CalAIM Payment Reform: SmartCare Procedure Code Tutorial

Common *SmartCare* Procedure Codes/Claims –

Family Psychotherapy [Conjoint Psychotherapy] with Patient Present and Group 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 .

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Common Service Codes/Claims: Reminders for All Service Claims

This tutorial will focus on claiming for family (conjoint) psychotherapy and group psychotherapy. Though these service claims are unique due to time values associated with the SmartCare Procedural Codes, it's important review some general claiming rules applicable to all service claims in our new CalAIM payment-reform-world.

Common Service Codes/Claims: Reminders for All Service Claims

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: Reminders for All Service Claims

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: SmartCare Procedure Codes

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/HCPCS 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 HCPCS codes once entered into the system**.**

Avatar to SmartCare Crosswalk – Family Psychotherapy

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".

NOTE: Family Psychotherapy now has a separate SmartCare code – 34 – distinct from Individual Psychotherapy.

Fresno County Mental Health Plan — Exhibit B
Individual and Group Provider Fee Schedule
Effective 7-1-2023
revision: 2023.07.03

Service Description	Avatar Service Codes	Smart Care Procedure Code	SmartCare Description
Psychiatrist			
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
Psychologist (Licensed/Registered/Waivered)			
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
LCSW/ASW, LMFT/AMFT, LPCC/APCC, RN - MS			
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 – Family Psychotherapy

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.

NOTE: Though many procedure codes bill in 15-minute units, Family Psychotherapy is a 50-minute procedural code unit, resulting in a 26-minute threshold minimum for claiming.

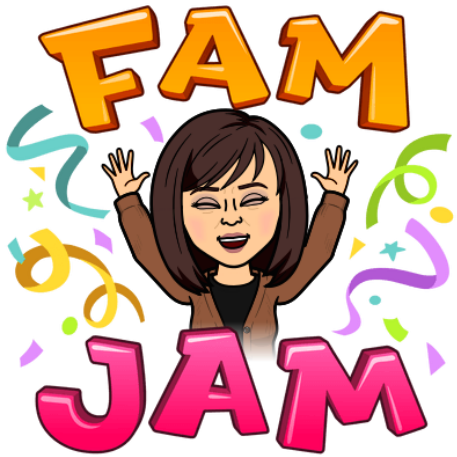
Old Code	Old Service Name	Old Minimum Threshold	New Smartcare Code	New Smartcare Name	*New Minimum Threshold*
170/190	MD Meds Eval Mngt Assessment (up to 120 min)	0	80	Psychiatric Diagnostic Evaluation with Medical Services	8 min
172/192 173/193	MD Meds Eval Mngt Follow-Up	0	73	Office or Other Outpatient 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	8 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: Family Psychotherapy [Conjoint psychotherapy] with Patient Present

It's Monday, July 17, 2023. I am a LMFT in a Fresno County MHP group provider practice and I have started working with a new client that expressed some family conflict interfering with her wellness, so I have scheduled a family session to include her spouse today.

The family session goes very well! I met with the couple for a full hour (60 minutes) and it took me an additional 12 minutes to write my progress note.

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? And because family psychotherapy bills as a 50-minute unit, will I get paid less for the hour-long session?



Common Service Codes/Claims: Family Psychotherapy

Family Psychotherapy [Conjoint Psychotherapy] with Patient Present is a 50-minute intervention code *(CPT 90847) that requires the client to be present with at least one family member. This type of therapeutic intervention focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments.*

In Fresno County, family psychotherapy is claimed using **SmartCare Procedural Code 34** that will capture both the primary CPT code and, if needed, additional add-on coding for prolonged services.

As a licensed mental health professional, no modifiers are required to claim a family psychotherapy activity. The modifier “”HL” is required if provided by a registered Associate.

Common Service Codes/Claims: Family Psychotherapy

For the family psychotherapy provided on July 17, 2023, the proper claiming time is the direct service of 60 minutes. As with all service claims, documentation time is not included. *But…which SmartCare Procedure Code or Codes do I use and am I paid less for family therapy than individual therapy because of the 50-minute unit defined by the procedural code*?

