

Transition from MHSA to BHSA: SMHS Procedure Codes (CPT & HCPCS Codes) Part 3

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TOPICS

- Groups and Services with Multiple Staff
- Practice Time
- Entering Diagnosis Codes into SmartCare
- SMHS Service Descriptions

Groups and Services with Multiple Staff

Claiming for Groups



- Claiming for groups follow the same rules as for individual services.
- All billable activities require separate service entries.
- In SmartCare the procedure codes used for groups have group in the name.
- **Example:**
 - H2017 Group Psychosocial Rehab.
 - H0034 Group Medication Training and Support

Group services documentation is explained in the documentation trainings.

Claiming for Services with Multiple Staff



- All claims require a distinct service entry. Services that require multiple staff are no different.
- Documentation must support each staff's need to participate in the service.
- One staff may document an activity with multiple staff or each staff may document their own activities. **Regardless, each staff must have their own claim for the services/interventions they provided.**
- **Groups with multiple staff follow this same guidance.**
- **For example:** A group with multiple staff could be documented with one progress note per client, or multiple progress notes per client. Each staff would have their own claim per client.

Practice Time

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**

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

Practice- Group Services

A Certified Medi-Cal Peer Support Specialist facilitates a peer support group with 5 Medi-Cal members.

1. What procedure code should be used to claim this activity?
2. How many total claims will be needed?



Answer- Group Services

A Certified Medi-Cal Peer Support Specialist facilitates a peer support group with 5 Medi-Cal members.

1. What procedure code should be used to claim this activity?

H0025 PSS Educational Skill Building Groups

CMPSS's only use codes H0025 and H0038. You'll notice SmartCare has two versions of each, one for services when the member is present, one when services are provided to significant support persons (aka family) on behalf of treatment of the member. Since Medi-Cal members are present the non-family version of H0025 is used in this example.

2. How many total claims will be needed?

5 claims. Each participant requires their own claim.



Practice- Group Services

A MHRS and a therapist co-facilitate a clinical group with 5 Medi-Cal members.

1. What procedure code or codes should be used to claim this activity?
2. How many total claims will be needed?
3. How many progress notes are required?



Answer- Group Services

A MHRS and a therapist co-facilitate a clinical group with 5 Medi-Cal members.

1. What procedure code or codes should be used to claim this activity?

MHRS: H2017 Group Psychosocial Rehab

Therapist: Either *H2017 Group Psychosocial Rehab* OR *90853 Group PsyThpy (non-MFG)* (w/T2021 Sub-Code)

2. How many total claims will be needed?

10. Two facilitators x 5 group members = 10 claims.

3. How many progress notes are required?

Between 5 and 10 depending how group documentation is divided up by the facilitators.



Practice -Assessment

A staff has a bachelor's degree and 6 years working experience at mental health programs. They have an initial session at their program's office within the client's school where the client provides a lot of detailed information about their history and clinical needs.

1. What procedure code or codes should they use to claim for the services they provided?
2. What is the service *location*?



Answer- Assessment

A staff has a bachelor's degree and 6 years working experience at mental health programs. They have an initial session at their program's office within the client's school where the client provides a lot of detailed information about their history and clinical needs.

1. What procedure code or codes should they use to claim for the services they provided?

H0031 MH Assessment non-Physician

Reason: Staff is likely a MHRS and MHRS's primarily use HCPCs.

MHRS's don't have the scope of practice to conduct a biopsychosocial assessment but can gather client reported information and share that with the LMHP who is completing the assessment.

2. What is the service *location*? School



Question- Lockouts

A 22-year-old client has been referred to your program for a mental health assessment. They are currently being treated for a substance use disorder and there are concerns they may also have a co-occurring mental health challenge.

Are there any lockouts that need to be considered?



Answer- Lockouts

A 22-year-old client has been referred to your program for a mental health assessment. They are currently being treated for a substance use disorder and there are concerns they may also have a co-occurring mental health challenge.

Are there any lockouts that need to be considered?

Providers need to be mindful of duplication of services and to coordinate care, but there are no specific lockouts between SMHS and SUD treatment (e.g., DMC-ODS).



Question- Certified Medi-Cal Peer Support Services

A Certified Medi-Cal Peer Support Specialist – Family Specialty meets with their client’s grandparent at their home to discuss the client’s progress in treatment.

1. What procedure code or codes should they use to claim for the service they provided?
2. What is the service location?



Answer- Certified Medi-Cal Peer Support Services

A Certified Medi-Cal Peer Support Specialist – Family Specialty meets with their client’s grandparent at their home to discuss the client’s progress in treatment.

1. What procedure code or codes should they use to claim for the service they provided?

H0038 PSS Family Engagement/Therapeutic Activity

The “family” version of H0038 is used because the member is not present and the service is with a significant support person regarding the member’s treatment.

2. What is the service Location?

Patient’s Home



Question- ACBHD Family Partner

An ACBHD Family Partner (a provider offering peer services who does not have a Medi-Cal Peer Certification), meets with their client's grandparent at their home to discuss the client's progress in treatment.

