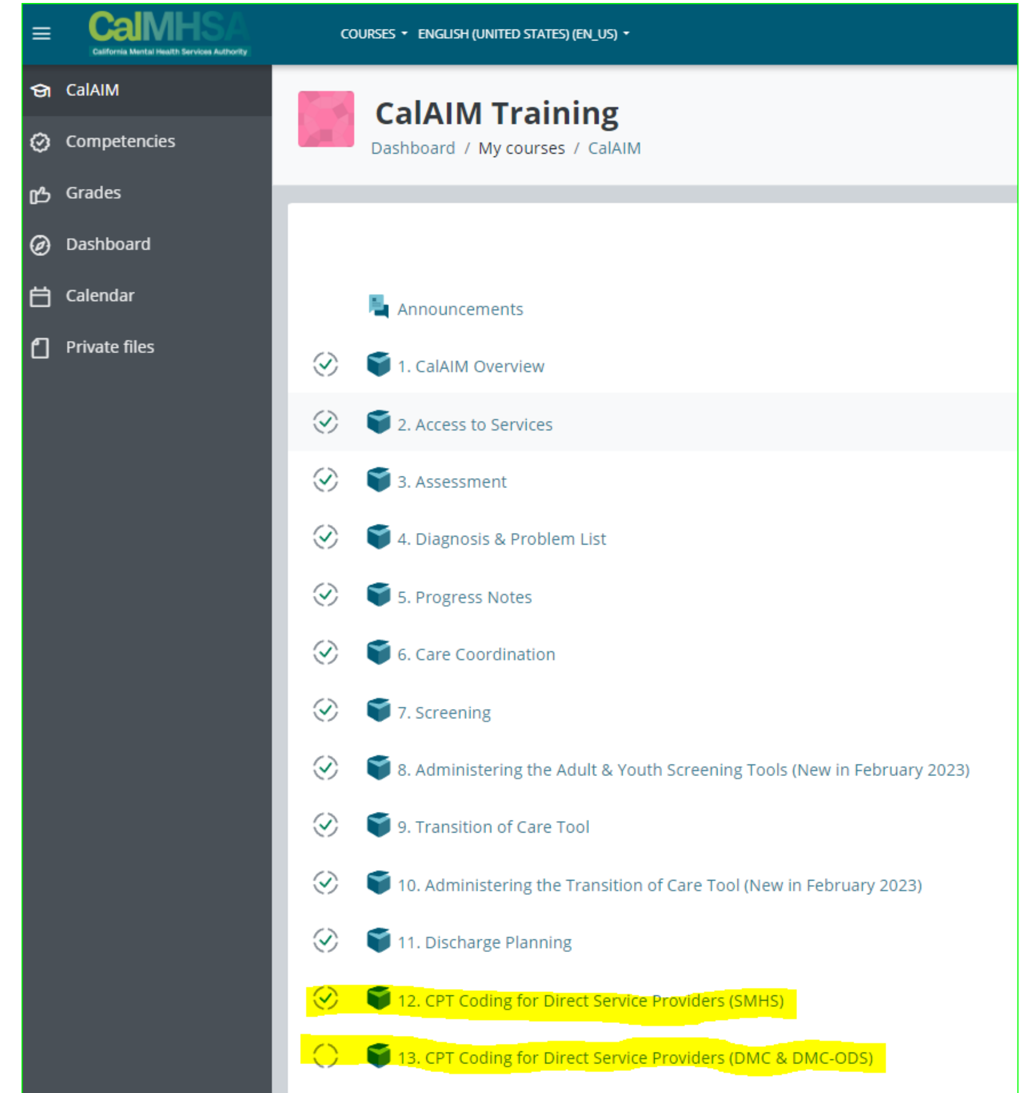
PLEASE NOTE:

- Santa Cruz County Avatar electronic health record (EHR) will automatically manage many of the changes to coding brought about by Payment Reform.
- We have minimized the impact these changes will have on service providers as much as possible.
- There is value in direct service providers having a general understanding of coding and the related requirements to ensure services are documented appropriately and in alignment with Payment Reform.
- It is also important to point out that this training is specific to state Medi-Cal claiming requirements and **does not address Medicare**.

