

# Transition from MHSA to BHSA: SMHS Procedure Codes (CPT & HCPCS Codes) Part 2

Alameda County Health  
Behavioral Health Department  
Quality Management

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# TOPICS

- Review and Practice Using Procedure Code Table
- Supplemental Codes
  - Interactive Complexity
  - Sign Language and Oral Interpretation
  - Add-on Code 90887
- Entering Location and Mode of Delivery in SmartCare
- Resources and Next Steps

# Review and Practice

# Practice Using Procedure Code Table

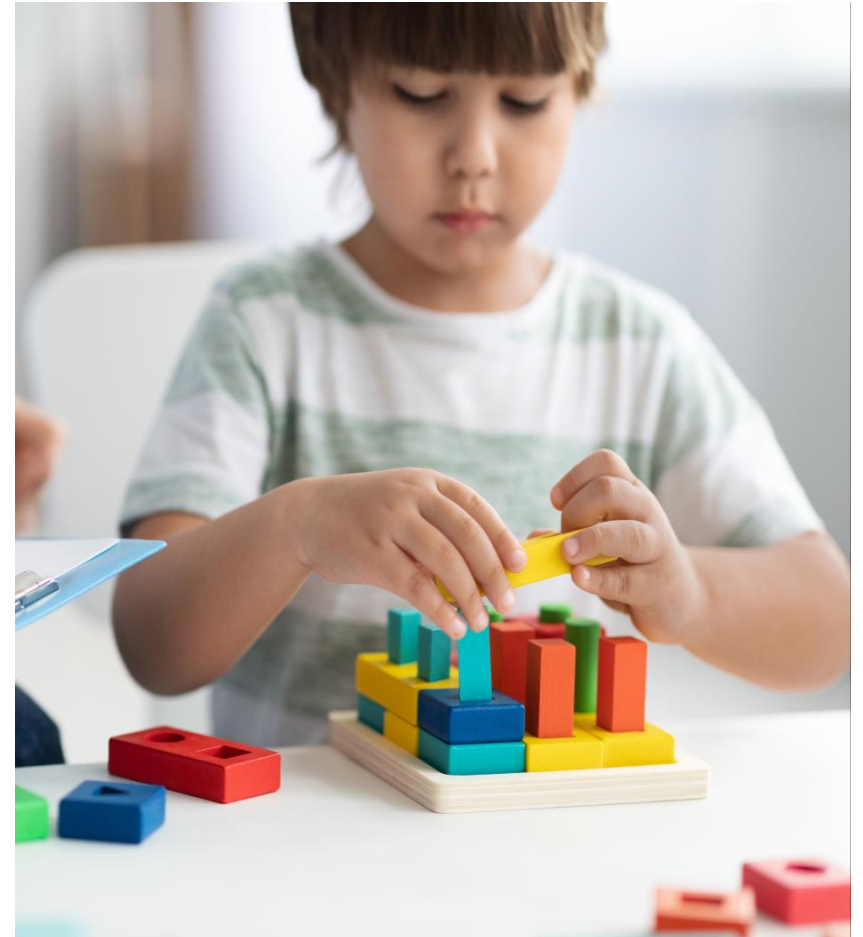
- Find and open **13-12 FY25-26 ACBHD SMHS SmartCare Procedure Code Table** in section 13 of the QA Manual.
- Link to QA Manual: [QA Manual | ACBH Providers Website](#)
- **Give a thumbs up when you have the table open**

<b>13</b>	<b>SERVICE AND BILLING RESOURCES</b>
13-1	<a href="#">MH LOCKOUT GRID</a> - <b>REVISED 7/6/23</b>
13-2	<a href="#">SMARTCARE DIAGNOSIS DOCUMENT INSTRUCTIONS</a> - <b>NEW 11/16/23</b>
13-3	<a href="#">ACBHD DIAGNOSIS AND CODE GUIDANCE</a> - <b>NEW 2/11/26</b>
13-4	<a href="#">MH SMARTCARE PROCEDURE CODE TABLE FY 23/24 EFF. 7-1-2023</a> - <b>UPDATED 4/12/24</b>
13-5	<a href="#">SUD SMARTCARE PROCEDURE CODE TABLE FY 23/24 EFF. 7-1-2023</a> - <b>UPDATED 8/2/23</b>
13-6	<a href="#">FY24-25 PROLONGED ADD-ON AND REPLACEMENT CODES GRID</a> - <b>NEW 8/23/24</b>
13-7	<a href="#">DHCS SERVICE TABLES FY 24-25</a> - <b>NEW 8/26/24</b>
13-8	<a href="#">PROFESSIONAL SERVICES EM SERVICE CODES DEFINITIONS</a> - <b>NEW 11/6/24</b>
13-9	<a href="#">IHBS Service Table</a> - <b>NEW 1/27/25</b>
13-10	<a href="#">MH SmartCare Procedure Code Table - FY24-25</a> - <b>NEW 4/24/25</b>
13-11	<a href="#">SUD SMARTCARE PROCEDURE CODE TABLE FY 25-26</a> - <b>NEW 11/7/25</b>
13-12	<a href="#">FY25-26 ACBHD SMHS SMARTCARE PROCEDURE CODE TABLE</a> - <b>NEW 12/16/25</b>