1. What procedure code or codes should they use to claim for the service they provided?



Answer- ACBHD Family Partner

An ACBHD Family Partner (a provider offering peer services who does not have a Medi-Cal Peer Certification), meets with their client's grandparent at their home to discuss the client's progress in treatment.

1. What procedure code or codes should they use to claim for the service they provided?

H0032 Plan Development by Non-Physician

In SmartCare, non-certified peers are called Peer Partners and Family Partners. These provider types use codes allowed for Other Qualified Providers.



Entering Diagnostic Codes in SmartCare

Codes For Diagnosing

- All SMHS claims must be sent with a [CMS/HIPAA-compliant ICD-10-CM](#) diagnostic code.
 - CMS updates codes every October 1. Submitted claims must include an allowable diagnosis code based on date of service.
- Only providers with the scope of practice to diagnosis can establish a diagnosis.
- **DHCS allows all providers to use ICD-10-CM codes Z55-Z65.**
- Z55-Z65 may be used during the assessment period to claim for services, until medical necessity is established.
- **Medical necessity for SMHS must be established by a LMHP working within their scope of practice.** Unlicensed LMHPs must be supervised according to their credential (e.g., per the CA BBS – ASW, APCC, AMFT, etc.)
- All SMHS services must be “under the direction” of a licensed mental health practitioner, working within their scope of practice (e.g., LCSW, LMFT, Licensed Psychologist, etc.).
- Criteria for behavioral health diagnoses must come from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time of the service.

Diagnoses in SmartCare

- In SmartCare the *Diagnosis Document* sets the primary billing diagnosis in the system.
- The ***Diagnosis Document*** must be completed for all SmartCare enrollments and updated when the treating diagnosis changes.
- Service specific diagnoses may be added on the *Service Entry* screen



Order	DSM 5/ICD 10	R/O	ICD/ DSM Description	Type	Severity	Source	Comments
1	F41.1		Generalized anxiety diso...	Primary			



Client... Test-Case, Miri... Status

Procedure

Clinician Name

Order Re-Order Diagnosis ICD/ DSM - Description Refresh Diagnosis

SMHS Service Descriptions

SMHS Service Descriptions

- This training provides information about common outpatient SMH services and the codes used to report those activities.
- The services and codes provided in this section are not exhaustive. More appropriate codes may be available in SmartCare and in the ACBHD SmartCare MH Procedure Code Table.
- Use the document **SMHS Service Descriptions** that is attached to this webinar to answer the next set of questions.
- **Give a thumbs up when you have opened the document.**

Other helpful resources: See documents in [QA Manual Section 12 - ACBHD Scope of Practice Guidance](#) for specific information about who can perform what activities.



Knowledge Check- SMH Services

A client contacts you to discuss some recent feelings of self-harm, you conduct an evaluation and determine they are not a risk to harm themselves. You develop a plan for safety and agree to discuss it more at your next session.

What are some potential services you can use to treat these issues?

- Assessment
- Crisis Intervention
- Plan Development
- Crisis Therapy

What would be some potential procedure codes to report the activity?



Knowledge Check- SMH Services

A client contacts you to discuss some recent feelings of self-harm, you conduct an evaluation and determine they are not a risk to harm themselves. You develop a plan for safety and agree to discuss it more at your next session.

What are some potential services you can use to treat these issues?

- ✓ Assessment: 90791, H0031
- ✓ Crisis Intervention: H2011
- ✓ Plan Development: H0032
- ✓ Crisis Therapy: 90832

Which one really depends on the session and type of provider. If the primary intervention was developing the safety plan, then plan development would be appropriate. If you're a therapist and you were managing the crisis for most of the session, consider Crisis Therapy.



Knowledge Check- SMH Services

A client shares worrying about an untreated illness. They say they're too scared to see a doctor because they are worried they have something that can't be treated and they will die. You start working with them to schedule an appointment and begin discussing ways to cope with their anxiety.

1. What service type is this?
2. Could it be anything else?
3. What are some procedure codes you'd use to claim this activity and future related services?



Knowledge Check- SMH Services

A client shares worrying about an untreated illness. They say they're too scared to see a doctor because they are worried they have something that can't be treated and they will die. You start working with them to schedule an appointment and begin discussing ways to cope with their anxiety.

1. What service type is this? **Probably targeted case management**
2. Could it be anything else? **Also consider assessment**
3. What are some procedure codes you'd use to claim this activity and future related services?
T1017 Targeted Case Management Medical
90791 Psy. Diag Eval. (w/T2024 Sub-Code)
H0031 MH Assessment non-Physician



Resources and Support

Reference Guides and Resources

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

Support

Please send your questions to:

QATA@acgov.org

Also, plan to attend **QA monthly Brown Bag** meetings. Pre-registration is not required. Just use the registration link on the [QA Training](#) page to hop on the call when you can. This is a great opportunity to ask your questions and/or learn from others.



Slow and steady wins the race

Thank you for attending.