PAYMENT REFORM KEY TERMS/DEFINITIONS

HCPCS AND CPT CODES

If you are interested in the details, view the CalMHSA version of this training in the CalMHSA Learning Management System: https://moodle.calmhsalearns.org/



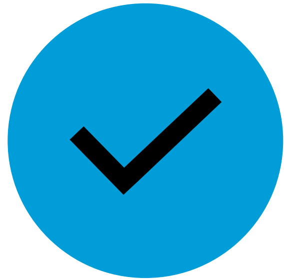
WHAT ARE HCPCS CODES?

HCPCS = Healthcare Common Procedure Coding System (Commonly pronounced as "hick picks")

- Maintained and administered by the Centers for Medicare and Medicaid Services (CMS).
- HCPCS divided into two subsystems (Level I and Level II).
- Level 1 = CPT codes
- Level 2 = codes used to identify a variety of items and services not included in the Level I code set (HCPCS codes we utilize fall under Level 2)
- Prior to the changes brought about by Payment Reform, HCPCS codes made up the majority of codes utilized by county plans.
- HCPCS codes will continue to be used in some instances, but CPT codes will now be used for many of the services provided by clinical staff, allowing for services to be identified with more specificity on claims.

WHAT ARE CPT CODES?

CPT = Current Procedural Terminology



* Created by American Medical Association (AMA)

* Updated annually

* CPT codes generally specify the billing increment or a range of time in the code description

* Used by physicians and clinical providers

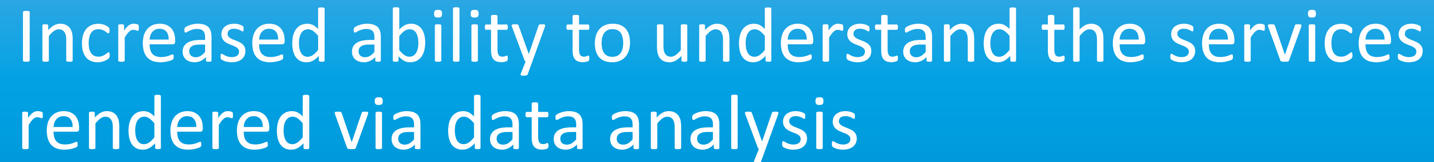
* Provide detailed definitions for codes that are standardized nationwide - this common language streamlines reporting and helps increase efficiency and accuracy

* All CPT codes are five-digits and can be either numeric or alphanumeric, depending on the category

CALAIM PAYMENT REFORM OVERVIEW

What is changing, when is it changing and what are the benefits?

WHAT ARE SOME BENEFITS OF THIS TRANSITION?



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

MANY THINGS ARE CHANGING BUT A LOT REMAINS THE SAME!

THINGS THAT REMAIN THE SAME

Providers still choose from the same avatar Service Code field in the Avatar Progress Note

Scope of practice
(What a provider is permitted to do within their given discipline)

Scope of competence
(Skills or services a provider can offer based on experience and training)

24-hour Codes
(SCRR, SSP, New Life, all Janus Residentials, including Withdrawal Management)

WHAT IS CHANGING?

- Payment Reform will transition counties from cost-based reimbursement funded via Certified Public Expenditures (CPEs) to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs.
- Rather than being paid for the cost of providing services, counties will be paid for the services rendered.
- All counties are expected to align with other healthcare delivery systems and utilize CPT codes where appropriate to improve reporting and support data-driven decision making.
- The codes used for outpatient and intensive outpatient programs are now the same
- No longer different codes for under 21 yrs & over 21yrs old-they will now use the same codes

THINGS THAT WILL CHANGE

(WE WILL DISCUSS THESE IN MORE DETAIL IN THE NEXT SECTION)

- Service code names
- Units vs. Minutes
- Claiming for direct care only
- Not claiming for documentation and travel time
- Add-On Codes
- Lockouts by location code not service code
- Taken care of by Avatar:
  - Selecting codes based on direct service time
  - Modifiers
  - Duplicate services

WHEN IS IT CHANGING?

CalAIM Payment Reform changes go into effect July 1, 2023

Service date June 30th or before --→ Progress Notes Finalized by Friday, July 7th, 11:59pm

Service date July 1st or after -----→ Leave Progress Notes in Draft until Monday, July 10th

QUESTIONS?

AVATAR CHANGES

SERVICE CODE NAMES

- Even though the service activities you are providing to individuals are not changing under Payment Reform, you do need to familiarize yourself with some new service code names that describe these services activities.

