

Memo

Date: February 27, 2025

To: Alameda County Behavioral Health Department (ACBHD) Specialty Mental Health Services (SMHS) Providers (non-MHP FFS)

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Subject: Newly Published FY24-25 ACBHD SMHS SmartCare Procedure Code Table

The purpose of this memo is to announce the publication of the FY24-25 ACBHD SMHS SmartCare Procedure Code Table.

Background

Starting with CalAIM payment reform on 7/1/23, each fiscal year (FY), the California Department of Health Care Services (DHCS) has updated codes used for reporting behavioral health Medi-Cal services. Codes and specific rules for codes depend on the rendered service date. Always refer to coding rules in place based on the rendered service date.

ACBHD SmartCare SMHS procedure codes are based on guidance from DHCS which can be found on the [DHCS MedCCC Library](#) website.

FY 24-25 ACBHD SMHS SmartCare Procedure Code Table

A document titled *MH SmartCare Procedure Code Table FY 24/25* is now available on the ACBHD Provider Website, [QA Manual](#), Section 13. Significant layout and formatting changes were made from the previous version of the MH SmartCare procedure code table. The DHCS SMHS Service Table and Billing Manual remain the primary sources for ACBHD SMHS billing codes and DHCS content has been integrated into the ACBHD table as much as possible. Additionally, filtering and clickable links have been built into the table to assist user navigation as much as possible.

Updates to the ACBHD SMHS SmartCare Procedure Code Table

Below are some of the significant updates to the ACBHD MH SmartCare Procedure Code Table:

- **Expired Code Tab:** Procedure codes are never fully deleted from SmartCare; however, all codes are assigned *From* and *To* dates. An *Expired Codes* tab was added to the Procedure Code Table to retain information related to codes that are no longer available. For example, G2212 expired on 6/30/24 and is now listed on the *Expired Codes* tab.
- **Time Range in Minutes Column:** Starting in FY24-25, SmartCare can automatically claim for primary codes and any codes and/or units that extend the time of the primary code based on the time entered in the *Total Duration* field. Service entry no longer requires manual selection of the next code in a series, prolonged service codes, and/or multiple units. Implementation of this functionality means that most of the time the DHCS code description does not accurately reflect the actual time range of an activity. To reduce confusion, ACBHD no longer includes

time in the description of SmartCare codes. A new column on the procedure code table, *Time Range in Minutes*, now provides the true range of the code.

- **Combined Procedure Codes:** Whenever possible, codes that are in a series have been combined. For example, psychotherapy codes 90832, 90834 and 90837 are now listed together in SmartCare and on the Procedure Code Table.
- **Use for IHBS? Column:** IHBS activities must be reported with codes that best describe the services provided, along with the HK modifier. If a code has Yes in the *Use for IHBS?* Column, the HK modifier may be optionally used with that code. For information on how to add the HK modifier to a service, refer to [ACBHD QA Memo 2025-01](#).
- **New CFT Meeting Codes:** Effective 1/31/2025, claiming of Child and Family Team (CFT) meetings has changed. Distinct codes for reporting CFT facilitation and participation have been created and the previous T1017 CFT code has an end date of 1/31/2025. Refer to the [DHCS FY23-24 SMHS Billing Manual](#) (pg. 38) for more information.
- **Expired Telephone Evaluation and Management Codes:** Codes 99441-99443 are no longer available for use after 12/31/2024. See [ACBHD QA Memo 2024-49](#).
- **Expired STDNT Codes:** STDNT codes were removed for services rendered after 6/30/2024. For services provided by clinical trainees, use the codes associated with the staff type the clinical trainee is pursuing (e.g., all master's level clinical social workers use the same codes: LCSW, ASW, and SW-Applicant, SW Clinical Trainee). See [ACBHD QA Memo 2024-19](#).
- **Removal of 90887 Codes Created in Error:** Effective 7/1/2023, there are no longer distinct codes for claiming collateral services. Two versions of 90887 that were created in error have been removed from the table. See [QA Memo 2023-46](#) and [DHCS Payment Reform FAQ](#) for reporting activities when a member is not present.
- **Addition of Codes for Mobile Crisis:** Codes for reporting the Medi-Cal Mobile Crisis Benefit have been added: H2011:POS 15, A0140, and T2007. Only ACBHD contracted mobile crisis services that meet the requirements of [SPA 22-043](#) and [BHIN 23-025](#) may use these codes.
- **Addition of Codes for Peer Support Services:** Codes for reporting Medi-Cal Peer Support Services have been added. There are four (4) potential codes for CMPSS/CMPSS-F providers. Refer to the code table and [QA Memo 2024-21](#) for specific guidance.
- **Addition of Caregiver Assessment Administration Code:** CPT Code 96161 *Caregiver Assessment Administration* has been added. Refer to the AMA CPT codebook for coding rules.

Support

Providers are invited to join monthly QA Brown Bag meetings where this and other relevant information are discussed. Meeting details and link can be found on the [QA Training page](#).

For questions about this memo please contact ACBHD ICC/IHBS/TBS/TFC program lead ICCAdministrator@acgov.org or QATA@acgov.org.