



# Welcome!

Please enjoy this wonderful pet slide show.




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B2



## CaAIM Service Codes (for SMHS)

Download the PPT from the QM Website:  
<https://www.smchealth.org/bhrs/qm>  
Click on the "Webinar Recording & PPTs" Tab



## August 2024

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# Meet Your QM TEAM

B 3



Betty Ortiz-Gallardo



Eri Tsujii



Annina Altomari



Claudia Tinoco-Elizondo



Tracey Chan



Elaina Acosta-Ford



Caprice Scott



Laurie Bell





Mercedes Medal



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# Housekeeping

- Reminder- Please keep your mic muted
- Type your questions into the chat –Q&A will be at the end of the webinar
- Today's session will be recorded.



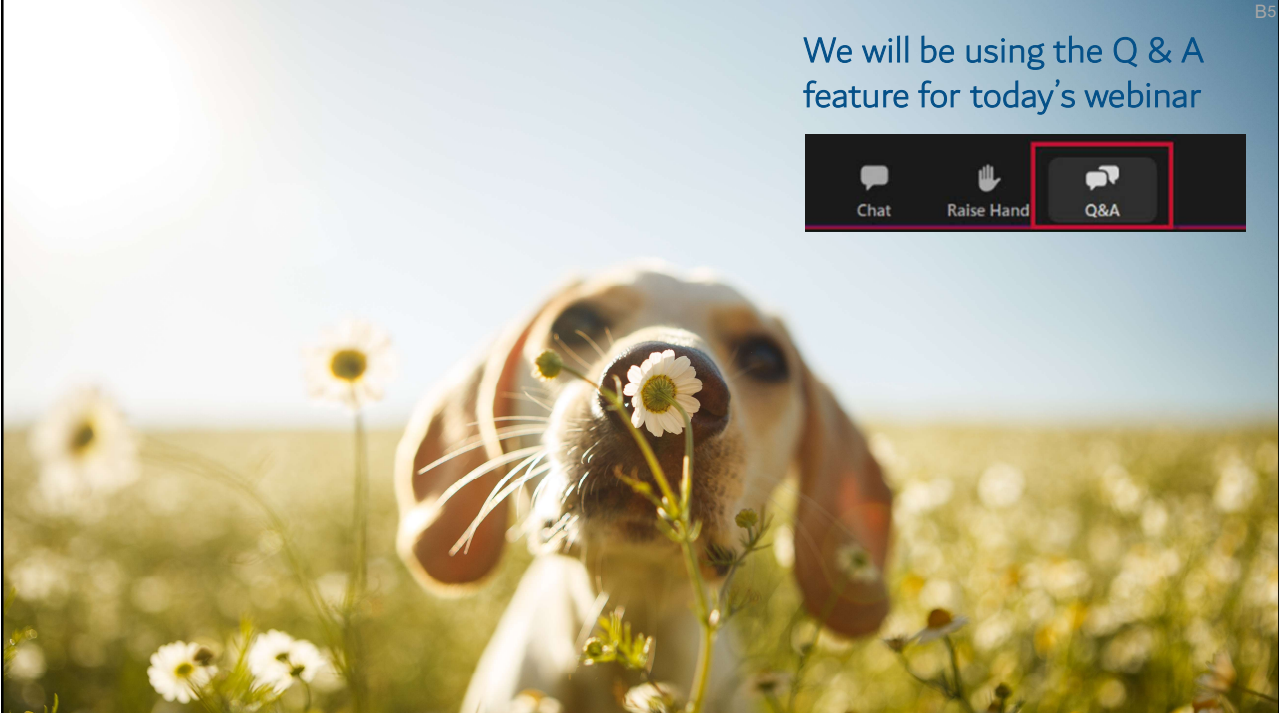
B 4

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B5


We will be using the Q & A feature for today's webinar

Chat Raise Hand Q&A



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& RECOVERY SERVICES**

## Agenda

At the conclusion of this training, participants will have a better understanding of the following:

- What Payment Reform is and how it has changed how we bill our work
- The relationship between Service Codes, Location Codes, and Service Time
- When to use specific Service Codes and Location Codes

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# CaAIM and Payment Reform



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# CaAIM and Payment Reform

- CMS**
  - Centers for Medicare and Medi-Caid Services
  - The federal body that oversees health care services in the U.S.
- DHCS**
  - Department of Health Care Services
  - The State department that oversees health care services in California.
- MIS**
  - Management Information Systems.
  - BHRS' billing unit.
- CPT**
  - Current Procedural Terminology
  - A uniform coding system used by CMS for specific medical services and procedures.
- HCPCS**
  - Health Care Common Procedure Coding System
  - A standardized coding system used by CMS for services and procedures not included in the CPT codes.



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# CalAIM and Payment Reform

Updated service codes went into effect on **July 1, 2023** as part of CalAIM Payment Reform.

## An Ongoing Effort!

DHCS is planning to continuously update the Medi-Cal billing manual and coding guidance in order to:

- Ensure Medi-Cal's use of CPT codes is aligned with other healthcare delivery systems
- To comply with requirements for all state Medicaid programs to adopt CPT and HCPCS codes.
- Ensure billing meets County needs.



# CalAIM and Payment Reform

## The Before Times

### State-specific claiming methods

- Claiming Codes based mostly on HCPCS
- Rates determined by type of service



## Current and Future

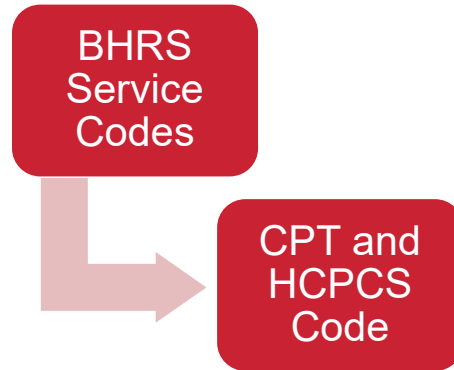
### Moving toward increased alignment with claiming methods used nationally

- Claiming Codes that match the national use of CPT codes and HCPCS codes.
- Rates determined by provider type (e.g., MD vs LMFT)