CHANGES TO AVATAR CODE FIELDS

Service Charge Code:

Add-On Services:

Service Charge Code

A

Results

90785 Interactive Complexity (A90785)
90791 Psychiatric Diagnostic Evaluation (A90791)
90792 Psych Diag Eval with Medical Svc (A90792)
90846 Family Psychotherapy without patnt (A90846)
90847 Family Psychotherapy with Patient (A90847)
90849 Multiple-Family Group Psychothpy (A90849)
90885 Pych Eval of Med Records and Tests (A90885)
90887 Interpretation of Results (A90887)
90889 Report Prep Psychiatric Status (A90889)
96160 Admin Health Risk Assessment (A96160)
96170 Behavior Intervention (A96170)
96171 Behavior Intervention Addtl 15min (A96171)
99202-99205 Office Visit of New Patient (A99202S)
99212-99215 Office Visit Established Pt (A99212S)

<= Previous 25 1 through 25 of 51

ADD-ON SERVICE

Add-On Service

90785 Interactive Complexity (A90785)
96170 Behavior Intervention (A96170)
G2212 Prolonged Office Outpatient visit (AG2212)
T1013 Interpretive Service (AT1013)

Add-On Duration

UNITS VS. MINUTES

- For all codes, claims will be based on units of service and not the total number of minutes. While **direct service providers will still document service time in minutes when writing progress notes**, the finalized claim will be based on units of service dependent on the number of minutes.

- For example, for the service within the **Individual Counseling** code type, Each 15 minutes of Individual Counseling (Behavioral Health Counseling & Therapy AH004) is considered one unit.

Example 1:

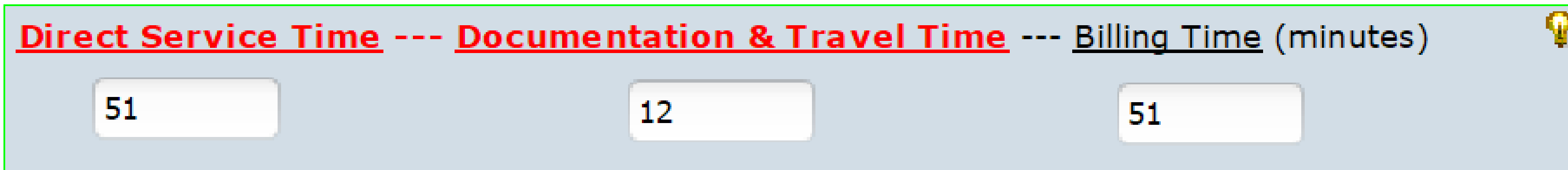
An AOD Counselor meets with a client and provides 60 minutes of Individual Counseling. This service would be claimed as 4 units of **Individual Counseling** (60 minutes of service / 15 minutes per unit = 4 units).

- Also, a unit of time is considered "met" when the midpoint of the given time or time range of a service is passed.

Example 2:

An AOD Counselor meets with a client and provides 4 minutes of **Individual Counseling** . This service does not pass the midpoint of 15 minutes and cannot be claimed (though should still be documented). However, if the services was 8 minutes [exceeds the midpoint of 15 minutes] then this service would be claimed as 1 unit of.-Individual Counseling.

AVATAR TIME FIELDS



Face to Face and Other times have changed

Now:
Direct Service Time &
Documentation and Travel Time
(Total Duration label will be changing)

New lightbulb

DIRECT SERVICE REQUIREMENTS

- Direct services include time spent:
  - Meeting directly with the beneficiary
  - Meeting with caregivers, significant support persons and other professionals, even without the beneficiary present.
- This is captured in Avatar **Direct Service Time**.
- It is important to accurately record Direct Service Time vs. Documentation and Travel Time.
- 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 beneficiary visit.
  (*except for LPHA review of records for assessment purposes)

RECORDING DOCUMENTATION & TRAVEL TIME

- DHCS policy states that we can only claim for direct patient care when providing a service.
- Under Payment Reform, reimbursement rates account for the average costs of travel and documentation time.
- However, travel time and documentation time should still be documented separately from direct care in progress notes to support future rate setting efforts
- Documenting start and end time of documentation time in the body of the note is no longer needed

ADD-ON/SUPPLEMENTAL SERVICES

- Per CMS, an add-on code is a CPT/HCPCS code that describes a service that is performed in conjunction with the primary service by the same practitioner.
- These codes are performed *in addition to* another primary service and must never be billed as a stand-alone service.
- Add-on codes allow for noting treatment complexity, adding extra time to a service when a time range maximum is met, noting when interpretation services were utilized, etc.
- We will go into more depth about specific add-on codes throughout this training
- Add-On codes = $
- Important to utilize add-on codes when fitting

QUESTIONS?

