

**General Utilization Table for Fee for Service Individual and Organizational Providers
Effective July 1, 2024**

Core Services	Billing Code and Time Range Associated with Code	Details Related to Code	Monthly Minimum Sessions Based on Practice Guidelines (Not used for claims processing purposes)	Monthly Session Guidelines
Assessment (OP Psychiatric Diagnostic Eval)	90791 = minimum 31 minutes	This code pays a flat rate once the minimum time for code is met, regardless of service duration.	2 Initial month and annually. All other months, as needed.	6
Individual Therapy	90832 = min 16 to max 38 minutes 90834 = min 39 to max 52 minutes 90837 = minimum 53 minutes	<ul style="list-style-type: none"> Use the appropriate code based on the service duration. The codes pay a flat rate once the minimum time for code is met, regardless of service duration. 	2	10
Case Management/Brokerage	T1017 = 8-15 minutes per unit	<ul style="list-style-type: none"> Bill using this code multiple times if needed OR use the code once and indicate the number of units based on the service duration. Use this code for care coordination, referral and follow up on referral activities. 	1	As clinically appropriate, with no maximum limit per month.
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons	90887 = minimum 26 minutes	<ul style="list-style-type: none"> This code can <u>only</u> be used when it is attached to another service. The code can be used for collateral sessions when family/other supports are contacted on the day of a therapy service and provided with information related to the 	1-4 If member has significant support person(s) involved in their treatment.	12

		treatment of the member. ¹		
Family Psychotherapy with Patient Present	90847 = minimum 26 minutes	This code pays a flat rate once the minimum time for code is met, regardless of service duration.	2	8
Psychological Testing Evaluation	Primary Code: 96130 = minimum 31 minutes Add-on Code: 96131	Use 96130 for the first hour and 96131 for the second hour	n/a	22
Psychotherapy for Crisis ² (Crisis Intervention)	Primary Code: 90839 = minimum 30 minutes	<ul style="list-style-type: none"> This code pays a flat rate once the minimum time for code is met, regardless of service duration. Consult with ACBHD ACCESS 1-800-491-9099 for members with recurring or severe crisis who may benefit from a higher level of care. 	As needed	As clinically appropriate, with no maximum limit per month.
Group Therapy ³	90853 = minimum 23 minutes	This code pays a flat rate once the minimum time for code is met, regardless of service duration.	2	8

¹Collateral services can be a component of many types of services, including but not limited to, assessment, targeted case management and crisis. Select the service code that most closely fits the description of the service provided and make clear in a Progress Note that the service was provided to a collateral contact. Note that some procedure code descriptions clearly describe the service as occurring with the member. Those procedure codes should not be selected for collateral sessions.

² To bill Psychotherapy for Crisis, the presenting mental health problem is generally life threatening or complex, requiring immediate attention to a member in high distress. This is an emergency response service enabling the member to cope with a crisis, while assisting the member in regaining their status as a functioning member of the community. The goal of crisis intervention is to stabilize an immediate mental health crisis within a community or clinical treatment setting.

³ If you have not delivered Group Therapy before and plan to do so, please contact ACBHD QA office at QATA@acgov.org prior to delivering this service. Documentation and claiming for Group Therapy is significantly different from other codes.

General Guidance/Requirements

- The type of service, time billed, and frequency of service delivery must be justified by the clinical documentation of the member's mental health needs in their Assessment, Problem List and Progress Notes.
- Providers can only bill for direct service time with the member, not documentation, travel time or other administrative tasks.
- The Assessment and Problem List must be updated as the member progresses through treatment to justify the ongoing delivery of mental health services.
- Authorization is not required for outpatient services.
- Monthly session guidelines are used by ACBHD to identify cases that might benefit from additional support and resources. For services exceeding the monthly session guidelines, please contact Utilization Management at 510-567-8141 to speak to a Clinical Review Specialist.

Source: [SMHS Billing Manual May 2024 \(ca.gov\)](#)