

E-mail to: ACBHD Mental Health Plan (MHP) Fee-for -Service (FFS) Providers

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Subject: Procedure Code Changes Effective FY 2024-2025

The Department of Health Care Services (DHCS) posted an updated version of the [Billing Manual](#) effective July 1, 2024. The updates change the service time and the prolonged service codes for claiming to Medi-Cal.

The changes effective July 1, 2024 that may impact you:

- 1) Time associated with therapy and assessment codes will be extended. Codes that could previously be used for a 15- minute service, will have extended times. The table below provides additional details related to these changes.

| Code(s) | Minutes Associated with Code FY 23-24 | Minutes Associated with Code FY24-25 | Maximum Minutes Allowed FY24-25 |
|--|---------------------------------------|--------------------------------------|---------------------------------|
| 90791, 90792, 90885, 96110, 96127, 96146 | 15 | 60 | 67 |
| 90865 | 15 | 90 | 97 |
| 90845 | 15 | 45 | 52 |
| 90849 | 15 | 84 | 91 |
| 90853 | 15 | 50 | 57 |
| 90870 | 15 | 20 | 27 |
| 96105, 96125, 90837, 90880 | 60 | 60 | 67 |
| 90847 | 50 | 50 | 57 |

- 2) G2212 will no longer be an acceptable prolonged service code for claims with dates of service after June 30, 2024. For services that go beyond the allowed maximum time, there are new rules for how those service must be claimed.

The Alameda County Behavioral Health Department (ACBHD) is currently reviewing the impact of these changes on individual providers and will provide further guidance for July 2024 service invoicing prior to claiming in August 2024.



Note: Invoicing for the previous month's services will follow the usual process.

For questions, please contact qata@acgov.org or ACBHD Billing and Benefits Support Unit.