CalMHSA
California Mental Health Services Authority

# WEEK 4
PROCEDURE CODES

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AGENDA:

- **How rates are set in payment reform**

  - **Defined by Provider Type & CPT (Unit Reimbursement)**

- **Pre-Defined Procedure Codes in SmartCare to support payment reform**

- **Non Billable Codes in SmartCare**

- **How Staff Degrees link to Procedure Codes**

- **How Programs link to Procedure Code**

- **How Rates & CPT codes link to Procedure Codes & Programs**

- **County Responsibility –vs- CalMHSA Responsibility**

How Billing Functions are linked to Staff, Procedure codes & Programs in SmartCare

RESOURCE REMINDER

CalAIM References and Manuals Effective July 1, 2023
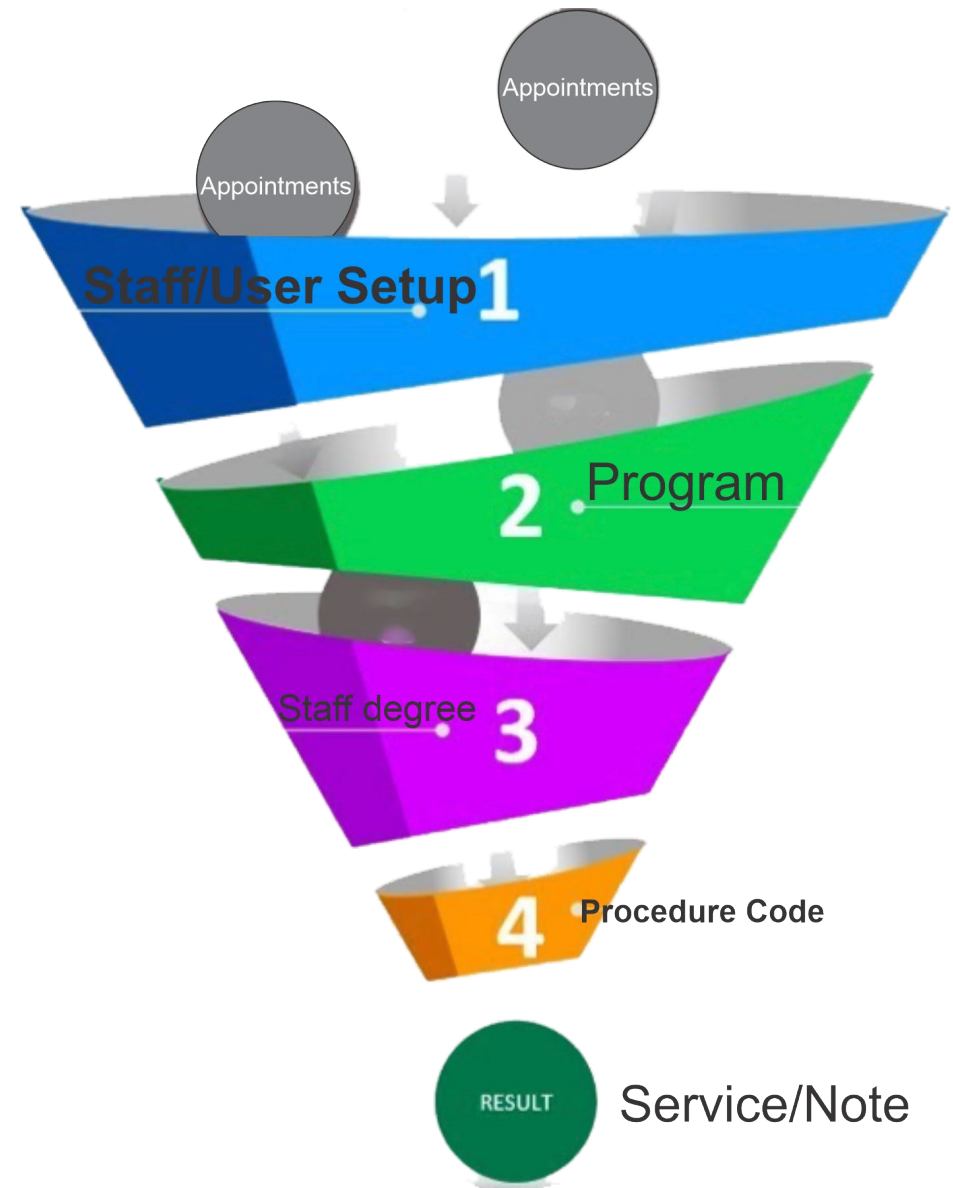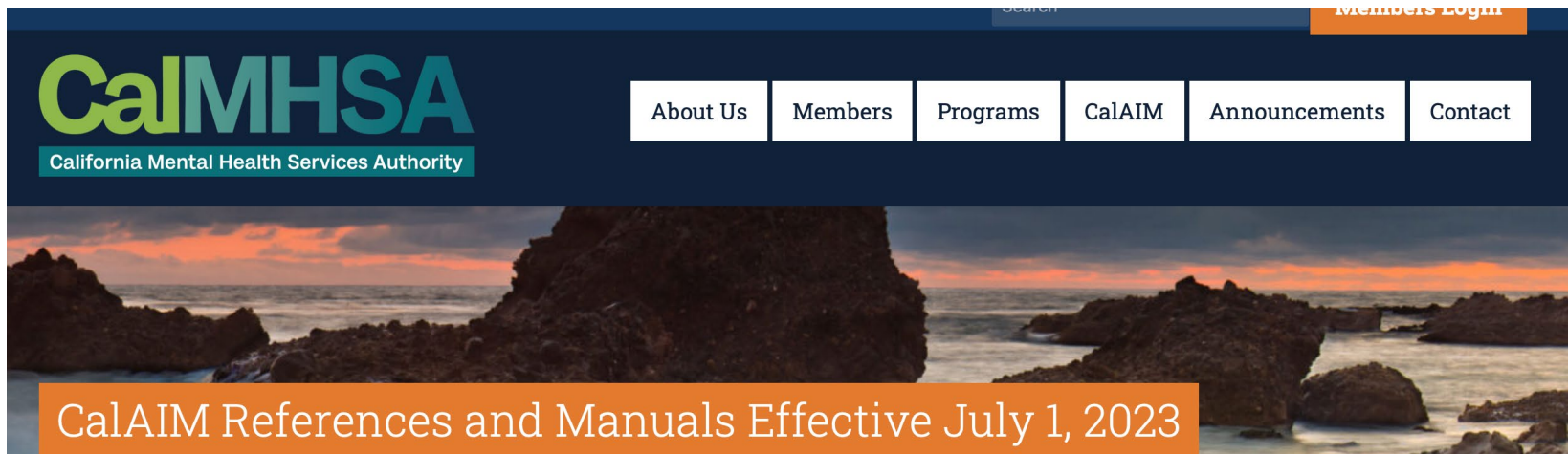
Short Doyle Medi-Cal Manuals