Claiming for 34 Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 minutes

Range	CPT Code Equivalents	Charges-licensed	Charges-Associates*
26-57 minutes	1 primary unit (50 minutes)	$100.50	$85.50
58-72 minutes	1 primary unit (50 min) + 1 add-on (15 min)	$130.65	$111.15
73-87 minutes	1 primary unit (50 min) + 2 add-on (30 min)	$160.80	$136.80
88-102 minutes	1 primary unit (50 min) + 3 add-on (45 min)	$190.95	$162.45

Minimum threshold is 26 minutes

Must use full unit of time plus 51% for each additional add-on

15-minute add-on units extend activity claim

Rates remain the same, but based on whole unit claiming

Common Service Codes/Claims: Family Psychotherapy

For the family psychotherapy provided on July 17, 2023, the proper claiming time is the direct service of 60 minutes. *But…which SmartCare Procedure Code or Codes do I use and am I paid less for family therapy than individual therapy*?

On the CMS 1500 form the service claim for the family psychotherapy is demonstrated on line 3:

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	07	03	23	07	03	23	11		79		A	120.60	66		NPI	1234567890
2	07	10	23	07	10	23	11		93		A	120.60	60		NPI	1234567890
3	07	17	23	07	17	23	11		34		A	130.65	60		NPI	1234567890

SUPPLIER INFORMATION

SmartCare Code entered in Column 24.D

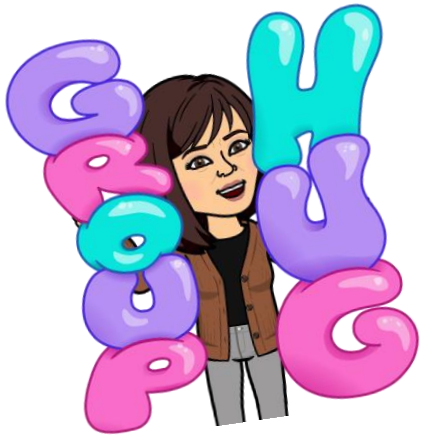
No modifiers are needed

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

Charges: 1 primary unit + 1 add-on applied

Note: Because 34 Family Psychotherapy is claimed using a 50-minute primary unit and an additional prolonged service unit, charges are equal to 65-minute claim.

Common Service Codes/Claims: Group Psychotherapy



It's now Monday, July 31, and as a wonderful FCMHP provider, I have a full range of services, including a regularly scheduled therapy group on Monday afternoons that focus on women and depression that may prove beneficial to my client. With her consent it is added to her course of treatment. Today she attended her first group session with 4 other female clients and the 2-hour group was very productive!

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? And how do I calculate my charges now that there is no more "group formula"?

Common Service Codes/Claims: Group Psychotherapy

Therapy means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapy may be delivered to a group of beneficiaries using Group Psychotherapy, 15 Minutes.

In Fresno County, **group psychotherapy is claimed using SmartCare Procedural Code 36** that will capture both the primary CPT code and, if needed, additional add-on coding for prolonged services.

The modifier “HQ” is required as part of the service claim to denote the group setting.

Common Service Codes/Claims: Group Psychotherapy

***Charges* for group therapy will reflect an adjusted rate by 4.5 per DHCS guidelines. Providers should submit claims separately for each beneficiary receiving group therapy and add the "HQ" modifier to all group psychotherapy claim lines.**

If time needs to be added to the primary CPT code 90849 (multiple-family group psychotherapy) or 90853 (group psychotherapy other than multiple-family group), SmartCare will use add-on code G2212 with HQ modifier. Charges will reflect adjustment to the rate of the add-on code to group therapy by 4.5 as well.

Claiming for 36 Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes

Range**	CPT Code Equivalents	Charges – licensed	Charges – Associates*
8-22 minutes	1 primary unit (15 minutes)	$6.70	$5.70
23-37 minutes	1 primary unit (15 min) + 1 add-on (15 min)	$13.40	$11.40
38-52 minutes	1 primary unit (15 min) + 2 add-on (30 min)	$20.10	$17.10
53-67 minutes	1 primary unit (15 min) + 3 add-on (45 min)	$26.80	$22.80
68-82 minutes	1 primary unit (15 min) + 4 add-on (60 min)	$33.50	$28.50
83-97 minutes	1 primary unit (15 min) + 5 add-on (75 min)	$40.20	$34.20
98-112 minutes	1 primary unit (15 min) + 6 add-on (90 min)	$46.90	$39.90
113-127 minutes	1 primary unit (15 min) + 7 add-on (105 min)	$53.60	$45.60

*Note when rendering provider is a registered Associate, all service claims must include the "HL" modifier.