# CaAIM and Payment Reform

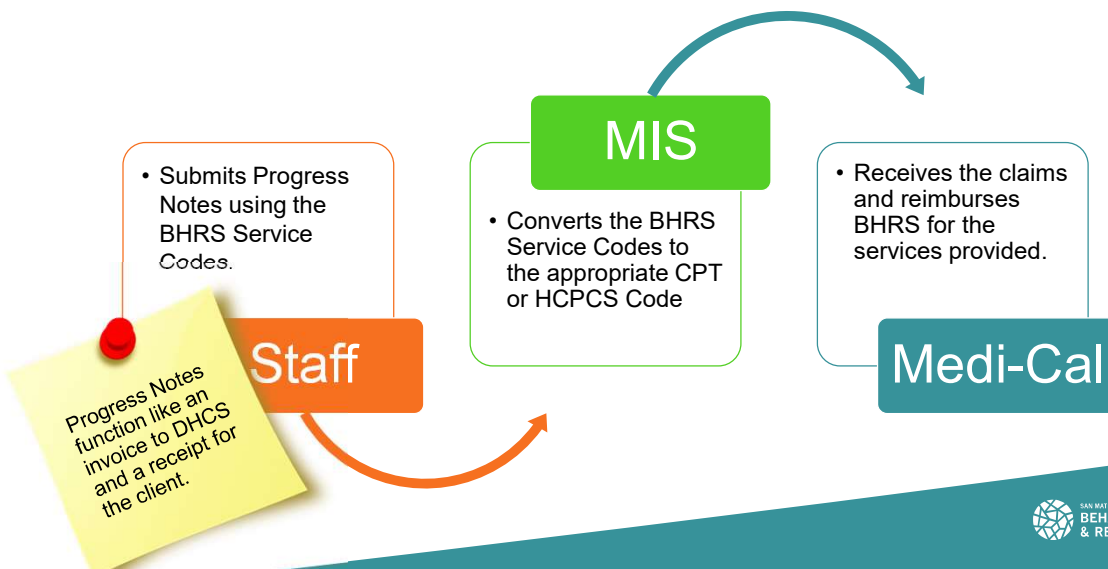
BHRS uses a combination of CPT and HCPCS codes to maximize our billing opportunities.

BHRS Service codes “crosswalk” to the appropriate HCPCS or CPT Codes.



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# CaAIM and Payment Reform



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CS 13

## Poll

**Contract Agencies – Have you put your full name and agency name in the Q&A?**

- A. Yes
- B. No
- C. Not sure, I'm too mesmerized by the cuteness.
- D. I'm not a contract agency provider, but I want to test this poll feature

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# Payment Reform and "Direct Care"


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# Direct Care





L 15

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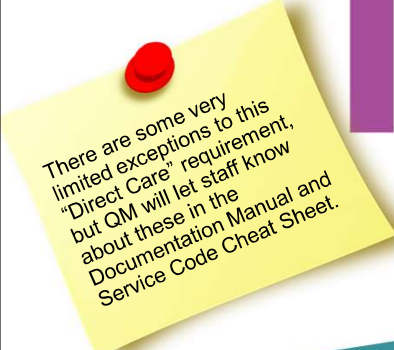
# Direct Care

### Definition

The time spent meeting directly with the client, the client's caregivers and significant support persons, as well as other professionals.


### What does not count

- Administrative activities
- Utilization Review
- Quality Assurance Activities
- Travel Time
- Documentation Time
- Any other activities a provider engages in, before or after a direct client care visit



There are some very limited exceptions to this "Direct Care" requirement, but QM will let staff know about these in the Documentation Manual and Service Code Cheat Sheet.

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# Direct Care: Scenario

The beneficiary is being provided a billable service in their own home for **60 minutes**.

**60** Add to Service Time field

The beneficiary was late coming home from work, so staff had to **wait 12 minutes** before starting session.

**10** Add to Documentation Time field

Staff drove a total of **25 minutes round trip**, meaning from their office to the beneficiary's home and then back to the office.

**25** Add to Travel Time field

Staff spent **10 minutes writing progress note** upon returning to the office.

**12** Add to Other Non-Billable Time



# Care Provided by Clinical Trainees






# Clinical Trainees



- 1 Masters Degree Students or a Non-Licensed PhD
- 2 Working in a field practicum
- 3 Under the supervision of a licensed behavioral health professional

# Clinical Trainees

As of February 16, 2024 (retroactive to July 1, 2023), Clinician Trainees are able to bill for their services as long as...

-  The services provided are within the scope of practice of the trainee's education and training
-  The trainee is supervised by a licensed practitioner who meets requirements to supervise the clinical trainee provider type.
-  Submit a credentialing form that includes NPI of the clinical trainee's supervisor.



**Scope of Practice**

# Specialty Mental Health Services



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## Service Types



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TC<sup>23</sup>

# Service Types

- Assessment
- Crisis Services
- Intensive Care Coordination Services (ICC)
- Plan Development
- Medication Support Service
- Peer Support Services
- Rehabilitation
- Therapy
- Therapeutic Behavioral Services (TBS)
- Therapeutic Foster Care Services (TFC)

**Provide only services that are within your scope of practice.**

**Additional Resources Available on the QM Website**

- ✓ [Service Code Cheat Sheet](#)
- ✓ [Scope of Practice Matrix for MH](#)
- ✓ [Documentation Manual for MH](#)



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## Assessment, Rehab, and Crisis Services



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B 25

# Mental Health Assessment

## Description

Collect information and evaluate the current status of a beneficiary's mental, emotional, or behavioral health

## Purpose

Determines if meets criteria for behavioral health diagnosis

Determines whether and what type of SMHS are medically necessary

Recommends or updates a course of treatment

## Service Components

Analysis of relevant biopsychosocial and cultural issues and history

Analysis of the beneficiary's clinical history

Mental status examination, Psychological Testing, and/or other Assessment Tools



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# Assessment Chart Review



## External Chart Review

- Time spent reviewing a client's **external** chart, including hospital records, for the purpose of completing an assessment
- **IS billable**
- **90885CA** External Chart Review
- Input time reviewing in "**Service Time**"

## Internal Chart Review



- Time spent reviewing a client's **internal** chart for the purpose of completing an assessment
- **NOT billable**
- If you want to capture the time spent reviewing an internal chart, you would input the time in the "**Other Non-Billable Time**" field.



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# Crisis Intervention (Not Crisis Stabilization or Crisis Residential)

### Description

- An unplanned, expedited service, or an emergency response service
- May be provided face-to-face, by telephone or by videoconferencing
- Provided to or on behalf of a beneficiary


### Purpose

- Address a condition that requires more timely response than a regularly scheduled visit
- Enables the beneficiary to cope with a crisis
- Assists the beneficiary in regaining their status as a functioning community member.

### Service Components

- Assessment
- Collateral
- Therapy
- Referral / Linkages

Referral Title 9, CCR, § 1840.366 states that "the maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours.



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# Rehabilitation

### Description


- A recovery or resiliency focused service activity
- May be provided to a beneficiary or a group of beneficiaries

### Purpose

- Addresses a MH need
- Enhances self-sufficiency or self-regulation
- Provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills

### Service Components

- Includes support resources, and/or medication education
- Can include therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills



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# Collateral Services



# Collateral Services

**Billing collateral has changed under Payment Reform ...**

There is no longer a dedicated Service Code for "Collateral"

Collateral is now a component of a service



A 31

# Collateral Services

You can bill collateral using any of the codes here **as long as they are within your scope of practice** and as long as they **address the client's behavioral health needs**.

Collateral services may be an individual or group service.