# Question- Family Psychotherapy

## On the ACBHD SMHS Codes Tab

1. What SmartCare procedure code would you use for a family psychotherapy session with the patient?
2. What is the time range for that code?
3. Can non-licensed Mental Health Rehabilitation (MHRS) provider types use this code?



# Question- Rehabilitation Services

## On the ACBHD SMHS Codes Tab

1. What is the procedure code for Rehabilitation Services?
2. What is the time range for this code?
3. Can ACBHD Peer Partners bill for this service?



# Knowledge Check- Time

**Question:** What is the difference between *Total Duration* and *Face to Face Time* in SmartCare?

- a. *Total Duration* is the total Medi-Cal billable time for the service. *Face to Face Time* is the total Medi-Cal billable time, plus the time for any supplemental codes.
- b. They are the same thing
- c. Providers are only responsible for entering Face to Face time into SmartCare.



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- c. Providers are only responsible for entering Face to Face time into SmartCare.



# Supplemental Codes

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- *Supplemental Codes* identify unique services provided in addition to the primary service and provide additional reimbursement for the service.
- A primary procedure code is required to be billed before a *Supplemental Code* is selected for billing.
- Providers are responsible for adding supplemental codes during service entry, as appropriate.
- In SMHS there are four (4) allowed *Supplemental Codes*:

SC ID	SmartCare Procedure Code	Time Range in Minutes	Code Type
54	90785 Interactive Complexity	N/A	Supplemental
902	90887 Interpret or Explain Results of Psych/Other Med. Proc.	26-1440	Supplemental
873	96161 Caregiver Assessment Admin.	8-15	Supplemental
142	T1013 Sign Language or Oral Interpretive Services	Variable	Supplemental

# Interactive Complexity

- Is an add-on service that indicates specific communication difficulties or environmental factors made a session significantly harder to deliver and required additional clinical effort.
- May only be added on to certain services/codes.
- When added on to a service it will increase the service reimbursement rate by a set amount.
- **Example:** During a diagnostic assessment, a young child with severe trauma and selective mutism is entirely unable to speak, requiring the clinician to exclusively use play equipment and drawing prompts to facilitate the clinical evaluation.



# Sign Language and Oral Interpretation



- Sign language or oral interpretation may occur along with another service, such as therapy using add-on code **T1013**.
- **Only time spent by qualified agency staff providing interpretation is billable.** Informal interpretation by family members or non-agency staff cannot be claimed.
- Interpretation time exceeding the primary service time will be reduced.
- **Interactive complexity (90785) and interpretation (T1013) cannot be claimed together.**
- Interpretation cannot be claimed for automated/digital translation or relay services (e.g. Globo).
- Interpretation may not be claimed during an inpatient or residential stay as the cost of interpretation is included in the per diem rate.

# Add-On Code 90887



- **Official AMA/CPT Description:** Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons or advising them how to assist patient.
- **Example:** Meeting with parents (without the youth present) to explain the results of a recent clinical evaluation, helping them understand their child's new diagnosis.
- **Add-On Only:**
  - Cannot be billed alone as it is dependent on certain primary codes (e.g., therapy).
  - Service time between 26-50 mins. and cannot be extended.
  - Client is typically not present.

# Knowledge Check #1- Supplemental Codes



**Select the correct answer**

During a session with a monolingual Spanish speaking client a fellow co-worker interpreted the session. My agency can bill that time and receive reimbursement for the translation services.

- True
- False

# Answer #1 - Supplemental Codes



## Select the correct answer

During a session with a monolingual Spanish speaking client a fellow co-worker interpreted the session. My agency can bill that time and receive reimbursement for the translation services.

True. Interpretation time can be billed as an add-on to the primary service using code T1013.

False

# Knowledge Check- Supplemental Codes

During a family therapy session, the provider had to use multiple de-escalation interventions to manage the parent's strong emotional response to their child's anger outbursts.

Can the provider use the Interactive Complexity Add-On code to claim this service?

- Yes
- No



# Answer- Supplemental Codes

During a family therapy session, the provider had to use multiple de-escalation interventions to manage the parent's strong emotional response to their child's anger outbursts.

Can the provider use the Interactive Complexity Add-On code to claim this service?