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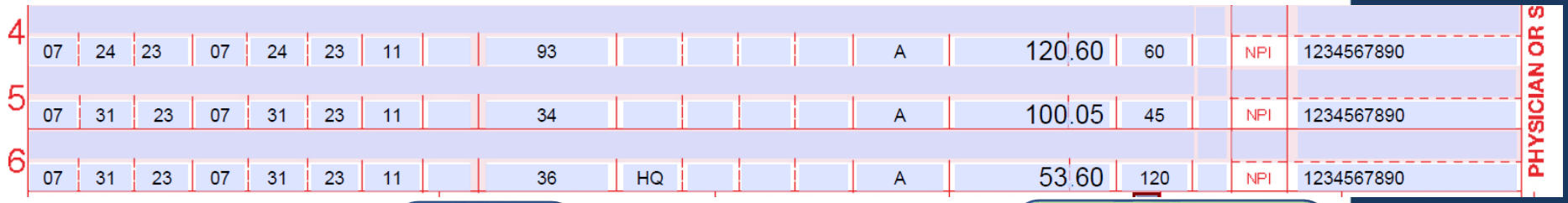
The direct service time claimed should reflect ***the time person served was participating in the group session* (a.k.a. direct service time), and only the charges (not the time claimed) are adjusted to reflect the 4.5 rate adjustment. ***Time claimed should be adjusted for late arrival/early departure to the group session of the person served***.

Common Service Codes/Claims: Group Psychotherapy

For the group psychotherapy provided on July 31, 2023, the proper claiming time is the direct service of 120 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 group psychotherapy is demonstrated on line 6:



4	07	24	23	07	24	23	11		93					A	120.60	60		NPI	1234567890
5	07	31	23	07	31	23	11		34					A	100.05	45		NPI	1234567890
6	07	31	23	07	31	23	11		36	HQ				A	53.60	120		NPI	1234567890

PHYSICIAN OR S

SmartCare Code 36 entered in Column 24.D

"HQ" modifier is added in column 24.D to denote group setting

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

Charges = value of 1 primary unit + 7 add-on units, then divided by 4.5.

Note: The time (minutes) must reflect time person served was participating in the group session adjusted for late arrival and/or early departure from session.

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Group Psychotherapy – Frequently Asked Questions

Q: So do I need to calculate the time or charges *based on the number of participants* in my group session?

A: No – only the charges are adjusted by 4.5, regardless of the number of participants in any given group session.

Q: Do I still need to document the number of participants in the group?

A: Though not required to calculate reimbursement, it is still a best practice to include this information as part of the description of the group psychotherapy session in the medical record.

Q: Am I required to write a separate progress note for each client that participated?

A: Yes, the provider must have a complete medical record for each participant in which a service is claimed that includes a separate progress note documenting the unique activity (group session).

Q: If I have a co-facilitator, does the co-facilitator have to write a separate progress note?

A: No, only one progress note is required, but the co-facilitator must be identified by name as a rendering provider with their corresponding professional licensure/registration and NPI number on the progress note. And though the co-facilitator does not need to co-sign the note, a separate service claim line on the CMS 1500 form is required that includes the co-facilitator's NPI in column 24.J in order to capture the additional charges. Finally, the co-facilitator must a member of your practice with MHP credentialing in place.

Q: If my colleague refers their client to a group I offer, may I submit a claim for this "guest client"?

A: You may only submit service claims for reimbursement for clients actively in your practice, meaning you have a full medical record that includes intake, assessment, and problem list to support the treatment you provide. You may work with your colleague (using a signed authorization to release information) to create a medical record for this shared client to share clinical documentation other than intake forms, which would then allow you to claim for the group psychotherapy activities.

Common Service Codes/Claims: Additional Resources

This tutorial focused on claiming for family psychotherapy with patient present and group psychotherapy 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) 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

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