SELECTING SERVICE CODES BASED ON DIRECT SERVICE TIME

NOTE: AVATAR will do this automatically for majority of codes, below is just an example of what avatar is doing in the background.

Most services have a time or time range associated with them and the time/time range is included in the description of the service (When a time or time range is not specifically noted, DHCS has assigned a time of 15 minutes).

Service	Code	Disciplines
Telephone Evaluation and Management Service, 5-10 Minutes	99441	MD/DO, PA, NP or CNS
Telephone Evaluation and Management Service, 11-20	99442	MD/DO, PA, NP or CNS
Telephone Evaluation and Management Service, 21-30 Minutes	99443	MD/DO, PA, NP or CNS
Psychiatric Diagnostic Evaluation, 15 minutes	90791	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS

MODIFIERS

- **Most Modifiers will be managed by Avatar; it is unlikely that providers will need to enter modifiers manually when documenting services.**
- Two-character codes (sometimes two numbers sometimes two letters) that are added to a CPT or HCPCS code in order to provide additional detail about the service that was provided.
- Modifiers have always existed, but the number of modifiers has been expanded under Payment Reform.
- Modifiers are not always used, but there are a few instances where they will be required.
- Examples of modifiers for SUD include: “93” which indicates that a service was provided via telephone and “HQ” which indicates that a therapy service was provided in a group setting.

LOCKOUTS

- **Most lockouts will be managed by Avatar;** it is unlikely that providers will need to enter lockouts manually when documenting services (other than Location).
- Some codes cannot be billed together with other codes and others can only be billed together in extraordinary or very specific circumstances (This was the case even prior to Payment Reform).
- Lockouts are listed in the DHCS DMC & DMC-ODS Billing Manuals and will be managed by Avatar.
- In some cases, service lockouts can be overridden with modifiers and Avatar can be set up to manage that for any applicable codes.

DUPLICATE SERVICES

- **Duplicate Services will be managed by Avatar; it is unlikely that providers will need to address duplicate services directly.**
- A claim for an outpatient service is considered a duplicate if ***all the following data elements*** are the same:
  - Client
  - Provider
  - Service code(s)/modifier(s)
  - Date of Service(s)
- If all of the elements above apply, and the duplicate services are both valid, then a county must roll up the total number of minutes for the day.
- **Avatar will "roll up" the services that meet all elements above automatically.** Providers may continue to document services in one or multiple progress notes.

QUESTIONS?

REVIEW OF THE MOST COMMONLY UTILIZED SERVICE CODES

NOTE:

- The following slides do not include an exhaustive list of service code descriptions.
- This training is focused on the most commonly utilized codes.
- Throughout this training the terms client, beneficiary, patient and individual are all used interchangeably.

DISCIPLINES

- The following slides will refer to the disciplines that are able to provide each service type (these disciplines are taken directly from the DHCS SUD Billing Manual).
- Wherever MFT, LCSW, LPCC and Psychologist is noted, this includes AMFT, ASW, APCC and Waivered Psychologist.
- Wherever LP (Licensed Physician) is noted, this is the same as MD

SERVICE CODE NAMES ALIGN WITH LEVELS OF CARE

Level of Care	Level Of Care Abbreviation	Service Code Example Psychiatric Diagnostic Eval
		A90791 Psychiatric Diag Eval
Outpatient	ODF	**ODF 90791** Psychiatric Diag Eval
Intensive Outpatient	IOT	**IOT 90791** Psychiatric Diag Eval
NTP	NTP	**NTP 90791** Psychiatric Diag Eval
Residential 3.1	3.1	**3.1 90791** Psychiatric Diag Eval
Residential 3.5	3.5	**3.5 90791** Psychiatric Diag Eval
Withdrawal Management	WM	**WM 90791** Psychiatric Diag Eval

Service Charge Code
90791
Results
IOT 90791 Psychiatric Diagnostic Eval (AIO90791)
ODF 90791 Psychiatric Diagnostic Eval (A90791)
<= Previous 25 1 through 2 of 2 Next 25 =>

When selecting service codes, which are based on level of care, in the "service charge" field:

- **Option 1: Type "ODF"**

  All ODF service codes will pop up; select the correct service code

  Type "IOT" and all IOT service codes will pop up; select the correct service code

- **Option 2: Type the new service code (EX: 90791) Select the correct level of care**

ASSESSMENT

Assessment 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.