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# Collateral Services

<b>Assessment</b>	• Meeting with the beneficiary's caregiver/significant support person to develop a plan for treatment.
<b>Plan Development</b>	• Meeting with the beneficiary's caregiver/significant support person to develop a plan for treatment.
<b>Rehabilitation</b>	• Meeting with the beneficiary's caregiver/significant support person for the purpose of coaching, skill development as way to support the beneficiary with managing behavioral health needs.
<b>Case Management</b>	• Meeting with the beneficiary's caregiver/significant support person for the purpose of connecting them with resources/community supports to address the beneficiary's needs.
<b>Medication Support</b>	• Meeting with the beneficiary's caregiver/significant support person for the purpose evaluating the client's medication needs, medication use, and treatment planning.
<b>Crisis Intervention</b>	• Meeting with beneficiary's caregivers/significant support person for the purpose of stabilizing an immediate crisis within a community or clinical treatment setting

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## Poll

**Collateral services can be billed if...**

- A. The service addresses the client's behavioral health needs.
- B. The service addresses the collateral's behavioral health needs.
- C. A and B
- D. Neither, why not take this pup for a walk?

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## Peer Support Services

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ET 35

# Peer Support Specialists

**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.



PSS can also use all the codes used by non-certified Peer Workers.

**H0025**  
Peer Support Prevention Education Group

Use for Peer Support Prevention/Education Groups provided to individuals and their support persons



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EF 36

# Medication Services



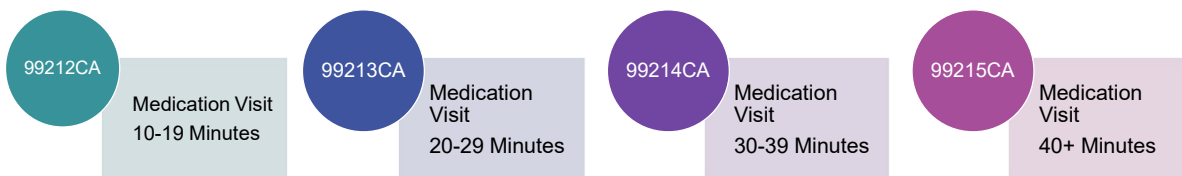
21B

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## Outpatient Care – Medication Support

Medication Visit Codes **99212CA – 99215CA** can be used for outpatient services provided at any location and are labeled “Med Opt”

This includes home, office, field, video (telehealth), phone, etc.



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## What has changed with 16CA?

Code 16CA is meant to cover only the medical activities that are directly involved in administering an injection. **It has a maximum time of 15 minutes** and must be provided **in-person**.

If you spend more than 15 minutes with a client after administering an injection, this will require an additional progress note to be written with a different code to account for any additional services that were provided during the injection appointment.

**Progress Note 1: 16CA**

**Injection Administration Service Provided:**

13 min to administer the injection.

**This code may only be used if the service was provided IN-PERSON.**

**Progress Note 2: 17CA**

**Additional Service Provided:**

24 min to provide education about the side effects of the medication and answer questions related to the administration of the injection.



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# Case Conference Codes for Medical Team Conferences





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## Residential Care – Adult Medication Codes

Medication Visit Codes **99347CA – 99350CA** may only be used when the service is being provided **in-person** in a “**Residential Care – Adult**” (Locked or not locked) facility.

May be used by facility or non-facility staff who provide medication services.

**These codes will be active as of September 1, 2024.**

99347CA

Medication Visit  
20-29 Minutes  
(Residential Only)

99348CA


Medication Visit  
30-39 Minutes  
(Residential Only)

99349CA

Medication Visit  
40-59 Minutes  
(Residential Only)

99350CA

Medication Visit  
60+ Minutes  
(Residential Only)



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# Case Conference Codes

99368CA	• Medical Team conference <u>without</u> the beneficiary/family present	<p><b>Only for use by certain non-MD staff.</b> Check Service Code Cheat Sheet if this is available for you to bill.</p> <p><b>For non-medication-related conferences</b> to coordinate services with other providers, please use Code 51CA.</p>
99366CA	• Medical Team conference <u>with</u> the beneficiary/family present	
99367CA	• Medical Team conference <u>without</u> the beneficiary/family present. • For use by MD only.	

# ICC and CFT



# ICC and CFT Codes

**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.

**CFTICC\_CA**  
Children and Family Team ICC

- Use to document your time spent attending and participating in CFT meeting.



# ICC, IHBS, and TFC Training



**TRAINING DAYS:**  
Please register for one of the trainings below in LMS by August 20

**WEDNESDAY  
AUGUST 21**  
9:00 am - 12:00 pm

**THURSDAY  
AUGUST 22**  
1:00 - 4:00 pm

## ICC, IHBS, and TFC Training for Clinicians

SMC BHRS has contracted with Alternative Family Services (AFS) to provide Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) services for clients ages 0-20 years old who meet criteria. **All BHRS and Contractor Clinicians who provide Specialty Mental Health Services are required to complete this mandatory State training.**

**LMS registration:**  
(click one link below)

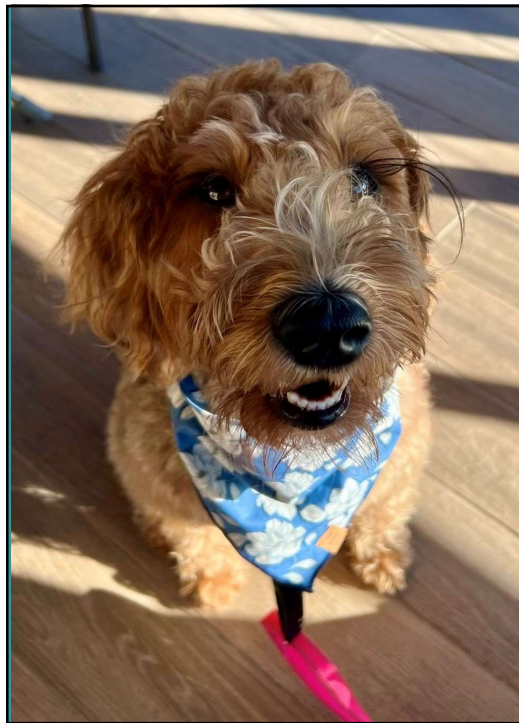
- [BHRS County Staff](#)
- [BHRS Contract Providers](#)

- Training Objectives:
- Understand the EPSDT benefits of ICC, IHBS, and TFC services for our clients
  - Review the role of an Intensive Care Coordinator
  - Learn how to complete the ICC eligibility screening form
  - Review documentation and coding requirements



Questions? Contact:  
Kris Gamayo  
kgamayo@smcgov.org





CS45

## Poll

### Medical Team Conference Codes...

- A. Can be held without an MD present.
- B. Can be used to primarily to discuss the client's next outing.
- C. Must be held with an MD present.
- D. None of the above but check out my kerchief!



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Non-Billable  
Services



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## Non-Reimbursable Service Codes

- ❑ Used for services provided to beneficiaries and their families that are not claimable to Medi-Cal.
- ❑ These services are those services that do not fit the description of any billable SMHS but are deemed necessary for recovery and resiliency.
- ❑ These services may be documented by all members of the clinical teams working with beneficiaries.

