

List of Service Codes (FY24-25)

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	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
Assessment										
5CA	Assessment (Non-MD)	Mental Health Assessment by a non-MD. Time writing up the assessment should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y^	Y
14CA	MD/NP Assessment 31 or more minutes	Mental Health Assessment by a MD/NP. Time writing up the assessment should be captured in the "Documentation Time" field. <i>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,</i>	Y							

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		<i>etc)***</i>								
90885CA	Assessment (Only Chart Review) 31 or more minutes	External Chart Review, including hospital records. Time spent reviewing external charts should be captured in the "Service Time" field. <i>This <u>excludes</u> internal chart reviews.</i> <i>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 service provided (e.g., rehab, etc)***</i>	Y	Y			Y*			
Treatment Planning										
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

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
Individual Therapy										
90832CA	Individual Therapy 16-37 minutes <i>(Individual Therapy 1-15 minutes is not billable)</i>	Use for Individual Therapy between 16-37 minutes. <i>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.).***</i>	Y	Y			Y*			
90834CA	Individual Therapy 38-52 minutes	Use for Individual Therapy between 38-52 minutes.	Y	Y			Y*			
90837CA	Individual Therapy 53 or more minutes	Use for Individual Therapy 53 or more minutes	Y	Y			Y*			
Family Therapy										
41CA	Family Therapy 26 or more minutes <i>(Family</i>	Use this for Family Therapy Service 26 or more minutes <i>Family Therapy under 26 minutes cannot be billed using</i>	Y	Y			Y*			

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
	<i>Therapy 1-25 minutes is not billable)</i>	<i>Family Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***</i>								
Group Therapy										
10CA	Group Therapy 23 or more minutes	Group therapy service 23 or more minutes <i>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)***</i>	Y	Y			Y*			
Rehabilitation Services										
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 Intervention										
2CA	Crisis	Use for crisis intervention	Y	Y	Y	Y	Y*	Y	Y^	Y

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
	Intervention	services.								
Case Management										
51CA	Case Management	Use for Case Management Services.	Y	Y	Y	Y	Y*	Y	Y^	Y
99368CA	Non-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 present.</u>	Y (NP only)	Y	Y		Y*			
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 <u>with client or family present.</u>	Y (NP only)	Y	Y		Y*			
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 present.</u>	Y (MD only)							
99484CA	MD Directed Care Management	Care management services for behavioral health conditions directed by a	Y	Y	Y	Y	?			

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
	(minimum 20 minutes)	<p>physician or other qualified health care professional providers.</p> <p>May only bill for one instance of this service per calendar month.</p> <p>Must include the following required elements:</p> <ul style="list-style-type: none"> - 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 for patients who are not progressing or whose status changes; - facilitating and coordinating 								

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.								
Medication Support Services										
99212CA**	Med Opt 10-19 minutes	Use for medication support services between 10-19 minutes, including any plan development around med support. May be used for any outpatient location, including home, office, field-based, or remotely delivered services.	Y							
99213CA**	Med Opt 20-29 minutes	Use for medication support services between 20-29 minutes, including any plan	Y							

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		development around med support. May be used for any outpatient location, including home, office, field-based, or remotely delivered services.								
99214CA**	Med Opt 30-39 minutes	Use for medication support services between 30-39 minutes, including any plan development around med support. May be used for any outpatient location, including home, office, field-based, or remotely delivered services.	Y							
99215CA**	Med Opt 40 or more minutes	Use for medication support services 40 or more minutes, including any plan development around med support. May be used for any outpatient location, including home, office, field-based, or	Y							

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		remotely delivered services.								
17CA**	Medication Support	Use for Medication Support Services that do not fall into one of the Med Support categories above. For Case Management services, consider if any of the codes under the “Case Conference” category would be appropriate to use instead of 17CA.	Y		Y	Y				
16CA	Medication Injection 1-15 minutes	16CA is only billable for medication injection services between 1-15 minutes. <i>For a service over 15 minutes, please consider adding another service code.</i>	Y		Y					
150CA	Medication Group	Use for Medication Support Groups	Y		Y	Y				
Medication Support Provided in Adult Residential Programs										
99347CA	Med Residential	Use for medication support services between 20-29	Y							

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
	20-29 minutes	minutes. Only for in-person visits at an adult psychiatric residential facility . Cannot be used for remotely delivered services.								
99348CA	Med Residential 30-39 minutes	Use for medication support services between 30-39 minutes. Only for in-person visits at an adult psychiatric residential facility . Cannot be used for remotely delivered services.	Y							
99349CA	Med Residential 40-59 minutes	Use for medication support services between 40-59 minutes. Only for in-person visits at an adult psychiatric residential facility . Cannot be used for remotely delivered services.	Y							
99350CA	Med Residential 60+ minutes	Use for medication support services between 60+ minutes. Only for in-person visits at an adult psychiatric residential facility .	Y							