Service	Code	Disciplines	Notes
Alcohol and/or substance (other than tobacco) abuse structured assessment.	**AG0396S** SUD structured Assessment	LP/MD, Pharma, **PA, Psy**, **LCSW, MFT, LPCC, RN, NP, AOD**	Used to determine the ASAM Criteria, Full ASAM and also ASAM Brief
Psychiatric Diagnostic Evaluation	**A90791** Psychiatric Diagnostic Evaluation	LP/MD, PA, **Psy, LCSW, MFT, LPCC, NP**	LPHA to use this code to when conducting assessment activities.
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes **Prior Codes: Initial Assessment: A1411 / A2411; A1211 / A2211; A1311 / A2311**	**A90885** Pych Eval of Med Records and Tests	LP/MD, **MFT, NP, PA, PCC, Psy, LCSW**	Used when a provider is asked to conduct a review of records for diagnostic purposes and when there is **no direct patient contact**. Example: LPHA is determining Medical Necessity and/ or MD/NP/PA is documenting medical review.

ASSESSMENT - CONTINUED

Service	Code	Disciplines	Notes
Alcohol and/or drug screening **Laboratory analysis**	**AH0003** AOD Screening (Lab)	LP/MD, PA, Psy, RN, NP, Pharma	**Medical** LPHA analyzing AOD screening lab results
Alcohol and/or other drug testing	**AH0048** AOD Testing	LP/MD, PA, RN, NP, Pharma	Use this code to submit claims for point of care tests **(tests that doesn't require a lab)** example: onsite UA test, etc.
Alcohol and/or drug screening	**AH0049** AOD Screening	LP/MD, Pharma, PA, **Psy, LCSW, MFT, LCCC, RN, NP, AOD**	Use when conducting AOD screening
Prior Codes: N/A			

SUD CRISIS INTERVENTION (DMC-ODS)

SUD Crisis Intervention Services consist of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse. These services should focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation and be provided in the least intensive level of care that is medically necessary to treat their condition.

Service	Code	Disciplines
Alcohol and/or drug services; crisis intervention (outpatient)	**AH0007** SUD Crisis Intervention Service	LP/MD, PA, **Psy, LCSW, MFT, LPCC, RN, NP, AOD**
Prior Codes: A1470 ODF Crisis Intervention Counseling/U21 A2470 A1370 IOT Crisis Intervention Counseling / U21 A2270 A1311 NTP Crisis Intervention Counseling/ U21 A2370		

PEER SUPPORT SERVICES

The following peer support service codes can only be utilized by certified peer support specialists.

Service	Code	Disciplines	Notes
Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	**AH0025** BH Prevention Education	Certified Peer	Skill building groups
Self-Help/Peer Services	**AH0038** Peer Service	Certified Peer	Engagement; therapeutic activity
Prior Codes: N/A **NOTE:** Peer Support Services *may* be billed for clients receiving residential treatment			
Alcohol and/or Drug Services, brief intervention	**AH0050** Brief Intervention	Certified Peer	This code must be used to submit claims for **Contingency Management Services**

WRAP AROUND & EDUCATIONAL SERVICES

NOTE: These codes can be found in the "Treatment Planning" section of the billing manual.

Service	Code	Disciplines	Notes
Skills training and development	**AH2014** Patient Education	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Use this code to submit claims for Patient Education Services.
Prior Codes: A1431 ODF Client Education Services /U21 A2431 A1231 IOT Client Education Services / U21 A2231 A1331 NTP Client Education Services/ U21 A2331			

WRAP AROUND & EDUCATIONAL SERVICES - CONTINUED

Service	Code	Disciplines	Notes
Community-Based Wrap-Around Services	**AH2021** Community Wrap-Around	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Refers to coordination of care between providers in the **Drug Medi-Cal (DMC-ODS) System** and providers who are **outside** DMC-ODS. **ONLY** used to show that delivery-system coordination of care has occurred. For other kinds of care coordination, other service codes must be used.
Psychoeducational Service	**AH2027** Psycho-Education	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Includes providing information regarding mental illness and substance abuse and teaches problem-solving, communication, and coping skills to support recovery and resilience.