Yes

No

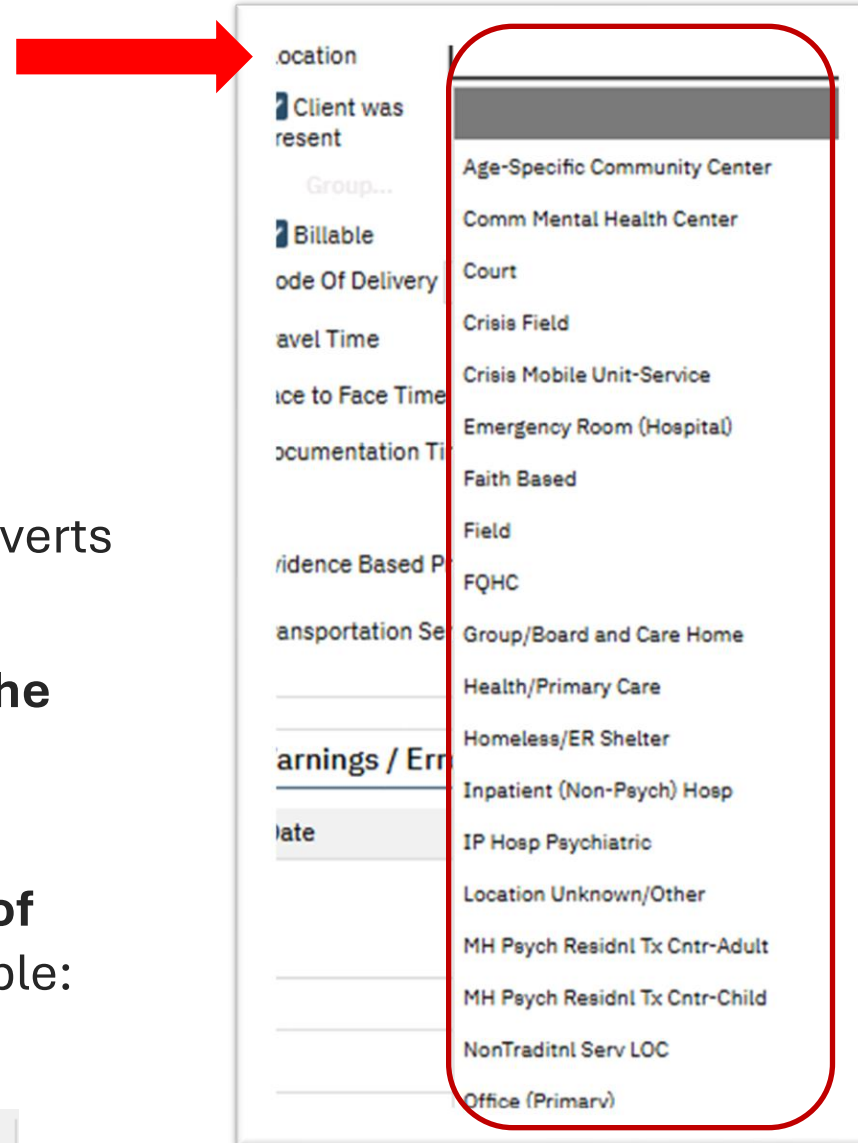


# Entering Location and Mode of Delivery in SmartCare

# Location

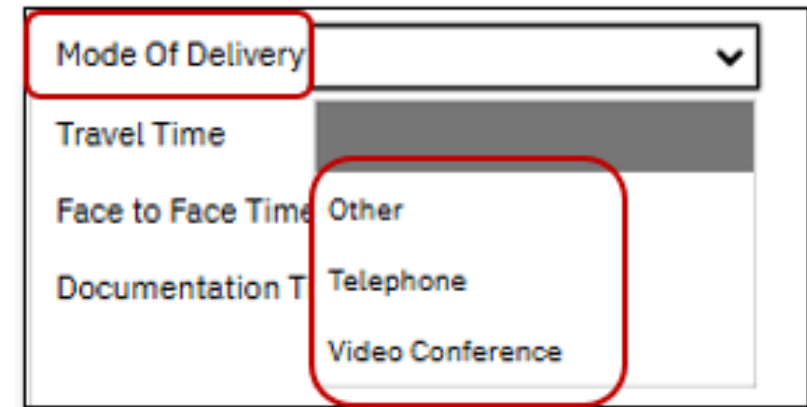
- The *Location* of the service must be included with all claims.
- *Location* is a required field when entering services in **SmartCare**.
- When submitting claims to Medi-Cal, SmartCare converts the location to a CMS Place of Service (POS) code.
- **For telehealth services, *Location* refers to where the client is at the time of the service.**
- The complete list of POS codes, definitions, and corresponding *Locations* can be found on the **Place of Service Codes** tab of the ACBHD procedure code table:

