

CalAIM Payment Reform: SmartCare Procedure Code Tutorial

Common *SmartCare* Procedure Codes/Claims – Assessment and Individual Psychotherapy

With Katherine Martinez Rexroat LMFT
Clinical Supervisor, DBH Managed Care



THE COUNTY OF FRESNO
Department of
Behavioral Health

SmartCare Coding Tutorial Disclaimer

Effective July 1, 2023, the California Department of Health Care Services (DHCS) implemented new directives as part of the California Advancing and Innovating Medi-Cal (CalAIM)'s Payment Reform. For complete guidance along with definitions, tables of available CPT and HCPCS codes associated with claiming, please refer to the DHCS [*Specialty Mental Health Services Medi-Cal Billing Manual, Version 1.4.*](#)

For ease of claims submission, the new SmartCare electronic health record adopted by the Fresno County Department of Behavioral Health contains **SMARTCARE PROCEDURE CODES** that crosswalk to the CPT and HCPCS codes. This crosswalk will be explained here, and for follow-up questions please contact DBH Managed Care at mcare@fresnocountyca.gov .

This tutorial will focus on claiming for the initial assessment and first individual psychotherapy session using a paper-based CMS 1500 form.



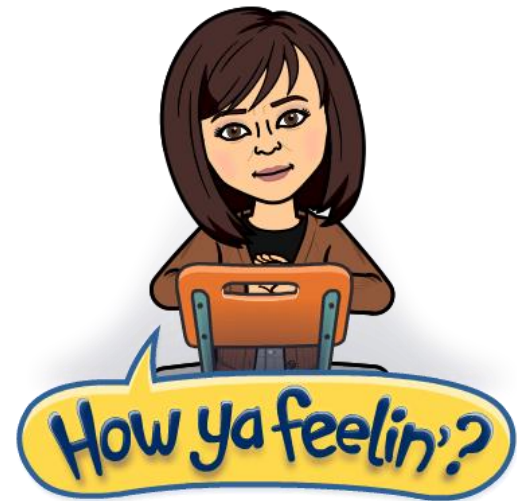
THE COUNTY OF FRESNO
Department of
Behavioral Health

Common Service Codes/Claims: Starting with the Mental Health Assessment

It's Monday, July 3, 2023. I am a LMFT in a Fresno County MHP group provider practice and I am about to see a new client for her first assessment appointment in my office.

The assessment goes very well! I met with the client for over a full hour (66 minutes), and it took me an additional 25 minutes to complete the assessment documentation.

But how much actual time may I claim? Which service code or codes do I use and do any of those “modifiers” apply to this service?



Common Service Codes/Claims: Starting with the Mental Health Assessment

But how much actual time may I claim?

All claims for outpatient services must use units of service. Only the time it takes to provide direct services associated with that code can be counted towards a unit of service. Documentation time may not be claimed.

Current Procedural Terminology (CPT) codes specify **the billing increment or a range of time (a.k.a. “unit”)**. If no range is specified, direct service time must be at least 51% of specified increment to claim.

When transmitted to Medi-Cal for reimbursement, all units of service must be whole numbers, or the service line will be denied.



Common Service Codes/Claims: Starting with the Mental Health Assessment

But how much actual time may I claim?

All claims for outpatient services must use units of service. Only the time it takes to provide direct services associated with that code can be counted towards a unit of service. Documentation time may not be claimed.

All CPT Codes have a “**Maximum Units that Can be Billed**” – identifies the maximum units of service that may be included on a service line for each outpatient procedure within a 24-hour period.

Some service encounters transmitted to Medi-Cal for reimbursement need to be claimed with two procedure codes, the primary code and an add-on code to claim reimbursement for additional time.



Common Service Codes/Claims: Starting with the Mental Health Assessment

For MHP Individual and Group Providers, claim submissions will continue with the CMS 1500 forms utilizing newly created SmartCare procedure codes.

In addition, MHP Individual and Group Providers will continue to denote minutes in column 24.G. “Days or Units” and SmartCare will convert to the appropriate CPT/HCPSC unit for claiming.

SmartCare Procedure Codes

For ease of claims submission, the new **SmartCare** electronic health record adopted by the Fresno County Department of Behavioral Health contains **SmartCare Procedure Codes that will** automatically crosswalk to the CPT and HCPSC codes once entered into the system.