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		facility. Cannot be used for remotely delivered services.								
Specialty Children’s Services										
ICC_CA	Intensive Care Coordination	Use for case management services provided to clients ages 20 and under who are approved for ICC services . If your client is not approved for ICC services, or is 21 years old and over, DO NOT use this service code and instead use 51_CA Case Management.	Y	Y	Y	Y	Y*	Y	Y^	Y
CFTICC_CA	Children and Family Team ICC	Use to document your time spent attending and participating in a CFT Meeting.	Y	Y	Y	Y	Y*	Y	Y^	Y
58CA	Therapeutic Behavioral Support	Use for TBS services	Y	Y	Y	Y	Y*	Y	Y^	Y
Peer Support Specialist Services										
H0038	Peer Support/Self Help Therapy	Use for Peer Support Services such as prevention/recovery coaching, linking to resources and recovery related							Y	

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		education provided to individuals and their support persons.								
H0025	Peer Support Prevention Education Group	Use for Peer Support Prevention/Education Groups provided to individuals and their support persons.							Y	
Add-On Service Codes										
T1013 and T1013X	Sign Language or Oral Interpretive	<p>Use when third-party interpretation was provided during the session/service.</p> <p><i>The amount of time entered for interpretation should not exceed the time of the session/service.</i></p> <p>T1013X should be used for services: 6CA, 7CA, 51CA, 70CA, CFTICC_CA, ICC_CA. Avatar users will see that only the version of this code (T1013 or T1013X) that is applicable for the service provided will pop up as an</p>	Y	Y	Y	Y	Y*	Y	Y^	Y

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
		option on the add-on code drop down. Neither T1013 or T1013X can be used for 90885CA.								
T1013M	Sign Language or Oral Interpretive <i>for Medical Services</i>	Use when third-party interpretation was provided during the session/service for Medical Services . <i>The amount of time entered for interpretation should not exceed the time of the session/service.</i>	Y		Y	Y				
IHBS Services <i>Only for use by Agencies Contracted to provide IHBS Services</i>										
IHBS2CA (Contracted Agency Use Only)	IHBS Crisis Intervention	Use for crisis intervention services.	Y	Y	Y	Y	Y*	Y	Y^	Y
IHBS5CA (Contracted Agency Use Only)	IHBS Assessment Non-MD	Mental Health Assessment by a non-MD.		Y	Y	Y	Y*	Y	Y^	Y
IHBS6CA (Contracted Agency Use Only)	IHBS Plan	Plan Development by a non-MD.		Y	Y	Y	Y*	Y	Y^	Y

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	Clinical Trainee	OT	PSS	MHRS/ CW/CHW/PSW
Agency Use Only)	Development Non-MD									
IHBS7CA (Contracted Agency Use Only)	IHBS Rehabilitation	Use for rehabilitation services.	Y	Y	Y	Y	Y*	Y	Y^	Y
IHBS90832 (Contracted Agency Use Only)	IHBS Individual Therapy 16-37 minutes	Use for Individual Therapy between 16-37 minutes.	Y	Y			Y*			
IHBS90834 (Contracted Agency Use Only)	IHBS Individual Therapy 38-52 minutes	Use for Individual Therapy between 53+ minutes.	Y	Y			Y*			
IHBS90837 (Contracted Agency Use Only)	IHBS Therapy 53+ minutes	Use for Individual Therapy between 53+ minutes.	Y	Y			Y*			
IHBS41CA (Contracted Agency Use Only)	IHBS Family Therapy	Use this for Family Therapy 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.

^ Peer Support Specialists who use these codes will be billed at the MHRS/CW rate, not the PSS rate.

Legend					
CHW	Community Health Workers	MD	Doctor of Medicine	Ph. D	Doctor of Philosophy
CW	Case Workers	MFT	Marriage and Family Therapist	PSS	Peer Support Specialist
LCSW	Licensed Clinical Social Worker	MHRS	Mental Health Rehabilitation Specialist	PsyD	Doctor of Psychology
LMFT	Licensed Marriage and Family Therapist	NP	Nurse Practitioner	RN	Registered Nurse
LPT	Licensed Psychiatric Technician	OT	Occupational Therapist	SW	Clinical Social Worker
LVN	Licensed Vocational Nurse	PSW	Peer Support Worker		