

Santa Clara County Behavioral Health Services
Referral Codes

SMHS Referral Codes

CPT / HCPCS CODE	CODE SERVICE DESCRIPTION	CODE GUIDANCE AND USAGE	ALLOWABLE DISCIPLINES	DOCUMENTATION TIPS
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.	MD/DO	<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.
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.	MD/DO, PhD/PsyD, LCSW, PCC, MFT, PA, NP, CNS, Pharm, RN, LVN, OT, MHRS, Peer, LPT, Other	<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. For example, an occurrence of 30 minutes would use code T1017 with 2 units to account for each 15 minutes.