Avatar to SmartCare Crosswalk – Individual & Group Providers

With the transition from Avatar to SmartCare effective July 1, 2023, in lieu of the more complex CPT and HCPCS codes Fresno County has released a set of new “SmartCare Procedure Codes”.

For all services provided ON OR AFTER JULY 1, 2023, SmartCare Procedure Codes should be entered on your CMS 1500 forms.

Fresno County Mental Health Plan Individual and Group Provider Fee Schedule <i>Effective 7-1-2023</i>			
			revision: 2023.07.03
Service Description	Avatar Service Codes	Smart Care Procedure Code	SmartCare Description
<u>Psychiatrist</u>			
MD Meds Eval Mngt Assessment (up to 120 min)	170/190	80	Psychiatric Diagnostic Evaluation with Medical Services
MD Reauthorization including plan development only (up to 60 min)	170/190	80	Psychiatric Diagnostic Evaluation with Medical Services
MD Med Eval Mngt Brief	172/192	73	Office or Other Outpatient Visit of an Established Patient
MD Meds Eval Mngt Follow-Up	173/193	73	Office or Other Outpatient Visit of an Established Patient
Individual Medical Psychotherapy	126	93	Psychotherapy with Patient
Hospital Care - Inpatient - New/Established	819	46	Inpatient Consultation for a New or Established Patient
Hospital Care - Subsequent - Bedside	820	103	Subsequent Hospital Care, per Day, for the EM of a Patient
Individual Assessment	103	79	Psychiatric Diagnostic Evaluation
Group Therapy	82	36	Group Psychotherapy (Other Than of a Multiple-Family Group)
Individual	83	93	Psychotherapy with Patient
Family Therapy	156	34	Family Psychotherapy (Conjoint psychotherapy with Patient Present) (50 min)
Collateral	150	Delete	No equivalent code for collateral services*
Case Management / Linkage & Consult	205	105	Targeted Case Management
Plan Development	159	62	Mental Health Service Plan Developed by Non-Physician
<u>Psychologist (Licensed/Registered/Waivered)</u>			
Individual Assessment	103	79	Psychiatric Diagnostic Evaluation
Individual Psychotherapy	83	93	Psychotherapy with Patient
Family Psychotherapy	83	34	Family Psychotherapy (Conjoint psychotherapy with Patient Present) (50 min)
Group Therapy	82	36	Group Psychotherapy (Other Than of a Multiple-Family Group)
Collateral	150	Delete	No equivalent code for collateral services*
Case Management / Linkage & Consult	205	105	Targeted Case Management
Plan Development	159	62	Mental Health Service Plan Developed by Non-Physician
Rehabilitation	158	90	Psychosocial Rehabilitation
<u>LCSW/ASW, LMFT/AMFT, LPCC/APCC, RN - MS</u>			
Individual Assessment	103	79	Psychiatric Diagnostic Evaluation
Individual Psychotherapy	83	93	Psychotherapy with Patient
Family Psychotherapy	83	34	Family Psychotherapy (Conjoint psychotherapy with Patient Present) (50 min)
Group Therapy	82	36	Group Psychotherapy (Other Than of a Multiple-Family Group)
Collateral	150	Delete	No equivalent code for collateral services*
Case Management / Linkage & Consult	205	105	Targeted Case Management
Plan Development	159	62	Mental Health Service Plan Developed by Non-Physician
Rehabilitation	158	90	Psychosocial Rehabilitation
Case Management / Linkage & Consult	205	105	Targeted Case Management

Collateral is no longer a service description. Services provided to a collateral source should be billed to the intervention provided during the session. (i.e., TCM.) Collateral engagements are no longer claimed with a unique service code, but should be based on the type of intervention provided to the collateral resource of the person served. Therapy-type interventions should NOT be claimed as collateral engagements.

Avatar to SmartCare Crosswalk – Individual & Group Providers

Reaching minimum claiming thresholds:

With CalAIM, please be mindful there are now minimum time thresholds for each service claim that take effect July 1, 2023 and applied to the new Smartcare Procedure Codes.