Provider Type Abbreviations **Place of Service Codes** Modifiers



# Mode of Delivery

- Another required field when claiming is *Mode of Delivery*.
- *Mode of Delivery* **applies the correct telehealth modifier to the claim.**
- If a service is provided via telehealth, providers must indicate whether it was delivered by **telephone** or **video conference**.
- If a service was not delivered via telehealth, select “**Other**”



The image shows a screenshot of a software interface. At the top, there is a dropdown menu labeled "Mode Of Delivery" with a downward arrow. Below this menu, there are three options listed: "Other", "Telephone", and "Video Conference". The "Mode Of Delivery" label and the dropdown menu itself are enclosed in a red rectangular box. The three options are enclosed in a red rounded rectangular box. To the left of the dropdown menu, there are labels for "Travel Time", "Face to Face Time", and "Documentation T", which are partially obscured by the dropdown menu.

# Knowledge Check- Location and Mode of Delivery

Provider completes a phone appointment with a client. The call is made from the provider's office to the client who is at home. What *Location* and *Mode of Delivery* should be used when submitting the claim?

- A. **Location** = Office **Mode of Delivery** = Telephone
- B. **Location** = Phone-Pt in home **Mode of Delivery** = Other
- C. **Location** = Video- Pt in home **Mode of Delivery** = Telephone
- D. **Location** = Phone- Pt in home **Mode of Delivery** = Telephone



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- D. **Location** = Phone- Pt in home **Mode of Delivery** = Telephone



# Knowledge Check- Location and Mode of Delivery

Provider sees a client for a therapy session from their office, which is located at a school site. What Service Location and Mode of Delivery should be used when submitting the claim?

- A. **Location = Office, Mode of Delivery = Other**
- B. **Location = School, Mode of Delivery = Other**



# Knowledge Check- Location and Mode of Delivery

Provider sees a client for a therapy session from their office, which is located at a school site. What Service Location and Mode of Delivery should be used when submitting the claim?

- A. **Location = Office, Mode of Delivery = Other**
- B. **Location = School, Mode of Delivery = Other**



# Resources and Next Steps

# Reference Guides and Resources

<p><b>American Medical Association (AMA) CPT Codebook</b>  <a href="#">AMA/CPT site</a></p>	<p><b><a href="#">Short Doyle Medi-Cal References</a></b>  <b>CALAIM References and Manuals</b></p> <ul style="list-style-type: none"> <li>• CalAIM Reference Guide for CPT Codes -Specialty Mental Health</li> <li>• CalAIM Reference Guide for CPT Codes - Drug Medi-Cal Organized Delivery System</li> </ul>
<p><b><a href="#">Short Doyle Medi-Cal Manuals</a></b>  <b>CALAIM References and Manuals</b></p> <ul style="list-style-type: none"> <li>• Specialty Mental Health Billing Manual</li> <li>• Drug Medi-Cal ODS Billing Manual</li> </ul>	<p><b>ACBHD Reference Guides on <a href="#">QA Training Webpage</a></b></p> <ul style="list-style-type: none"> <li>• Detailed Preliminary DMC-ODS Codes in SmartCare</li> <li>• Detailed Preliminary SMHS CPT Codes in SmartCare</li> </ul>
<p><b>SmartCare Billing System Implementation and Payment Reform FAQ</b>          Section 19 of the <a href="#">QA Manual</a></p>	<p><b>CalMHSA Payment Reform <a href="#">Webinars</a></b></p> <ul style="list-style-type: none"> <li>• CPT Code 101- Introduction to CPT Codes</li> <li>• CPT Code 102- Optimization of CPT Codes for Majority of Behavioral Health Services</li> </ul>
<p><b>Interactive Complexity</b></p>	<p><a href="#">CMS Interactive Complexity</a>  <a href="#">APA Interactive Complexity</a></p>

**Note:** Department of Health Care Services expects providers to be familiar with and follow the rules noted in the CPT Code Manual

# Diagnosis Resources

- [CMS ICD-10-CM site](#)
- [APA DSM-5-TR Updates](#)
- [ACBHD Resources:](#)
  - [QA Manual Section 13 - Service and Billing resources](#)
  - [QA Manual Section 12 - ACBHD Scope of Practice Guidance](#)
  - [QA Memo 2026-09](#) – Diagnosis and Code Updates in Clinician’s Gateway
- Medi-Cal Behavioral Health Information Notices: [26-002](#), [22-013](#)

# Next Steps

- Please send your questions to:  
[QATA@acgov.org](mailto:QATA@acgov.org).



Slow and steady wins the race

**Thank you for attending.**