Please visit this link for more information about the Short Doyle Medi-Cal Manuals.

Short Doyle Medi-Cal References

- CalAIM Reference Guide for CPT Codes – Specialty Mental Health Services
- CalAIM Reference Guide for CPT Codes – Drug Medi-Cal Counties
- CalAIM Reference Guide for CPT Codes – Drug Medi-Cal Organized Delivery System

- CPT code reference guides

- https://www.calmhsa.org/calaim-references-and-manuals-effective-july-1-2023/

RATES

- Reminder:

- Your county rates will be the rates used to bill for services for both contractors and county staff. **We have confirmed with the state that you must bill at your rates, if you enter a lower rate you will be paid at the lower rate.**

- When we build a rate sheet for contracted providers -this might be per legal entity. This is part of our managed care build out (development pending).

Rates

Provider Type
Alcohol and Drug Counselor
Certified Nurse Specialist
Licensed Psychiatric Technician
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)
LVN
MD
Mental Health Rehab Specialist
Nurse Practitioner
Occupational Therapist
Other Qualified Providers - Other Designated MH staff that bill medical
Peer Recovery Specialist
Pharmacist
Physicians Assistant
Psychiatrist/ Contracted Psychiatrist
Psychologist/Pre-licensed Psychologist
RN

- Configured by Provider Type = Staff Degree Setup in Smartcare

CPT CODES ARE SELECTED BY

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Person/staff — What is within this person's scope to complete?