Old Code	Old Service Name	Old Minimum Threshold	New Smartcare Code	New Smartcare Name	New Minimum Threshold
170/190	MD Meds Eval Mngt Assessment (up to 120 min)	0	80	Psychiatric Diagnostic Evaluation with Medical Services	8 min
172/192 173/193	MD Meds Eval Mngt Follow-Up	0	73	Office or Other Outpatient Visit of an Established Patient	6 min
103	Individual Assessment	0	79	Psychiatric Diagnostic Evaluation	8 min
83	Individual Psychotherapy	0	93	Psychotherapy with Patient	16 min
83	Family Psychotherapy	0	34	Family Psychotherapy (Conjoint psychotherapy with Patient Present) (50 min)	26 min
82	Group Therapy	0	36	Group Psychotherapy (Other Than of a Multiple-Family Group)	8 min
205	Case Management / Linkage & Consult	0	105	Targeted Case Management	8 min
159	Plan Development	0	62	Mental Health Service Plan Developed by Non-Physician	16 min
158	Rehabilitation	0	90	Psychosocial Rehabilitation	8 min
205	Case Management / Linkage & Consult	0	105	Targeted Case Management	8 min

Common Service Codes/Claims: Starting with the Mental Health Assessment

For the assessment activity provided on July 3, 2023, the proper claiming time is the direct service of 66 minutes. *But...which SmartCare Procedure Code or Codes do I use and do any of those “modifiers” apply to this service? As a LMFT, I would claim:*

79 Psychiatric Diagnostic Evaluation, 66 minutes

In SmartCare, this claim would be converted to the appropriate primary CPT code (90791) of 1 unit and add-on code (G2212) of 3 units, for a total submitted claim of 60 minutes. As the provider did not reach the 51% threshold for the additional 15-minute unit of claiming, the additional 6 minutes are not reimbursed.

Note on maximum allowable time claimed: All primary procedure codes and add-on codes also have a specific increment of time and must be claimed in whole units. This primary procedure code has a maximum units that can be billed of 1 to equal the first 15 minutes, and the subsequent add-on code captures the remaining time in 15 minutes increments with a maximum of 14 units. As the combined maximum units that can be billed for an assessment activity is 15 units, ***the maximum reimbursable time for any assessment activity is 225 minutes per 24-hour period.***



THE COUNTY OF FRESNO
Department of
Behavioral Health

Common Service Codes/Claims: Starting with the Mental Health Assessment

For the assessment activity provided on July 3, 2023, the proper claiming time is the direct service of 66 minutes. *But...which SmartCare Procedure Code or Codes do I use and do any of those “modifiers” apply to this service?*

On the CMS 1500 form the service claim for the assessment activity would look like this:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS	F. CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	MM	DD	YY	MM										
1	07	03	23	07	03	23	11	79		A	120 60	66	NPI	1234567890		
2																
3																

SmartCare Code entered in Column 24.D

One line per service – no additional “add-on” code needed

Charges: Equal the 4 CPT units or 60 minutes allowed

Actual direct service time in minutes entered in Column 24.G for “units”

Note: For this assessment activity claim, no modifier is needed.



THE COUNTY OF FRESNO
Department of Behavioral Health

Common Service Codes/Claims: Starting with the Mental Health Assessment

What if I did not render the assessment activity on July 3 – my *registered Associate* (who is credentialed with Fresno County!) *did*?

What if the client did not come into the office, but instead *the assessment was conducted via telehealth* (interactive audio video)?

Which SmartCare Procedure Code or codes would be used and do any of those “modifiers” apply to this service?

Yes! *Modifiers provide a way to report or indicate that a service or procedure that has been performed has been modified by some specific circumstance but not changed in its definition. Modifiers will not impact how a service is reimbursed but may impact how a service should be billed and/or who pays for the service.*



Common Service Codes/Claims: Starting with the Mental Health Assessment

If the assessment activity was rendered by my registered Associate MFT, the same SmartCare procedure code would apply.

Applicable modifiers may include:

HL Intern (if service is provided by AMFT, ASW, APCC); AND

93 Synchronous telemedicine service via telephone/audio only; OR

95 Synchronous telemedicine service via interactive audio-video

Telehealth Modifiers and Place of Service Codes: If a telehealth modifier (93; 95) is used, the place of service code must be 02 or 10.