PLAN DEVELOPMENT

(INCLUDES PROBLEM LIST AND TREATMENT PLANNING (IF APPLICABLE))

Service	Code	Disciplines	Notes
Alcohol and/or substance abuse services, treatment plan development and/or modification.	**AT1007** SUD Treatment Plan Development	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Utilized when **updating/reviewing a problem list,** developing treatment plans if applicable, or discharge summaries and/or discharge plans and reviewing these documents with the beneficiary.
Prior Codes: A1420 ODF Treatment Planning/U21 A2420 A1220 IOT Treatment Planning / U21 A2220 A1320 NTP Treatment Planning/ U21 A2320			

- Documentation related to Problem List updates and/or changes can be made within any service you are providing if clinically indicated.
- Ex. During an individual counseling session, the client shared new need related to housing. Counselor billed the individual counseling service code H0004 and documented in the follow up that they updated the Problem List (refer to slide #43).
- If you meet with a client and only review/updated Problem List and *no other services were provided*, then you may use the: "SUD treatment plan development" AT1007 code.

QUESTIONS?

INDIVIDUAL COUNSELING

Individual Counseling consists of contacts with a beneficiary. 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.

Service	Code	Disciplines
Behavioral health counseling and therapy (Individual Counseling)	**AH0004** Individual Counseling	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**
Prior Codes: A1430 ODF Individual Counseling/U21 A2430 A1230 IOT Individual Counseling / U21 A2230 A1334 NTP Individual Counseling/ U21 A2334		

INDIVIDUAL COUNSELING - CONTINUED

Service	Code	Disciplines	Notes
Alcohol and/or substance abuse services, family/couple counseling	**AT1006** SUD Family/Couple Counseling	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Utilize when conducting counseling with client and family or significant other
Prior Codes: A1438 ODF Family Counseling/U21 A2438 A1238 IOT Family Counseling / U21 A2238			
Alcohol and/or Drug Services, brief intervention	**AH0050** Brief Intervention	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD, Certified Peers**	This code must be used to submit claims for **Contingency Management Services**

GROUP COUNSELING

- Group Counseling consists of face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served.

Service	Code	Disciplines
Alcohol and/or drug services; group counseling by a clinician	**AH0005** SUD Group Counseling	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**
Prior Codes: A1460 ODF Group Counseling/U21 A2460 A1260 IOT Group Counseling / U21 A2260 A1364 NTP Group Counseling/ U21 A2364		

FAMILY THERAPY/GROUP THERAPY CODES

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 judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

Service	Code	Disciplines	Notes
Family Psychotherapy (Conjoint psychotherapy without Patient Present), 26-50 minutes	**A90846** Family Psychotherapy without Patient	LP, PA, Psy, **LCSW, MFT, LPCC, NP**	Utilized when **the beneficiary is not present.**
Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	**A90847** Family Psychotherapy with Patient	LP, PA, Psy, **LCSW, MFT, LPCC, NP**	
Multiple-Family Group Psychotherapy	**A90849** Multiple-Family Group Psychothpy	LP, PA, Psy, **LCSW, MFT, LPCC, NP**	Allows for documentation of **groups that include multiple families.**

QUESTIONS?

CARE COORDINATION

Service	Code	Disciplines	Notes
Targeted Case Management (Care Coordination)	**T1017** Care Coordination	LP, PA, Pharma, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	The HCPCS code used to document Care Coordination is named "Targeted Case Management" (TCM) in billing manual.
Prior Codes for Care Coordination: A1480 ODF Case Management/U21 A2480 A1280 IOT Care Coordination / U21 A2280 A1380 NTP Care Coordination/ U21 A2380			

CARE COORDINATION - CONTINUED

Care Coordination consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings.

Service	Code	Disciplines	Notes
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	**A99367** Medical Team Confer - Physician	**LP/MD**	To be used for Clinician Consultation when provider is licensed physician receiving expert advice from another clinician to inform treatment needs of beneficiary.
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	**A99368** Medical Team Confer Non-Physician	PA, Pharma, Psy, **LCSW, MFT, LPCC, RN, NP**	To be used for Clinician Consultation when provider is any other type of licensed clinician receiving expert advice from another clinician to inform treatment needs of beneficiary.

