Service Code Cheat Sheet (FY24-25)

Service Code	Type of Service	Description	MD/NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	MFT/ SW Clinical Trainee	ОТ	PSS	MHRS/ CW
		As	sessment							
5CA	Assessment	Mental Health Assessment by a non-MD.		Y	Y	Y	Y*	Y	Y	Y
	(Non-MD)	Time writing up the assessment should be captured in the "Documentation Time" field.								
	MD/NP Assessment 31 or more minutes	Mental Health Assessment by a MD/NP.	Y							
		Time writing up the assessment should be captured in the "Documentation Time" field.								
		MD/NP Assessment under 31 minutes cannot be billed using MD/NP Assessment codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***								
90885CA	Assessment (Only Chart	External Chart Review, including hospital records.	Y	Y			Y*			
	Review) 31 or more minutes	Time spent reviewing external charts should be captured in the "Service Time" field.								
	minutes	This <u>excludes</u> internal chart reviews.								
		Assessment (Only Chart Review) under 31 minutes cannot be billed using Assessment (Only Chart Review) codes. Consider if another code is more appropriate for the								

Information in PINK are codes and/or details that have been recently added to support your ability to accurately code your services.

Service Code	Type of Service	Description service provided (e.g., rehab, etc)***	MD/NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	MFT/ SW Clinical Trainee	ОТ	PSS	MHRS/ CW
			ient Plann	-						
6CA	Plan Development (Non-MD/NP)	Plan development by non-MD/NP. Time writing up the treatment plan should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y	Y
		Individ	dual Thera	ру					-	
90832CA	Individual Therapy 16-37 minutes (Individual Therapy 1-15 minutes is not billable)	Use for Individual Therapy between 16-37 minutes. Individual Therapy under 16 minutes cannot be billed using Individual Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc.). ***	Y	Y			Y*			
90834CA	Individual Therapy 38-52 minutes	Use for Individual Therapy between 38-52 minutes.	Y	Y			Υ*			
90837CA	Individual Therapy 53 or more minutes	Use for Individual Therapy 53 or more minutes	Y	Y			Y*			
		Fami	ily Therapy	/						
41CA	Family Therapy 26 or more	Use this for Family Therapy Service 26 or more minutes	Y	Y			Υ*			

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	minutes (Family Therapy 1-25 minutes is not billable)	Family Therapy under 26 minutes cannot be billed using Family Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***								
		Grou	up Therapy	/		-			-	
10CA	Group Therapy 23 or more minutes	Group therapy service 23 or more minutes Group Therapy under 23 minutes cannot be billed using Group Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***	Y	Y			Y*			
		Rehabili	tation Serv	vices						
7CA	Rehabilitation	Use for rehabilitation services.	Y	Y	Y	Y	Y*	Y	Y	Y
70CA	Rehabilitation Group	Use for rehabilitation groups.	Y	Y	Y	Y	Y*	Y	Y	Y
		Crisis	Interventio	on					-	
2CA	Crisis Intervention	Use for crisis intervention services.	Y	Y	Y	Y	Y*	Y	Y	Y
		Case N	/lanageme	nt						
51CA	Case Management	Use for Case Management Services.	Y	Y	Y	Y	Y*	Y	Y	Y
		Case	Conferenc	e						
99368CA	Non-MD Team	Medical team conference with	Y (NP	Y	Y		Y*			

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	Conf Ct/Fam Not Present (minimum 30 minutes)	interdisciplinary team of health care professionals <u>without client or family</u> <u>present.</u>	only)							
99366CA	Non-MD Team Conf Ct/Fam Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals (e.g., meeting between BHRS team and contract agency team) face-to- face with client or family present.	Y (NP only)	Y	Y		γ*			
99367CA	MD Team Conf. Ct/Fam Not Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals <u>without client or family</u> <u>present.</u>	Y (MD only)							
99484CA	MD Directed Care Management (minimum 20 minutes)	Care management services for behavioral health conditions directed by a physician or other qualified health care professional providers. May only bill for <u>one</u> instance of this service <u>per calendar month.</u> Must include the following required elements: - initial assessment or follow-up monitoring, including the use of applicable validated rating scales; - behavioral health care planning in relation to behavioral/psychiatric health problems, including revision	Y	Y	Y	Y				

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		 for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated 								
		member of the care team.	Support S	Services						
*	*MD's/NP's can c	lso use the applicable Medication Support code	s below m	arked with ** fo	r documer	nting Treat	ment Planr	ning Servi	ces**	
99212CA**	Med Opt 10-19 minutes	Use for medication support services between 10-19 minutes, including any plan development around med support.	Y							
99213CA**	Med Opt 20-29 minutes	Use for medication support services between 20-29 minutes, including any plan development around med support.	Y							
99214CA**	Med Opt 30-39 minutes	Use for medication support services between 30-39 minutes, including any plan development around med support.	Y							
99215CA**	Med Opt 40 or more minutes	Use for medication support services 40 or more minutes, including any plan development around med support.	Y							

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17CA**	Medication Support	Use for Medication Support Services that do not fall into one of the Med Support categories above.	Y		Y	Y				
16CA	Medication Injection 1-15 minutes	 16CA is only billable for medication injection services between 1-15 minutes. For a service over 15 minutes, please consider adding another service code. 	Y		Y					
150CA	Medication Group	Use for Medication Support Groups	Y		Y	Y				
		Specialty C	hildren's S	ervices		•				
ICC_CA	Intensive Care Coordination	Use for ICC services	Y	Y	Y	Y	Υ*	Y	Y	Y
CFTICC_CA	Children and Family Team ICC	Use for CFT services	Y	Y	Y	Y	Y*	Y	Y	Y
58CA	Therapeutic Behavioral Support	Use for TBS services	Y	Y	Y	Y	Υ*	Y	Y	Y
		IHB	S Services							
CODE, <u>not</u> th <u>For IHBS Ser</u>	e Service Code. <mark>vices, always use</mark>	rvices are identified using the LOCATION Location Code IHBS Home Visit. code that most accurately reflects the type of	Y	Y	Y	Y	Y	Y	Y	Y

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		home as an IHBS service. For instance, if you in the home, then use 7CA as the service								
		Peer Suppor	t Specialis	Services						
H0038	Peer Support/Self Help Therapy	Use for Peer Support Services such as prevention/recovery coaching, linking to resources and recovery related education provided to individuals and their support persons.							Y	
H0025	Peer Support Prevention Education Group	Use for Peer Support Prevention/Education Groups provided to individuals and their support persons.							Y	
		Add-On	Service Co	odes						
T1013	Sign Language or Oral Interpretive	Use when third-party interpretation was provided during the session/service. The amount of time entered for interpretation should not exceed the time of the session/service.	Y	Υ	Y	Y	Υ*	Y	Y	Y
T1013M	Sign Language or Oral Interpretive for Medical Services	Use when third-party interpretation was provided during the session/service for Medical Services . The amount of time entered for interpretation should not exceed the time of the session/service.	Y		Y	Y				

*Please note that MFT/SW/ PCC Clinical Trainees require a co-signature on all progress notes.

**MD's/NP's can also use these Medication Support codes for documenting Treatment Planning Services

*** For services with a minimum minute requirement, if the service duration is less than the minimum number of minutes required, that service cannot be billed to Medi-Cal. Consider if another code is more appropriate for the service provided (e.g., rehab, etc). However, if you determine that the service code continues to be appropriate, you may use the service code even if the service is not billable based on not meeting the minimum time requirement.