Unclaimable  
Individual Service

55



Unclaimable  
Group Service

550








### For Missed Visits

Use the intended service code and "Missed Visit" location. **Do NOT code 55 for Missed Visits.**



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## Non-Billable Services

-  Reviewing or preparing chart for assignment of therapist, to close a chart (discharge note) or for release of information
-  Administrative activities related to closing a chart
-  Preparing documents for court/testifying/waiting in court
-  Transportation of a beneficiary
-  Personal Care services provided to beneficiaries including grooming, personal hygiene, etc

If a non-billable service was provided during a billable service, you can add the non-billable service to the billable service note by:

1. adding the time spent on the nonbillable activity in the "Other Non-Billable Time" field and
2. writing a brief description of the nonbillable activity in the progress note.

Otherwise, write a separate note to document only the nonbillable service and code it 55.



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# Is This a Reimbursable Service?

## Academic/Education Situation

Activity

Sitting in a classroom with the beneficiary

Not Reimbursable

Assisting the beneficiary with his/her homework

Reimbursable

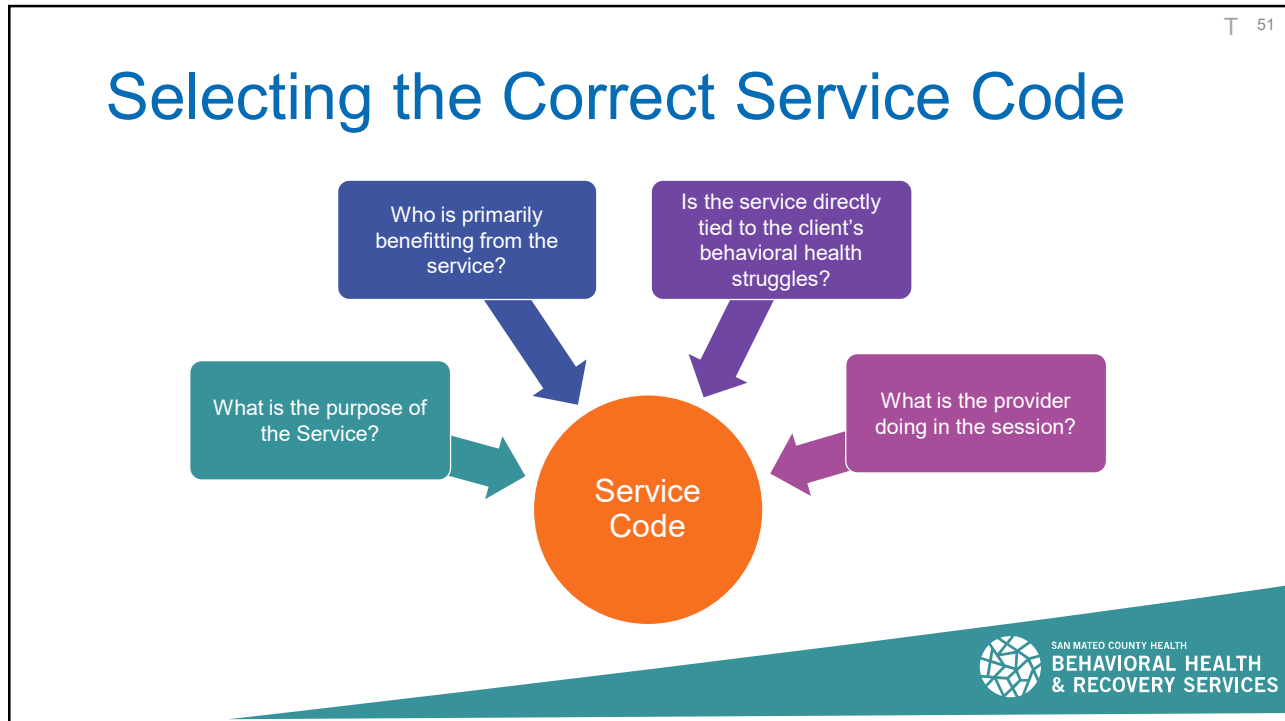
Sitting with the beneficiary in a community college class to help reduce the beneficiary's anxiety and then debriefing the experience afterward.



# Selecting the Correct Service Code



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T 52

## Selecting the Correct Service Code

**Scenario:**  
 Provider held a group session with parents of minor clients. How should they code this service?

**Answer:**  
 Code 70CA – Rehab Group

If the general purpose of the group is aligned with the client's behavioral health needs, but a particular session for some reason does not, then you would code that one session a 550 (unbillable group) because it does not address the client's needs.

What is the purpose of the Service?	• The main purpose of this group is to provide psychoeducation about and strategies for handling anxiety.
Who is primarily benefitting from the service?	• Minor client will benefit the most from the service, but parent may also learn strategies for their own anxiety.
Is the service directly tied to the client's behavioral health struggles?	• Yes, client is diagnosed with anxiety, which is causing problems for them at school and in the community.
What is the provider doing in the session?	• In today's session, the provider educated the parents about ways to coach their child through deep breathing techniques. 3 variations of deep breathing were introduced and practiced in session.

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# Add-On Codes and Prolonged Service Codes



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## Add-On and Prolonged Services Codes



### About Add-on and Prolonged Service Codes...

These codes can be tagged on to specific services to allow for additional billing opportunities.

Neither Add-On Codes nor Prolonged Service Codes can be used alone.



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CS 55

## Poll

**Which code refers to a service that cannot be billed for on its own?**

- A. Case Conference
- Add-on
- C. A and B
- D. None of the above, I just need a little cat nap

55

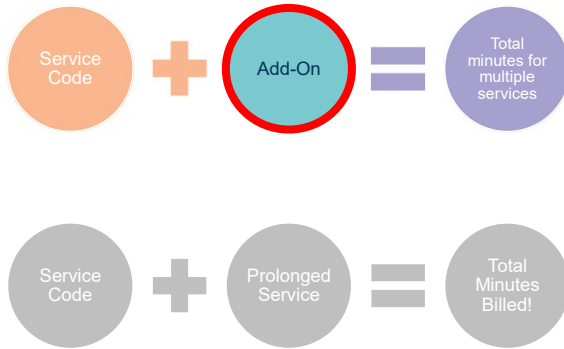
## Add-On Codes



B 56

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# Add-On Codes



## Add-on codes are:

- ✓ Reimbursable services when reported **in addition to** the appropriate primary service by the same provider.
- ✓ A HCPCS/CPT code that describes a service that is **always** performed in conjunction with another primary service.



# Add-On Codes

## T1013 Series (Sign Language or Oral Interpretive Services)

T1013 Series	T1013	For most other services not listed below except for 90885CA.
	T1013X	6CA, 7CA, 51CA, 70CA, CFTICC_CA, ICC_CA
	T1013M	14CA, 16CA, 99212CA-99215CA, 99347CA-99350CA


## Special Notes about Add-on codes:


- Services codes that are not meant to include the beneficiary, such as 90885CA External Chart Review, would not require the use of an interpreter and therefore do not allow for the application of this add-on code.
- The amount of time entered for the T1013 Codes should not exceed the time of the primary session/service.