CARE COORDINATION - CONTINUED

Service	Code	Disciplines	Notes
Inter-Professional Telephone/Internet/ Electronic Health Record Assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional	**A99451** Inter-Professional Physician consult	**LP/MD**	To be utilizing by consultative physician when accessing info via EHR, phone, internet and reviewing/analyzing.
Prenatal Care, at risk assessment.	**H1000** Prenatal Care Risk Assessment	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	To be utilized if conducting a perinatal risk assessment of any kind-DHCS has not defined a specific risk assessment to be utilized for this.

DISCHARGE SERVICES

Discharge services include 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 or specialty medical providers.

Service	Code	Disciplines	Notes
Alcohol and/or substance abuse services, treatment plan development and/or modification.	**AT1007** SUD Treatment Plan Development	LP, PA, Psy, **LCSW, MFT, LPCC, RN, NP, AOD**	Utilized when developing discharge summaries and/or discharge plans and reviewing these documents with the beneficiary.
Prior Codes: A1420 ODF Treatment Planning/U21 A2420 A1220 IOT Treatment Planning / U21 A2220 A1320 NTP Treatment Planning/ U21 A2320			

RECOVERY SERVICES

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.

Service	Code	Disciplines	Notes
Comprehensive community support services	**H2015** Community Support Service	LP, PA, **Psy, LCSW, MFT, LPCC, RN, NP, AOD**	Helping individuals access needed medical, social, educational and other health-related services.
Psychosocial Rehabilitation (including RSS Group Rehabilitation)	**H2017** Psychosocial Rehabilitation	LP, PA, **Psy, Pharma, LCSW, MFT, LPCC, RN, NP, AOD**	Providing education to the beneficiary related to mental health, substance abuse, independent living, social, coping and interpersonal skills, relapse prevention; including RSS groups
Alcohol and/or other drug treatment program, Per Hour	**H2035** SUD Recovery Services	LP, PA, **Psy, Pharma, LCSW, MFT, LPCC, RN, NP, AOD**	To be used to describe additional / other RSS services.

ADD-ON/SUPPLEMENTAL SERVICES

Remember: Add-On codes are not billed independently—they supplement the primary service code that is utilized to document a service.

Staff will need to select appropriate add-on codes when appropriate.

Service	Code	Disciplines	Notes
Interactive Complexity	**A90785** Interactive Complexity	LP, PA, Psy, Pharma, LCSW, MFT, LPCC, RN, NP, AOD	Can only be utilized with assessment/psychiatric evaluation, therapy and group therapy codes. Refers to factors that increase the complexity of a client's treatment. For example: • Managing maladaptive communications that complicate service delivery (high anxiety, increased WM symptoms, agitation, confrontation/disagreement, reactivity, repeated questions, etc.). • Caregiver emotions or behavior that interferes with ability to support the treatment of the individual in care. • Evidence of disclosure of a sentinel event/mandated report.

Add-On Service 90785 Interactive Complexity (...

Add-On Duration

Save Add-On Service

Selected Add-On Services

90785 Interactive Complexity (M90785)

ADD-ON/SUPPLEMENTAL SERVICES [CONTINUED]

Remember: Add-On codes are not billed independently—they supplement the primary service code that is utilized to document a service, and staff will need to select appropriate add-on codes when appropriate.

Some Add-On Codes will require Duration.

Service	Code	Disciplines	Notes
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons	**A90887** Interpretation of Results	MD/DO, Pharm, **PhD/PsyD, LCSW, LMFT, LPCC**, PA, NP/CNS, OT	Utilized when a provider interprets or explains the results of psychiatric tests or other psychiatric/medical procedures to a family, caregiver or other significant support person.
Sign Language or Oral Interpretive Services	**AT1013** Interpretive Service	LP, PA, Psy, LCSW, MFT, LPCC, RN, NP, AOD	Utilized when interpretation services are used (only if another provide interpretation- **not for bilingual staff**).

Add-On Service T1013 Interpretive Service (MT...

