

CalAIM Coding, Documentation, IT/Revenue Cycle Updates

The intent of this document is to provide post CalAIM Payment Reform go-live updates regarding codes, documentation, and/or IT/Revenue Cycle matters. It is not intended to be a comprehensive guide, but rather offer quick reference to any updates that are to be made note of. This Updates document will reflect historical and continuous updates on a monthly basis, and should be used in addition to DHCS Service Tables as well as DBH CalAIM Documentation & Coding Training, FAQs and other related material.

Coding Updates

Previous Code	Updated Code/Change	Description	Effective Date
96372 (could be Prolonged with G2212)	96372 (can NOT be Prolonged with G2212)	Injection; subcutaneous or intramuscular. Minimum time is 1 minute and maximum time is 15 minutes.	1/2024 (SMHS Billing Manual V 1.5) Change is retro-active to 7/1/2023.
T1017HK	H2000HK	H2000HK is to be used when conducting Child and Family Team (CFT) meetings instead of T1017HK.	1/2024 (SMHS Billing Manual V 1.5) Code is retro-active to 7/1/2023.
N/A	New Provider Types added to DMC-ODS	Occupational Therapist (OT) Licensed Vocational Nurse (LVN) Licensed Psychiatric Technician (LPT)	2/15/2024 Disciplines are retro-active to 7/1/2023.
N/A	New Provider Types added to MH and DMC-ODS, which require modifiers and must include Clinical Supervisor's NPI on all claims.	Medical Student in Clerkship - None LCSW, MFT, LPCC Clinical Trainee - AJ Psychologist Clinical Trainee - AH RN Clinical Trainee - TD NP Clinical Trainee - HP	2/15/2024 Disciplines are retro-active to 7/1/2023.
G2212 (To prolong MH and DMC-ODS primary codes: 99205, 99215)	To prolong 99205 and 99215 use: 99415 (first hour) 99416 (each additional 30 minutes, up to 1,320 minutes [44 units]) Refer to DHCS Service Tables SFY 2024-25 for specifics: Specialty Mental Health Service Table DMC-ODS Service Table	Prolong service codes have been added that will allow extension of Evaluation and Management (E&M) service codes, that were previously extendable with G2212.	6/14/2024 Changes to be implemented effective 7/1/2024.

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G2212 (To prolong MH primary codes: 99223, 99233, 99245, 99255, 99236, 99306, 99310, 99345, 99350; DMC-ODS primary codes: 99236, 99306, 99310, 99345, 99350)	These codes may NOT be prolonged with G2212, 99415, or 99416. However, for additional instructions refer to CaAIM BH Payment Reform FAQs (6/14/24) pg. 23	When CPT codes 99415 and 99416 are used in conjunction with 99202, 99203, 99204, 99212, 99213, and 99214 CPT codes 99415 and 99416 are not extending the time of these codes. CPT codes 99415 and 99416 are reporting a distinct service that has been provided on the same day or concurrently to the primary service.	6/14/2024 Changes to be implemented effective 7/1/2024.
G2212 (To prolong Therapy MH primary codes: 90837, 90838, 90845, 90847, 90849, 90853, 90870, 90880; DMC-ODS primary codes: 90846, 90847, 90849)	Use substitute Therapy code T2021 when the service time exceeds the maximum time allowed by the primary service code.	There is no minimum number of units of HCPCS T2021 that Counties must report due to the wide variability of therapy codes. For example, an LMFT who provides 68 minutes of psychotherapy to a Medi-Cal only beneficiary would claim five units of T2021. They would not claim 90837. However, if a client has Medicare and Medi-Cal, that county should submit a claim for one unit of 90837 to Medicare and a claim for five units of T2021 to SDMC. For more examples on how to claim HCPCS code T2021, please refer to the service table. If a service does not pass the midpoint, it cannot be claimed.	6/14/2024 Code is retro-active to 7/1/2023.

CPT® Code	Time Associated with Code in FY 23-24	Time Associated with Code in FY 24-25	Maximum Time Allowed for CPT® Code in FY 2024-25
90837	60 mins	60 mins	67 mins
90845	15 mins	45 mins	52 mins
90847	50 mins	50 mins	57 mins
90849	15 mins	84 mins	91 mins
90853	15 mins	50 mins	57 mins
90870	15 mins	20 mins	27 mins
90880	60 mins	60 mins	67 mins



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Previous Code	Updated Code/Change	Description	Effective Date
G2212 (To prolong Assessment non-E&M MH primary codes: 90791, 90792, 90885, 90865, 96105, 96110, 96125, 96127, 96146; DMC-ODS primary codes: 90791, 90792, 90865, 90885)	Use substitute Assessment code T2024 when the service time exceeds the maximum time allowed by the primary service code.	A minimum of five units of T2024 must be reported on a service line. Service lines with less than five units of HCPCS code T2024 will be denied. T2024 should only be claimed if the service duration exceeds the time associated with a non-E&M assessment CPT® code. A minimum of 68 minutes of service time is required to bill T2024.	6/14/2024 Code is retro-active to 7/1/2023.

Code	Time Associated with Code in FY 2023-24	Time Associated with Code in FY 2024-25	Maximum Time Allowed for CPT Code in FY 2024-25
90791	15 mins	60 mins	67 mins
90792	15 mins	60 mins	67 mins
90865	15 mins	90 mins	97 mins
90885	15 mins	60 mins	67 mins
96105	60 mins	60 mins	67 mins
96110	15 mins	60 mins	67 mins
96125	60 mins	60 mins	67 mins
96127	15 mins	60 mins	67 mins
96146	15 mins	60 mins	67 mins

Documentation Updates

Previous Practice	Updated Practice	Description	Effective Date



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IT/Revenue Cycle Updates

Previous Instruction	Updated Instruction	Description	Effective Date

Questions are to be directed to the following email boxes, depending on the subject matter.

Coding/Compliance: DBH-ComplianceCodingQuestions@dbh.sbcounty.gov

Documentation/Quality Management: DBH-QualityManagementDivision@dbh.sbcounty.gov

IT Questions: DBH-IT-CalAIM@dbh.sbcounty.gov

Revenue Cycle Questions: DBH-IT-Helpdesk@dbh.sbcounty.gov