On the CMS 1500 form the service claim would now be entered as follows:

24. A.	DATE(S) OF SERVICE					B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSON PRINTING Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	K. L.				
	From	To						OPT./HCPCS	MODIFIER											
MM	DD	YY	MM	DD	YY															
1	07	03	23	07	03	23	10		79	HL	95			A	102.60	66		NPI	1998877665	
2																				

HL modifier used to indicate Associate as the rendering provider

95 modifier indicates telehealth

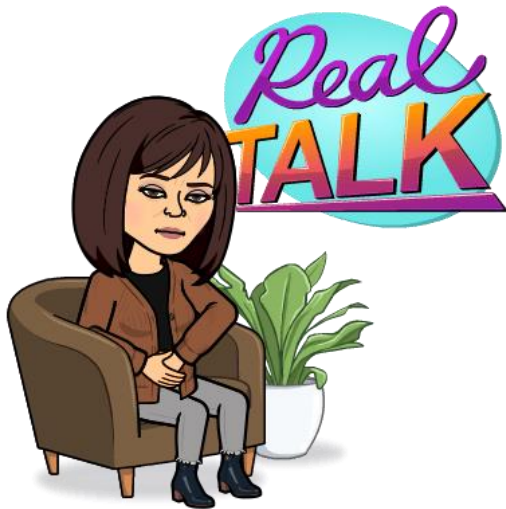
Charges adjusted to unlicensed rate

AMFT uses own NPI



THE COUNTY OF FRESNO
Department of Behavioral Health

Common Service Codes/Claims: Individual Psychotherapy



It's now Monday, July 10, 2023, and the person served is returning to my office for her first individual therapy session.

The session goes very well! As a therapist certified in EMDR, and because it met the significant needs of my client, I conducted the first EMDR session which lasted 84 minutes, and it took me an additional 11 minutes to complete the progress note documentation.

But how much actual time may I claim? Which SmartCare procedure code or codes do I use and do any of those "modifiers" apply to this service?



Common Service Codes/Claims: Individual Psychotherapy

But how much actual time may I claim?

All claims for outpatient services must use units of service. Only the time it takes to provide direct services associated with that code can be counted towards a unit of service. Documentation time may not be claimed.

Though the CPT coding for psychotherapy has 3 distinct procedure codes based on units of time, the SmartCare procedure code is simply 93 – psychotherapy with patient.

SmartCare will crosswalk all “93 – psychotherapy with patient” service claims to the appropriate CPT code set dependent on time claimed.



Common Service Codes/Claims: Individual Psychotherapy

Psychotherapy has 3 distinct CPT codes based on unit of service [time] (30 minutes, 45 minutes, 60 minutes). Must use the total unit time plus 51% of difference between the levels of service code to claim next level of service (i.e., 30 minutes plus at least 8 additional minutes to claim 90834 psychotherapy, 45 minutes with patient).

Only 90837 – psychotherapy, 60 minutes – may be combined with the add-on code G2212 for additional 15-minute units of time.

16 to 37-minute session

90832 Psychotherapy, 30 Minutes with Patient

Max billing: 1 unit

Modifiers: HL (if provided by AMFT, ASW, APCC)
93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video

38 to 52-minute session

90834 Psychotherapy, 45 minutes with patient

Max billing: 1 unit

Modifiers: HL (if provided by AMFT, ASW, APCC)
93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video

53 to 67-minute session

90837 Psychotherapy, 60 minutes with patient

Max billing: 1 unit

Modifiers: HL (if provided by AMFT, ASW, APCC)
93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video

>68 – minute session

90837 Psychotherapy, 60 minutes with patient

Max billing: 1 unit

Then use add-on: **G2212 Prolonged Service each additional 15 minutes (Max billing: 14 units)**
Modifiers: HL (if provided by AMFT, ASW, APCC)
93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video



Common Service Codes/Claims: Individual Psychotherapy

Psychotherapy has 3 distinct CPT codes based on unit of service [time] (30 minutes, 45 minutes, 60 minutes). Must use the total unit time plus 51% of difference between the levels of service code to claim next level of service (i.e., 30 minutes plus a least 8 additional minutes to claim 90834 psychotherapy, 45 minutes with patient).

