

Alameda County Behavioral Health Care Services
Substance Use Disorder - InSyst Procedure Codes effective 7-1-18

InSyst Proc Code	InSyst SUD Proc Code	Short name	SFC	HCPC Code	PHY	PSY	PSY TECH	NP	PA	RN	Pharm	PhD	PhD Waivered	LCSW	LPCC	LPCC FAMILY	MFT	Intern/Lic-elig pract	Rehab Coun/SUD Counselor (Cert/Reg)	Unlicensed/Non-Prof Staff
	Clinically Managed Population-Specific 3.3 High-Intensity Residential Services																			
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
131	3.3 RES Residential Day	3.3 RES DY	LB	H0019	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
136	3.3 RES Non-DMC Assessment NMN	3.3NMNASMT	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
139	3.3 RES NonDMC Residential NMN	3.3 NMNRDY	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
142	3.3 RES Case Mgmt-Care Coord	3.3 RCMCAR	GI	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
143	3.3 RES Case Mgmt-Serv Coord	3.3 RCMSRV	GI	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
146	3.3 RES Physician Consult	3.3RPHYCSL	DF	G9008	X	X														
	Clinically Managed 3.5 High-Intensity Residential Services																			
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
161	3.5 RES Residential Day	3.5 RES DY	LC	H0019	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
166	3.5 RES Non-DMC Assessment NMN	3.5NMNASMT	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
169	3.5 RES NonDMC Residential NMN	3.5 NMNRDY	OO	no Mcal bill	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
172	3.5 RES Case Mgmt-Care Coord	3.5 RCMCAR	GK	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
173	3.5 RES Case Mgmt-Serv Coord	3.5 RCMSRV	GK	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
176	3.5 RES Physician Consult	3.5RPHYCSL	DG	G9008	X	X														
	Clinically managed residential withdrawal management																			
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																
372	3.2 WM Residential WithdrWMgmt	3.2 WMRES	HA	H0012	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
392	3.2 WM Case Mgmt-Care Coord	3.2 WCMCRR	GM	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
393	3.2 WM Case Mgmt-Serv Coord	3.2 WCMCSR	GM	H0006	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
397	3.2 WM Physician Consultation	3.2 WMPHYC	DE	G9008	X	X														

* Procedure codes required for Clinician Gateway (CG) users only