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## Prolonged Service Codes





26C

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B 60

## Time Ranges for Services

Technically, this code has a range of 53-68 minutes. We will explain why we don't show the maximum on the cheat sheet in a later slide.

<b>90832CA</b>	Individual Therapy <span style="border: 1px solid red; padding: 2px;">16-37 minutes</span>  <i>(Individual Therapy 1-15 minutes is not billable)</i>
<b>90834CA</b>	Individual Therapy <span style="border: 1px solid red; padding: 2px;">38-52 minutes</span>
<b>90837CA</b>	Individual Therapy 53 or more minutes

The CPT Coding system specifies a minimum and maximum time allowed for some services. This means that time below or above the allotted time range for a specific code cannot be billed using that specific code.

**The BHRs Service Code Cheat Sheet notes which services have a time range.**

Minimum

Range

Maximum



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# Time Ranges for Services

What if the service is less than the time limit?



Consider if another code is more appropriate for the service provided (e.g., rehab, etc.).



If you believe that the only service code that fits is the one for which you're not meeting the minimum limit, you may proceed to use that code. Just know it won't be billed.

Keep those time limits in mind



Services less than the minimum time cannot be billed using time limited codes.

# Prolonged Services Codes



## Prolonged Service Codes:

- ✓ Allow for additional time to be billed for service codes that have a maximum time specified.
- ✓ Different prolonged services codes are associated with specific primary service codes.

## Prolonged Services Codes



### Example: Med Support Services

- Code 99212CA for 10-19 min
- Code 99213CA for 20-29 min
- Code 99214CA for 30-39 min
- Code 99215CA for 40+ minutes

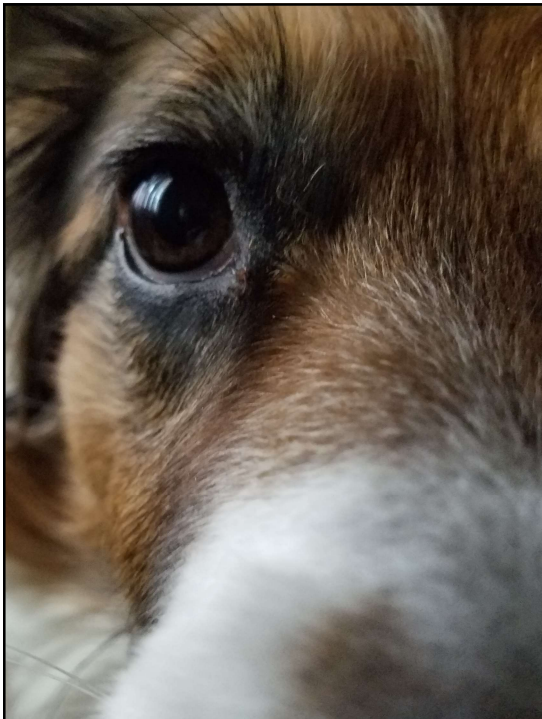
If the service lasted 78 minutes, then you would use code 99215CA and input 78 in the Service Time field.

### As of July 1, 2024...

- ✓ The use of **G2212** has been discontinued and replaced by several other codes.
- ✓ **Minutes ranges** for some service codes have changed.
- ✓ MIS has configured Avatar to **automatically add prolonged service codes** when minutes exceed the maximum time allowed. This is why you won't see the maximum limit on the Service Code Cheat Sheet.



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## Poll

### True or False:

**You can still use code G2212 for prolonged services.**

- A. True
- B. False
- C. Eye am not sure

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# Location Codes



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## Location Code Index - NEW

**Implementation** of updated location codes in Avatar and for claims submission for contractors **will be in 2 weeks on September 1<sup>st</sup>.**

Make sure your colleagues/staff who missed today's training watch the recording before September 1<sup>st</sup>!

**Location Code Index**

This table includes all location codes available for use when coding services. Unless otherwise indicated, the location is based on the beneficiary's location, NOT the clinician's location. See BHRS QM Documentation Manual for further details on the terms "Lockout" and "Partial Block."

Location Code Index (Includes All Location Codes)	Examples	Lockout / Partial Block
26.5 Youth Out-of-State		Lockout
Age-Specific Community Center	Senior Center, Teen drop-in center	
ADD Non-Residential		
ADD Residential		
Client's Job Site		
Field - away from Health Facility/PP provider, including emergency room		
Home - Private		
Homeless Shelter		
BHRS Home Visit		Lockout
IMP Home		
IMP/Youth SWC - Correctional Facility	Maguire Training Park, Foster/Inpatient Center, Prison/Inpatient Center, Camp	Lockout

Exception: Beneficiaries on GPO (general placement order) are not counted as being in a "Correctional Facility." If beneficiary is on GPO (general placement order) use "GPO - IMP/Youth Services Center."


Missed Visit (Non-Billable) All "No Shows" in all locations. Beneficiary's physical location is not relevant.

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# Location Code Classification Changes





ET67

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## Location Code Index – Major Changes

B & ET 68

<div style="background-color: #f4a460; padding: 10px; display: inline-block;">Cordilleras</div>	<div style="background-color: #808080; color: white; padding: 5px; text-align: center;">Residential Care – Adult (Cordilleras Suites)</div>	<div style="background-color: #00b050; color: white; padding: 5px; text-align: center;">Canyon Vista</div>	<div style="background-color: #800080; color: white; padding: 5px; text-align: center;">“Office” Now classified as an Outpatient Clinic</div>
	<div style="background-color: #808080; color: white; padding: 5px; text-align: center;">IMD/MHRC (Cordilleras MHRC)</div>	<div style="background-color: #00b050; color: white; padding: 5px; text-align: center;">Acacia, Sage, Ponderosa, Willow Houses</div>	<div style="background-color: #800080; color: white; padding: 5px; text-align: center;">Residential Care – Adults (Locked)</div>

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<div style="background-color: #f4a460; padding: 10px; display: inline-block;">Redwood House / Serenity House</div>	<div style="background-color: #808080; color: white; padding: 5px; text-align: center;">Redwood House / Serenity House (Billing Blocked)</div>	<div style="background-color: #808080; color: white; padding: 5px; text-align: center;">Redwood House / Serenity House (Medsup / CM)</div>	<div style="background-color: #800080; color: white; padding: 5px; text-align: center;">Residential Care - Adult</div>
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ET 69





# Location Code Categories

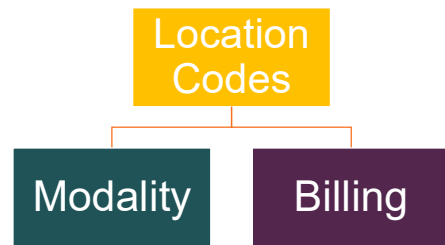


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ET 70

# Location Codes

-  Can specify where a client is when they receive the service.
-  Are included in claims (bills) that are sent to the State.
-  Can specify how a service was provided.
-  Can specify if a client is in a location that does not allow for specific types of billing.