Only 90837 – psychotherapy, 60 minutes – may be combined with the add-on code G2212 for additional 15-minute units of time.

16 to 37-minute session

90832 Psychotherapy, 30 Minutes with Patient

Modifiers: HL (if provided by AMFT, ASW, APCC)

Max billing: 1 unit

93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via audio-video

With the SmartCare Procedure Codes, all needed conversions to CPT coding will be done automatically in SmartCare. Only one service line is necessary on your CMS 1500.

Max billing: 1 unit

93 Synchronous Telemedicine Service Via audio-only
95 Synchronous Telemedicine Service Via audio-video

Max billing: 1 unit

93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video

>68 – minute session

90837 Psychotherapy, 60 minutes with patient

Then use add-on: **G2212 Prolonged Service each additional 15 minutes (Max billing: 14 units)**

Modifiers: HL (if provided by AMFT, ASW, APCC)

93 Synchronous Telemedicine Service Via Telephone/Audio-only
95 Synchronous Telemedicine Service Via interactive audio-video



Common Service Codes/Claims: Individual Psychotherapy

For the individual psychotherapy provided on July 10, 2023, the proper claiming time is the direct service of 84 minutes. But...which SmartCare procedure code or codes do I use *and do any of those “modifiers” apply to this service?*

On a CMS 1500 claim form the 84-minute individual therapy session is added on line 2:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	SUPPLIER INFORMATION
	From	To	MM	DD	YY	MM			DD	YY							
1	07	03	23	07	03	23	11		79			A	120.33	66	NPI	1234567890	
2	07	10	23	07	10	23	11		93			A	180.90	84	NPI	1234567890	
3															NPI		

That's 60+15 full units; plus 9 minutes that allows for additional unit of claiming as I passed the 51% of the 15-minute additional add-on claim = 90 minutes paid.

Charges equal conversion:
1 unit of 90837 and 2 units of G2212

Note: Units of claiming are in minutes. No modifiers were required as I am licensed, and the session was in-person.



THE COUNTY OF FRESNO
Department of Behavioral Health



One More Thing...

Pregnancy Indicator Required



Effective July 1, 2023, the Department of Health Care Services published new **Perinatal Practice Guidelines** as part of the California's efforts to improve the delivery of prevention and family services.

As part of the new Perinatal Practice Guidelines, *if a person served is currently pregnant, within 12 months post-partum, or within 12 months post termination, the MHP provider shall include the condition on the client's Problem List in the client's medical record using Z34.90 ("Encounter for supervision of normal pregnancy, unspecified, unspecified trimester; crosswalks to SNOMED code 24895009) to identify the client's condition.*

Adding the Pregnancy Indicator:

As part of the claiming process, in addition to adding the appropriate Z34.90 to the Problem List in the medical record, on the regularly submitted CMS 1500 form, in *Section 21. Diagnosis or Nature of Illness or Injury*, in **addition to the diagnosed mental health condition that supports the service claim, please always include Z34.90 as part of the claim.**

This information will be added to the Client Profile in the County's SmartCare system along with the claimed services for tracking purposes only and will have no effect on the actual claim reimbursement.



Common Service Codes/Claims: Additional Resources

This tutorial focused on claiming for the initial assessment and first individual psychotherapy session using a paper-based CMS 1500 form.

For more in-depth training on CalAIM Payment Reform, please visit [California Mental Health Services Authority | CalAIM Payment Reform Webinars \(calmhsa.org\)](https://calmhsa.org) to access:

- [CPT Coding 101 – Introductions to CPT Codes](#)
- [CPT Coding 102 – Optimization of CPT Codes for the Majority of Behavioral Health Services](#)

For complete guidance along with definitions, tables of available CPT and HCPCS codes associated with claiming, please refer to the DHCS [Specialty Mental Health Services Medi-Cal Billing Manual, Version 1.4](#).

Or visit the [Fresno County Department of Behavioral Health – CalAIM](#) for County specific resources, trainings, and news.

Fresno County DBH Contact for questions about CalAIM implementation go to:
DBHCompliance@fresnocountyca.gov



CalAIM Payment Reform: SmartCare Procedure Code Tutorial



THE COUNTY OF FRESNO
Department of
Behavioral Health