Program — What is program certified to complete?

Procedure — What type of service is it?

Duration — How long is the service?

PROCEDURE CODES

Procedures define what services are available in which programs and what license is allowed to provide them.

The main topics we'll be discussing include the following:

- Procedures – CalMHSA Preconfigured
- Procedure Codes allowed for each License Degree
- Rates defined to the Procedure Code
- Billing code/CPT is attached to the rate record (Can have multiple for each Payer: Medicare, Medi-Cal, Commercial)

NON-BILLABLE CODES

- CalMHSA has included some standard Non-Billable codes

- Each county has created a large list of procedure codes that may have been used for tracking purposes in the past

- Re-evaluate your tracking needs
    - Can this be tracked via program?
    - Does this need to be tracked in a post-CalAIM world?

- Still expect counties may need county-specific codes for specific tracking of funding, grants, etc.

- Homework: Review your current procedure code list and determine which you may need to add that are not already included on CalMHSA's list

COLLATERAL

- CMS Billing rules have changed.

- Now collateral services must be provided on same day a client (beneficiary) is served.

- This is happening the same time as CalAIM and our move over to CPT codes but is not a result of CalAIM

BILLING COMPONENTS OF PROGRAMS

This session covers Programs and their specific relationship to billing in SmartCare. To be successful in billing it is essential to understand Programs and where they fit in the hierarchy of the system configuration.

The main topics we'll be discussing include the following:

- Service Area
  - Each Program is set to one Service Area
- Address and Zip Code
  - The address on the Program should contain the full **nine-digit zip code**
- NPI
- Non-billable Plans
- Locations
  - Locations contain the Place of Service used in billing
- Procedures
  - Only Procedures associated to the Program can be used for service entry

WANT TO SEE WHO CAN ENTER IN THE PROGRAM? LOOK HERE

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Program Details

| General | Rules | **Staff** | Occupancy | Reporting | Custom Fields |

Staff Name △	Primary
Ashok, Sheelu	No
Baize, Jacob	No
Basava, Test	No
Bruin, Patrick	No
Brusa, Stan	No
Brydon, Jennie	No
Charla Rowe	No
Chopra, Ravi	No
Comden, Kevin	No
Dinesh, Test	No
Easley, Kim	No
Fitzgerald, John	No
Gessner, Michael	No

Hyperlink takes you to staff set up if this is wrong

WANT TO SEE WHAT PROCEDURES CAN BE ENTERED IN THE PROGRAM? LOOK HERE

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Program Details

General | **Rules** | Staff | Occupancy | Reporting | Custom Fields

Procedures

Procedures that can be delivered.   [Add Procedure(s)...]

Start Date [_____] 📅▾   End Date [_____] 📅▾

☑ Only Show Currently Effective Programs   [Modify]   [Clear]

		ProcedureCode	Start Date	End Date
✕	○	114 - Psychotherapy for...		
✕	○	116 - Psychotherapy wi...		
✕	○	117 - Psychotherapy wi...		
✕	○	119 - Sign Language or ...		
✕	○	166 - BH Procedure Lag...		
✕	○	167 - BH 15 Min Unit - ...		

Plans

List of Plans that CANNOT be charged.   [Add Plan(s)...]

Plan Name

No data to display

Locations

List of valid locations for this program.   [Add Location(s)...]

Location Name
✕ Office
✕ Telehealth - Patient's Home
✕ Telehealth Provided Other than

How Rates & CPT codes link to procedure codes

COUNTY RESPONSIBILITY -VS- CALMHSA RESPONSIBILITY

- County:
  - Review Program Category "menu" and determine what you need for each of your programs
  - Complete Program Migration Spreadsheet adding Program Category and ASAM Level of Care (if applicable)
  - Add any additional procedure codes are needed à-la-carte (for example procedure codes for dosing with appropriate NDC code)
  - Need to know if you're State Plan or ODS for Substance Abuse
  - Whether you want the FULL set of codes or the CalMHSA recommended "frequently used" codes (e.g. Hypnotherapy is not frequently used)

- CalMHSA
  - Will provide Program Category "menu" (program category – procedure code crosswalk)
  - Will populate the Program-Procedure migration spreadsheet based on county's input
  - Will populate the County's rate spreadsheets based upon above Program-Procedure migration spreadsheet and Provider Type.