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ET 71

# Location Codes

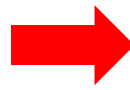
There are several Location Codes that include the descriptor “Home.”

Wherever you see “Home” as part of the Location Code name, the following definition applies:

“Home” is a location, other than a hospital or other facility, where the patient receives care in a private residence.

Home is not :

- a hospital or other facility
- a location for which another code would be more appropriate (e.g., Homeless shelter, residential care, or skilled nursing facility)
- or a lockout location.

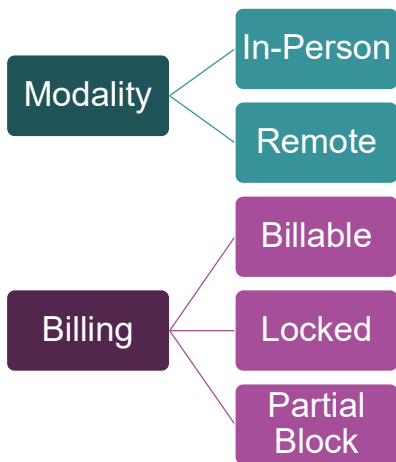


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ET 72

# Location Codes



**Client = Beneficiary = Member**

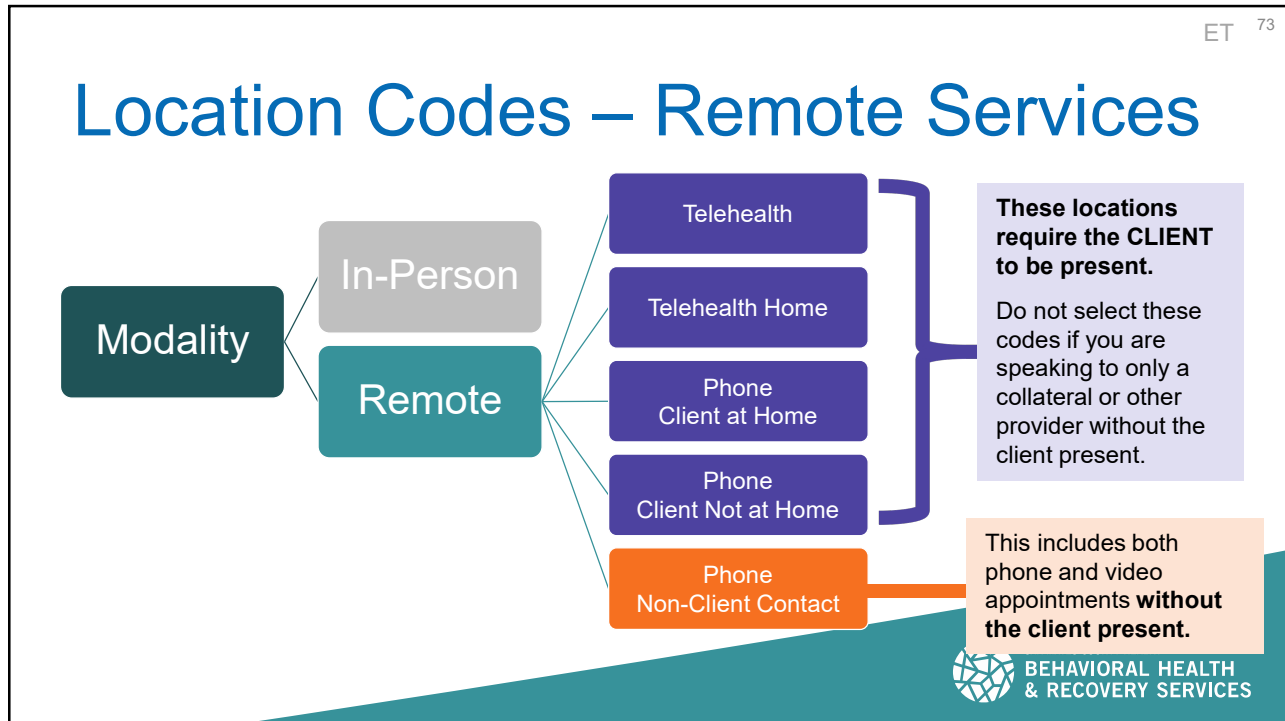
Location Codes, like Service Codes, sometimes specify if a Client / Beneficiary / Member must be present.

**Client / Beneficiary / Member**  
**IS** the person whose name is on the chart.

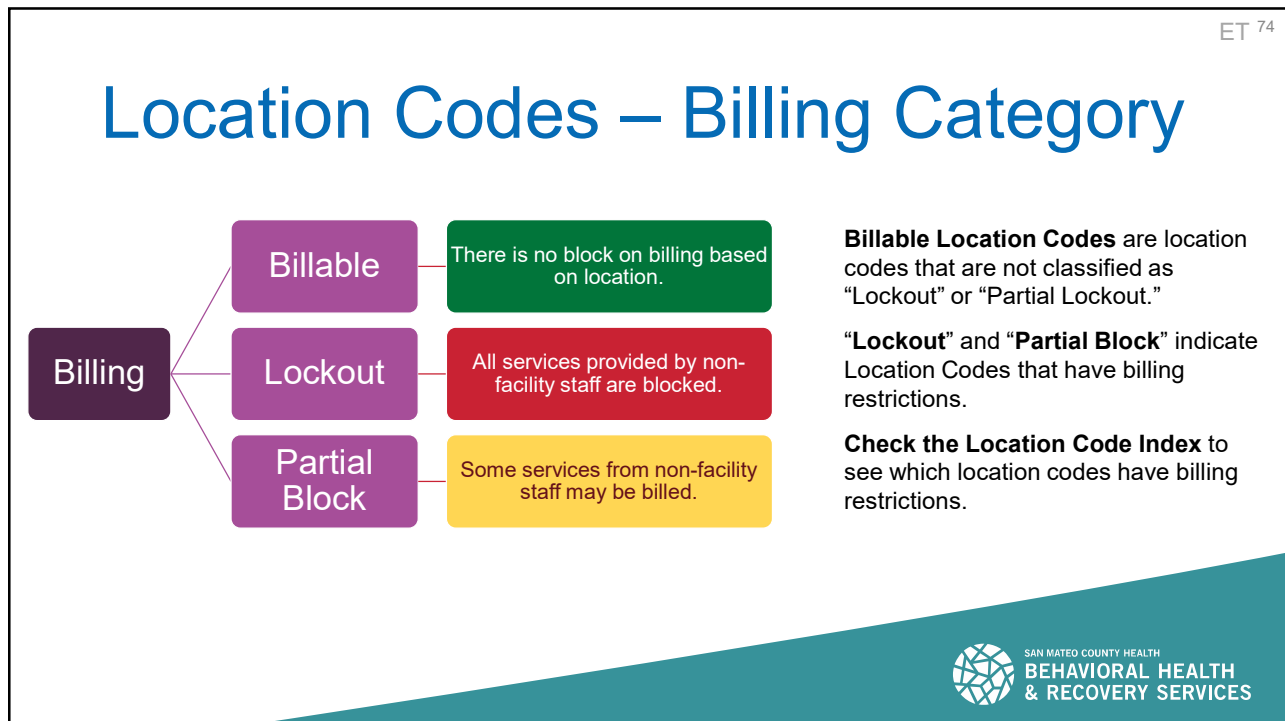
“Client / Beneficiary / Member”  
is **NOT** a collateral, caregiver, other provider, teacher, etc.

