

Santa Clara County Behavioral Health Services
Care Coordination Codes

DMC-ODS Care Coordination Codes

CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	Work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> Document interventions performed for medical management purposes on behalf of the patient and the agency involved in the work
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress for other individuals, agencies, or insurance carriers	Excludes those for legal or consultative purpose	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> Document preparation of psychiatric status report for other physicians, other QHPs (eg, dietician), agencies or insurance carriers
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	Used to collect health information in conjunction with biometric testing to help determine an individual's health status and health risks and formulate a healthy lifestyle plan to promote wellness.	LP, PA, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> Face-to-face interview with a standardized questionnaire, recorded by interviewer and scored with the standardized tool The score is used to estimate the level of health risk A health plan is implemented or modified to provide clinical preventive care, health promotion, and disease management
99339 99340	Individual physician supervisory of a patient (patient not present) in home	99339: 15-29 minutes 99340: each additional 30 minutes Patient is not present and resides in a domiciliary or rest home (eg, assisted living facility)	LP, PA, NP	<ul style="list-style-type: none"> Keep a CPO (Care Plan Oversight) services monthly log (calendar month) that documents the date, total time and brief description of services provided, including provider signature, such as: <ul style="list-style-type: none"> -Revision of care plans -Review of subsequent reports of patient status -Review of related laboratory and other studies

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		Codes are reported within one calendar month and are classified according to place of service		<ul style="list-style-type: none"> -Communication (including telephone calls) for purposes of assessment or care decision with QHPs, family members, surrogate decision makers and/or key caregivers involved in patient's care -Integration of new information into the medical treatment plan -Adjustment of medical therapy
99367	Medical team conference with interdisciplinary team of health care professionals, participation by physician. 30 minutes or more	<p><u>Participation by physician.</u> Patient and/or family not present at conference.</p> <p>Face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines. Participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days</p> <p>Team conference services of less than 30 minutes duration are not reported separately</p>	LP	<ul style="list-style-type: none"> • Participants actively involved in the development, revision, coordination, and implementation of health care services needed by the patient. • Documentation should include all attendees at the team conference and specify to context of the conversation. Evaluation of the current treatment plan and applicable changes should be included in the documentation. • Requires minimum of 30 minutes with participation by physicians • Physicians or other qualified health care professionals who may report evaluation and management services should report their time spent in a team conference with the patient and/or family/caregiver present using evaluation and management (E/M) codes
99368	Medical team conference with interdisciplinary team of health care professionals, participation by non-	<p><u>Participation by non-physician.</u> Patient and/or family not present at conference.</p> <p>Face-to-face participation by a minimum of three</p>	PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC	<ul style="list-style-type: none"> • Reporting participants in the team conference shall document their participation as well as their contributed information and subsequent treatment recommendations • Treatment plan should be updated accordingly based on the team conference

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	physician. 30 minutes or more	<p>qualified health care professionals from different specialties or disciplines. Participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days</p> <p>Team conference services of less than 30 minutes duration are not reported separately</p>		
99451	Interprofessional telephone/internet/electronic, health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	An assessment and management service in which a patient's treating physician requests the opinion and/or treatment advice of a physician or other qualified health care professional with specific specialty expertise to assist the treating physician in the diagnosis and/or management of the patient's problem without patient face-to-face contact with the consultant.	LP	<ul style="list-style-type: none"> • A written report of the consultative interaction is required in the documentation and has to include documentation of time. • Face-to-face time from the consultant is not required. • The code requires a minimum of 5 minutes of consultative time. • The patient for whom the interprofessional telephone/Internet/electronic health record consultation is requested may be either a new patient to the consultant or an established patient with a new problem or an exacerbation of an existing problem. • The consultant should not have seen the patient in a face-to-face encounter within the last 14 days. • When the telephone/Internet/electronic health record consultation leads to a transfer of care or other face-to-face service (eg, a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes are not reported.

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H1000	Prenatal care, at risk assessment		LP, PA, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Documentation should include all elements of the assessment related to the client's prenatal care. • This could include the development of a care plan, referral to or consultation with an appropriate specialist, individualized counseling and services designed to address the risk factor(s) involved.
T1017	Targeted case management, each 15 minutes	Targeted case management services are aimed specifically at special groups, such as those with developmental disabilities or chronic mental illness.	LP, PA, Pharma, Psy, LCSW, MFT, RN, NP, LPCC, AOD	<ul style="list-style-type: none"> • Documentation should include the reasons for the targeted case management and include the components of the services provided and/or recommended. • Time documentation for the use of this code is <u>each 15 minutes</u>. Specific documentation of time must be included.