PROGRAM CATEGORY

SmartCare Procedure ID	SmartCare /DHCS Billing Descriptions
16	Application of On-body Injector for Timed Subcutaneous Injection
17	Assessment of Aphasia
20	Brief Emotional/Behavioral Assessment
21	Care Management Services for Behavioral Health Conditions by Physician
22	Caregiver Assessment Administration of Care-Giver Risk Assessmt
23	Community-Based Wrap-Around Services
25	Comprehensive Multidisciplinary Evaluation
26	Crisis Intervention Services, per 15 minutes (Code must be used for Mobil Crisis)
27	Developmental Screening
28	Developmental Testing
29	Developmental Testing, Each Addl 30 Minutes
30	Domiciliary or Rest Home Visit of a New Patient
31	Domiciliary or Rest Home Visit of an Established Patient
32	Electroconvulsive Therapy (Includes Necessary Monitoring)
34	Family Psychotherapy (Conjoint psychotherapy with Patient Present)
36	Group Psychotherapy (Other Than of a Multiple-Family Group)
39	Home Visit of a New Patient
40	Home Visit of an Established Patient
41	Hypnotherapy
44	Initial Nursing Facility Care per Day, for the EM of a Patient
45	Initial Observation Care, per Day, for the EM of a Patient
46	Inpatient Consultation for a New or Established Patient
47	Interactive Complexity
48	Interpretation or Explanation of Results of Psychiatric or Other Medical
49	Inter-Professional Telephone/Internet/ Electronic Assmt by a Consultative Physician
50	Intravenous Infusion, Addl Seq Inf, 1-60 Minutes after 96365
51	Intravenous Infusion, Concurrent Infusion
52	Intravenous Infusion, for Therapy, Prophylaxis, Each Addl 30-60 Minutes past 96365
53	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis
54	Medical Team Conference,Participation by Non-Physician. FTF with Pt and/or Family
55	Medical Team Conference,Participation by Non-Physician. Pt and/or Fam Not Present
56	Medical Team Conference,Participation by Physician. Pt and/or Family Not Present
60	Medication Training and Support
61	Mental Health Assessment by Non-Physician
62	Mental Health Service Plan Developed by Non-Physician
63	Multiple-Family Group Psychotherapy
64	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes
65	Neurobehavioral Status Exam
66	Neurobehavioral Status Exam, Each Addl Hour
67	Neuropsychological Testing Evaluation
68	Neuropsychological Testing Evaluation, Each Addl Hour
69	Nursing Assessment/Evaluation
70	Observation Care Discharge Day Management
71	Observation or Inpatient Hospital Care, Including Admit/Disc Same Date
72	Office Consultation for New or Established Patient
73	Office or Other Outpatient Visit of an Established Patient
74	Office or Other Outpatient Visit of New Patient
75	Oral Medication Administration, Direct Observation

MH Mode 5 | MH Mode 10 | **MH Mode 15** | MH Mode 15 + Medication Support | SUD OUTP | SUD Perinatal OUTP | SUD NTP | SUD Perinatal NTP | SUD Res | SUD ODS Inpatient

MIGRATION PROGRAM SPREADSHEET

	A	B	C	D	E	F	G	H
1	CalMHSAProgramCategory	type_GlobalCode (int)	Data Type ==>	int	varchar(100)	varchar(250)	type_Activ	type_C
2	CalMHSA Only	CalMHSA Only	Data Required ==>	Yes	Yes	Yes	Yes	Yes
3	Program Category	ASAMLevel	Column Name ==>	LegacyProgram	ProgramCode	ProgramName	Active	Progra
4	SUD NTP	OTP Level 1		1000	Aegis	Aegis		
5	SUD Perinatal OP	Level 1		2000	County Perinatal Outpatient	County Perinatal Outpatient		
6	MH Mode 05			3000	Contracted Residential	Contracted Residential		
7	MH Mode 15			4000	County Clinic	County Clinic		
8								
9								
10								
11								
12								
13								

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https://www.calmhsa.org/

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THANK YOU.