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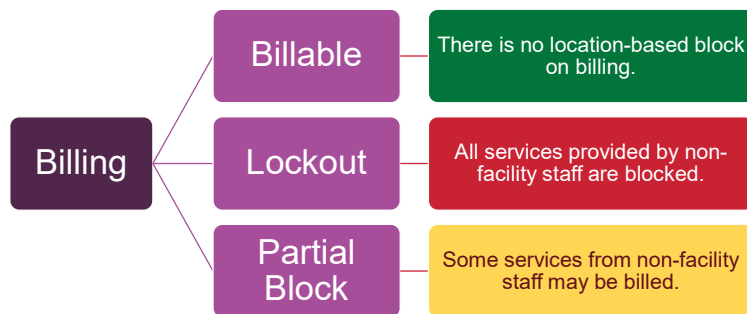
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## Location Codes – Billing Category



Whether or not a location is billable or not should **not** be the sole factor that determines if you should see the individual at that location.

Always also consider the individual's situation, needs, and the services being provided by the facility when determining if you should see the individual at that location.



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## Poll

**What type of location codes supersede others?**

- A. Lockout only
- B. Partial Block only
- Both A and B
- D. Neither, but do you know the one about the chicken who crossed the road?

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## Block Billing Location Codes





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## Block Billing Location Codes

Billing

Billable

Lockout

Partial Block

There is no block on billing based on location.

All services provided by non-facility staff are blocked.


Some services from non-facility staff may be billed.

**Lockout and partial block location codes refer to billing being blocked for services provided by NON-FACILITY STAFF.**

For example, PES staff will be reimbursed for billable services they provide while an individual is at PES.

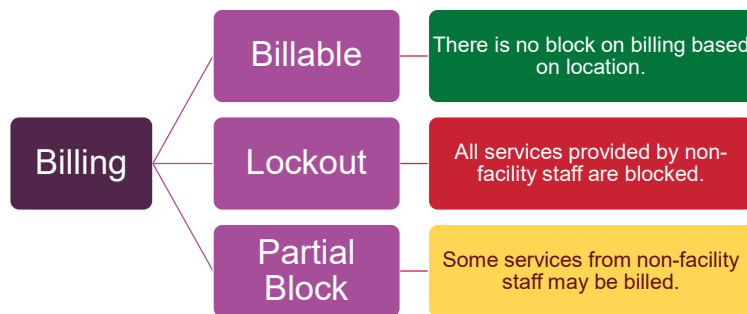
However, if a BHRS Outpatient provider visits the individual while the individual is placed at PES, the billing for their services will be blocked because the BHRS Outpatient staff is not a PES facility staff.

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# Block Billing Location Codes



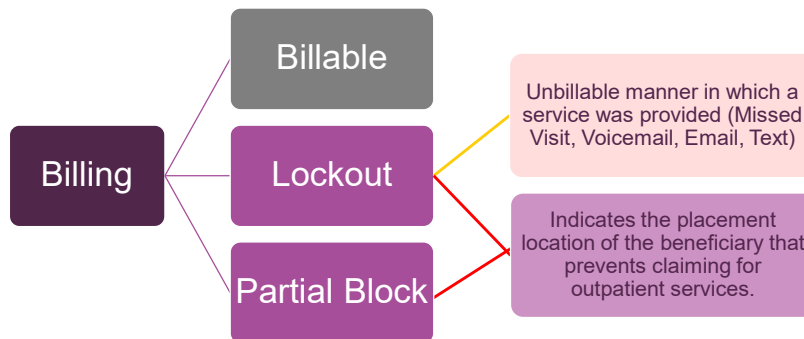
## But what location codes should facility staff use?

Facility staff are not restricted to using only the location code associated with the facility. Facility staff should use the full list of location codes available to determine the correct location code.

Example: Residential staff for Caminar, if providing a service via Telehealth should code Telehealth (not Telehealth Home).



# Block Billing Location Codes

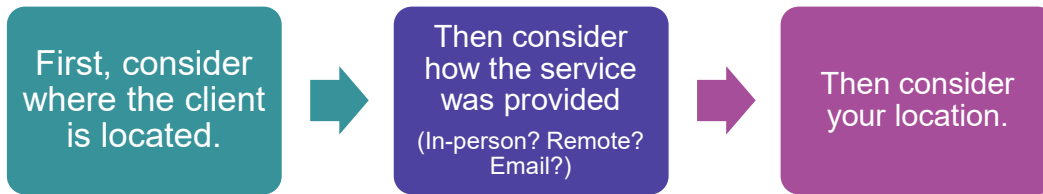


**Missed Visit Location Code** is a lockout location code and should be used whenever a client misses a visit, regardless of whether it was intended to be a remote or in-person appointment.





# Block Billing Location Codes



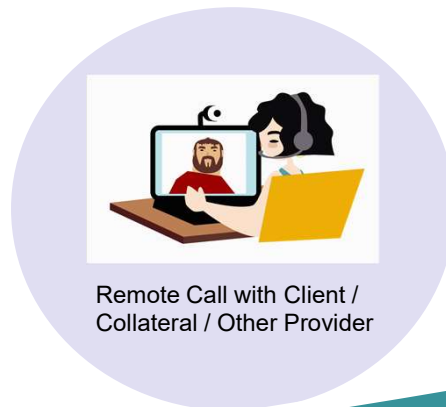
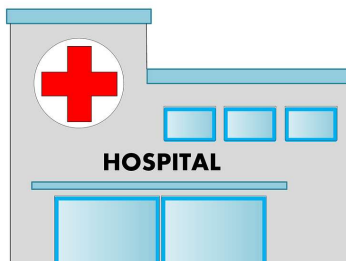
**A Lockout or Partial Block Location Supersedes / Overrides all other Location Codes**



# Location Codes – Billing Category

**What does it mean that a Lockout or Partial Block Location Supersedes all other Location Codes?**

Client is currently placed in a psychiatric inpatient facility.