Add-On Duration 52

Save Add-On Service

Selected Add-On Services

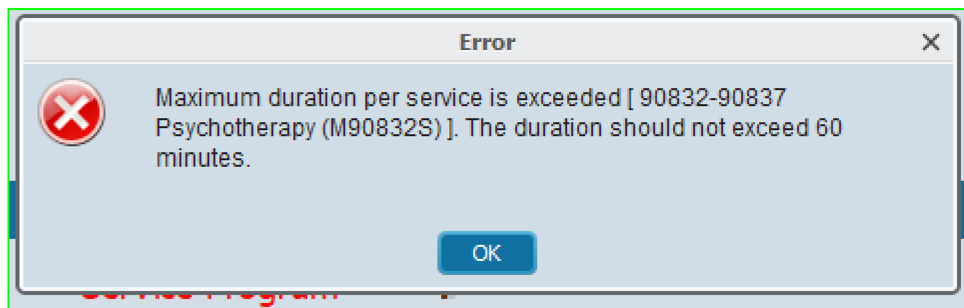
T1013 Interpretive Service (MT1013)

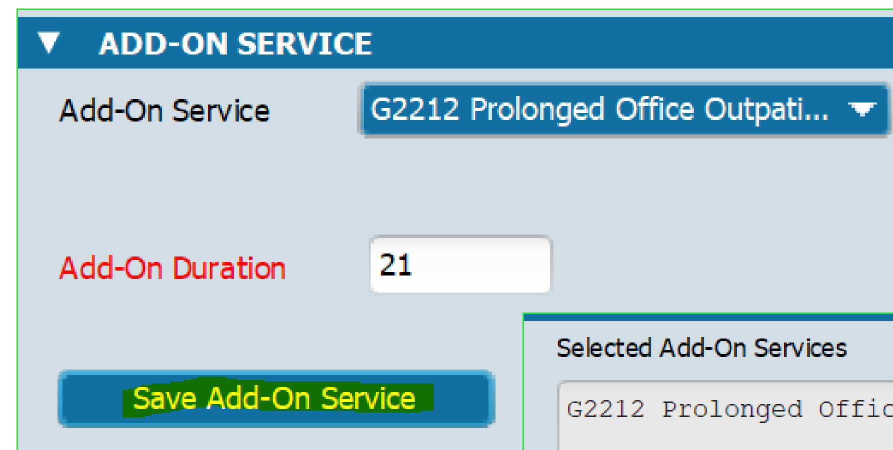
ADD-ON/SUPPLEMENTAL SERVICES [CONTINUED]

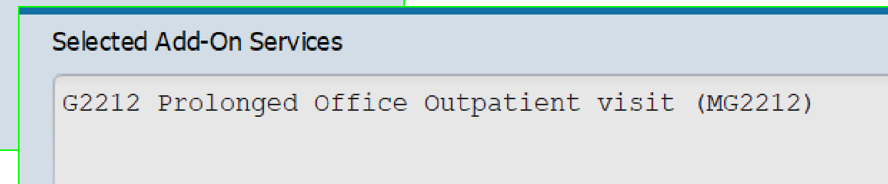
Add-On code AG2212 can be used to prolong a code that does not have a dedicated add-on code associated with it or an evaluation and management code that is at the end of a series (i.e., is associated with the longest time).

Duration = prolonged time
For DMC-ODS this ADD-ON will only be utilized by MD/PA/NP for assessment and clinician consultation

Service	Code	Disciplines
Prolonged Office or Other Outpatient Evaluation & Management Service(s) Beyond the Maximum Time; Each Additional 15 Minutes	**AG2212**	LP/MD, PA, NP







WRAP UP & CODING REMINDERS

- **Many potential billing errors should be minimized as the CPT & HCPCS codes, modifiers, lockouts, etc. will be managed "behind the scenes" in Avatar.**

- Direct service time includes not only time spent with the individual in care, but can include contact with collateral sources and other service providers (even if the individual in care is not present). Some services do require that a client is present for the service to be claimed.

- Add-On codes cannot be utilized independently. They must be used in conjunction with a primary service code.

- Travel and documentation time no longer need to be documented within the body of a note. Travel & Documentation time should now be included in the "documentation & travel time" spot, (used to be labeled "other") in Avatar.

RESOURCES

- County BH QI Office Hours:
  2nd & 4th Friday of the Month, 9:00am. Email Ask.QI for invitation
- County BH QI CalAIM Guidance Page:
  https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AvatarResources/CalAIM.aspx
- CalMHSA Learning Management System:
  https://moodle.calmhsalearns.org/
- County BH QI:
  Ask.QI@santacruzcounty.us
- County BH QI CalAIM Questions MS form:
  CalAIM Question for Santa Cruz County
- Within the next couple of weeks, a recorded training will be availoble in Relias.

QUESTIONS?
FEEDBACK FORM