Behavioral Health Department
Alameda County Health

Eating Disorder Services Utilization Table
Mental Health Plan (MHP) Fee For Service (FFS) Individual Practitioners

Core Service	Billing Code	Time Associated with Code	Details Related to Codes	Monthly Session Guidelines Based on Practice Guidelines (Not used for claims processing purposes)
OP Psychiatric Diagnostic Eval (Formerly known as Assessment)	ED-90791	Minimum: 31 minutes	This code pays a flat rate once the minimum time for code is met, regardless of service duration.	2-6 Initially and when clinically indicated based on changes in condition.
Individual Therapy	ED-90832	Minimum: 16 minutes Maximum: 38 minutes	• 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 Frequency of individual treatment may vary based on whether Family-Based Treatment is also provided.
	ED-90834	Minimum: 39 minutes Maximum: 52 minutes		
	ED-90837	Minimum: 53 minutes		
Case Management / Brokerage	ED-T1017	Minimum: 8 minutes Maximum : 15 minutes 8-15 minutes per unit	• 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.	As clinically appropriate, with no maximum limit per month.

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Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons[1] (Formerly known as Collateral)	ED-90887	Minimum: 26 minutes	• This code can only 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 treatment of the member.	2-16 If member has significant support person(s) involved in their treatment
Family Psychotherapy with patient present	ED-90847	Minimum: 26 minutes	This code pays a flat rate once the minimum time for code is met, regardless of service duration.	2-8 If Family Based Treatment is provided, practice guidelines indicate at least 2 sessions per month in combination with Individual Treatment
Group Psychotherapy[2]	ED-90853	Minimum: 23 minutes	This code pays a flat rate once the minimum time for code is reached, regardless of service duration.	0-8 As needed
Psychotherapy for Crisis[3] (Formerly known as Crisis Intervention)	ED-90839	Minimum: 30 minutes	• This code pays a flat rate once the minimum time for code is reached, 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

[1]Collateral 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.

[2]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 more complex than it is for other codes.

[3]To bill Psychotherapy for Crisis, the presenting mental health problem is generally life threatening or complex and requires 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.

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.

• Per BHIN 22-016, prior authorization is not required for outpatient services except when indicated by DHCS.

• 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 Medi-Cal Billing Manual