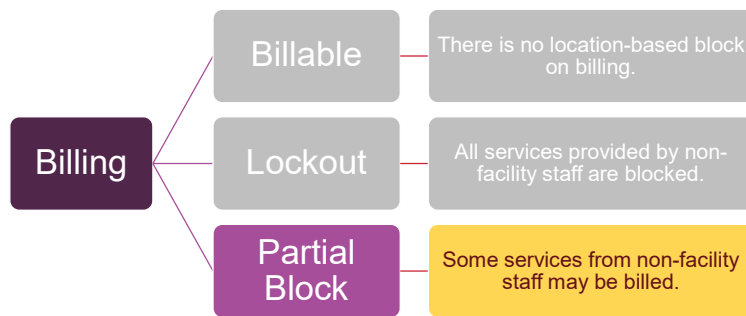


Remote Call with Client / Collateral / Other Provider

This would NOT be coded using a remote service code. Instead, you would use the "Psychiatric Hospital" Location Code because the Psychiatric Hospital Placement is a "Partial Block" Location Code.



# Block Billing Location Codes



Some facilities that used to be considered full lockout locations may now bill for certain services.

These facilities are referred in BHRS as **“Partial Block”** locations.

The Partial Block location type eliminates the need for multiple location codes for the same facility or type of facility.



# Putting it All Together: Relationship Between Services and Location



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# Blocked Location + Service Codes

Type of Staff

Partial Block Location	Only billable on date of Admission or Discharge	May be billed at in between Admission and Discharge Dates Any service that is not listed below is NOT billable.	
	Any Outpatient SMHS	Service Type	Service Type
Psychiatric Hospital			
Residential Care – Adults (Locked) (Licensed Community Care Facility)			
Residential Care – Adults (Licensed Community Care Facility)			

Please refer to the updated Location Code Index for examples of each Partial Block Location.



# Blocked Location + Service Codes

For Staff Providing Non-Medication Services

Partial Block Location	Only billable on date of Admission or Discharge	May be billed at in between Admission and Discharge Dates Any service that is not listed below is NOT billable.	
	Any Outpatient SMHS	Case Management	Peer Support Specialist Services
Psychiatric Hospital	Yes	Yes	Yes
Residential Care – Adults (Locked) (Licensed Community Care Facility)	Yes	Yes	Yes
Residential Care – Adults (Licensed Community Care Facility)	Yes	Yes	Yes



# Blocked Location + Service Codes

For Staff Who Provide Medication Services

	Only billable on date of Admission or Discharge	May be billed at in between Admission and Discharge Dates	
Partial Block Location	Any Outpatient SMHS	Medication Support Services	Other Medication Services (e.g. Medication Injection/Administration)
Psychiatric Hospital	Yes	No	No



# Blocked Location + Service Codes

For Staff Who Provide Medication Services

- Residential Care – Adults (Locked)  
(Licensed Community Care Facility)
- Residential Care – Adults  
(Licensed Community Care Facility)

Adult Residential is **not** considered a Partial Block Location for **staff who provide medication services**. This means that the rules about “Residential Care Adults...” superseding other locations do **NOT** apply for these staff.

**If providing medication services in-person and on-site at the facility...**

- ✓ Use one of the “Residential Care Adult” location codes and
- ✓ MD/NPs must use one of the Medication Service Codes in the **99347CA-99350CA** series.


**If providing medication services outside the facility or via telehealth/phone...**

Follow the same service code and location code guidelines you use when seeing an outpatient client who is not in a blocked billing placement.

(e.g., use Med Opt Codes, Telehealth location code, etc.)



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## Poll


**The Residential Adult Location Codes are Partial Block Locations for...**


- A. All staff
- B. Only staff who provide medication services
- C. Only staff who provide non-medication services
- D. It's party time, we're almost done!

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A 90

## Summarizing Our Learnings



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A 91

# What Determines Billing?

What type of provider provided the service?

Which Service Code best represents the service you actually provided?

How was the service provided? (In Person, Remote, Voicemail/Email/Text)?

Is the client in a placement that is considered locked or partially blocked?

Did the client miss the visit?

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A 92

# What Determines Billing?

What type of provider provided the service?

Which Service Code best represents the service you actually provided?

How was the service provided? (In Person, Remote, Voicemail/Email/Text)?

Is the client in a placement that is considered locked or partially blocked?

Did the client miss the visit?

**Always use the service code that is accurate to what you provided or intended to provide.**

**Only use 55 if:**

- The service is a non-reimbursable service or
- The note is excessively late

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# What Determines Billing?

**The answers to these questions are provided through Location Codes.**

Remember: In addition to Code 55 Service Code, Location Codes also block billing, depending on the location code you select.

How was the service provided? (In Person, Remote, Voicemail/Email/Text)?

Is the client in a placement that is considered locked or partially blocked?

Did the client miss the visit?



# What Determines Billing?

What type of provider provided the service? • Case Manager

Which Service Code best represents the service you actually provided? • Rehabilitation

How was the service provided? (In-Person, Remote, Voicemail, Email, etc.) • In-Person

Is the client in a placement that is considered locked or partially blocked? • Yes. Hawthorne House which is a Partial Block location.

Did the client miss the visit? • No



B 95

## What Determines Billing?

What type of provider provided the service?	• Case Manager
Which Service Code best represents the service you actually provided?	• Rehabilitation
How was the service provided? (In-Person, Remote, Voicemail, Email, etc.)	• In-Person
Is the client in a placement that is considered locked or partially blocked?	• Yes. Hawthorne House which is a Partial Block location.
Did the client miss the visit?	• No



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B 96

## What Determines Billing?

What type of provider provided the service?	• Case Manager
Which Service Code best represents the service you actually provided?	• Rehabilitation
How was the service provided? (In-Person, Remote, Voicemail, Email, etc.)	• N/A
Is the client in a placement that is considered locked or partially blocked?	• No. The client lives in the community.
Did the client miss the visit?	• Yes.



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# What Determines Billing?

What type of provider provided the service?	• Case Manager
Which Service Code best represents the service you actually provided?	• Unbillable Service (55). I helped the client move in to a new apt, but no MH services were provided.
How was the service provided? (In-Person, Remote, Voicemail, Email, etc.)	• In-Person
Is the client in a placement that is considered locked or partially blocked?	• No. The client lives in the community.
Did the client miss the visit?	• No



## 2024 BHRS CalAIM Training Schedule



**SAVE THE DATE!**

## CalAIM Trainings

Join QM every 3rd Thursday of the month from 10:30am - 12pm at the [Zoom link here!](#)

Training is mandatory for all contractors and BHRS. Please mark your calendars!

**JUN 20** Documentation Manual Training (MH only)

**JUL 18** Access/Medical Necessity Training (MH only)

**AUG 15** Service Codes Training\* (MH only)

**SEP 19** Progress Notes Training\* (MH & SUD)

**OCT 17** Assessment Training (MH only)

**NOV 21** Care Planning/Problem List Training (MH & SUD)

**COMING SOON!** Bonus Z-Code Training (MH only)

All trainings will include live Q&A!

\* Contractors have completed these trainings but are welcome to attend again.

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## Training Evaluation



Go to this website to provide your feedback on today's training:

<https://www.surveymonkey.com/r/ND2C2MX>

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## Questions?

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[CMS Z Code Resource](#)

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