

## Behavioral Health Services (BHS) – Information Notice

<b>To:</b>	<b>BHS Contracted Drug Medi-Cal Organized Delivery System (DMC-ODS) Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services</b>
<b>Date:</b>	<b>May 15, 2023</b>
<b>Title</b>	<b>Payment Reform CPT Crosswalk for Drug Medi-Cal Organized Delivery System</b>

### Background

California Advancing and Innovating Medi-Cal, or CalAIM, is a transformational plan to modernize the State’s Medicaid program. It will improve the quality of life and health outcomes of Medi-Cal beneficiaries, including those with the most complex health and social needs. CalAIM includes a series of far-reaching initiatives that together represent broad reforms of Medi-Cal’s programs and systems. The Department of Health Care Services (DHCS) is implementing CalAIM in partnership with Medi-Cal providers, Managed Care Plans (MCPs), Counties, Community-Based Organizations and other stakeholders. These changes will span a multi-year period, with the first reforms already underway effective January 1, 2022, and subsequent reforms to be phased in through 2027.

The next step in the implementation [timeline](#) is the launch of behavioral health payment reform and a transition to Common Procedural Terminology (CPT) codes. This will see counties transitioned from a cost-based reimbursement model to a model closer to fee for service. DHCS is launching new billing codes effective July 1, 2023 and the County of San Diego (County) is developing a plan to transition providers to this model.

### Crosswalk of CPT Codes

The County has created a crosswalk of Healthcare Common Procedure Coding System (HCPCS) and CPT codes that most closely align with services currently provided by our contracted providers. The codes are taken from the billing manuals from DHCS and it should be noted we are expecting at least one more revision prior to July 1, 2023, which may change or alter some items. We will continue to engage both internally and with our providers to identify services that are not covered by the currently identified codes and are potentially billable to Drug Medi-Cal.

Please be aware that the crosswalk will continue to be updated with any relevant changes communicated by DHCS. These changes, in addition to any claimable codes added in the future, will be communicated through both the monthly Up To the Minute (UTTM) and QIP meeting.

The crosswalk will be held on the [Drug Medi-Cal Organized Delivery System](#) section of the Optum website, under the Toolbox tab.

### Trainings:

CalMHSA (California Mental Health Services Authority) is currently developing a CPT Code training which is expected in July 2023. Once this training is available, we will communicate to our providers via the UTTM and in QIP, and providers will be required to complete the training within 90 days.

Before that training is available, providers are encouraged to view the [CPT Coding 101](#) and [CPT Coding 102](#) recorded webinars to help them prepare for this transition.

### Important Changes

There are a few significant changes providers should be aware of and take into consideration. The most notable are listed below.

#### For More Information:

- Contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

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- Effective 7/1/23, while time spent in documentation and travel will no longer be claimable, it should continue to be entered in encounters as it will be incorporated into rates, and best inform future rate discussions.
- Reports on both Total Units of Service (TUOS) and Medi-Cal Units of Service (MUOS).
- Providers should continue to enter service time accurately and to the minute (i.e., no rounding up or down) as inaccurate times may result in over- or under-payments.
- Individual Counseling and Group Counseling billing codes (H0004 and H0005) have been removed from Recovery Services, and have been replaced by H2017, which is used only in Recovery Services.
- Screening to determine the appropriate delivery system for beneficiaries seeking service is billable as of 7/1/23 (LOC Brief Screening, H0001). This service must be provided by an AOD counselor, LPHA, or MD/DO/PA. If done by a non-clinical staff, it cannot be claimed.
  - In order to claim for screening a potential client, providers should use the [Before Admission/After Discharge Program Enrollment](#). Providers should ensure they have sufficient documentation in alignment with their current service verification process to ensure that whoever provided the screening is an allowable discipline should the service be reviewed by the County or DHCS.

### SanWITS

- Encounter will have a few minor changes such as the Rendering Staff field will be repositioned to the top of the screen to allow services to be filtered by discipline.
- Group Service Session screen will have the ODS Calculation field set to No and Read Only.
- Add-on Services such as Sign Language/Interpreter can be selected on the encounter.
- Additional Place of Services will be seen in the Location field to match the paper progress notes.
- Total Duration field has been replaced with Total Service Time – representative of direct service time only.

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