

Duplicate Billing Edit Procedure Modifiers - These are used to supply additional information regarding a potential duplicate services.

59	Distinct Procedural Service
76	Repeat Procedure by Same Person
77	Repeat Procedure by Different Person

Delay Reason Codes - These are used when applicable to address timeliness requirements

Note: This information is entered By Fiscal Services in Electronic Billing during the claiming process. Providers must provide the appropriate information to the County. Shaded rows indicate that Prior approval from the County (and State) is needed.

1	Patient or legal representative's failure to present Medi-cal identification
2	Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code (WIC)
4	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable
7	Billing involving other coverage including but not limited to Medicare, Ross-Loos or CHAMPUS
8	Circumstances beyond the control of the local program/provider regarding delay or error in the certification of Medi-cal eligibility of the beneficiary by the State or County.
9	Temporary code used to resubmit denied Phase I claims in Phase II within 97 days after the claim was first returned on the Phase I EOB for the original claim (this code is valid for 127 days after Wave 3 counties' Phase II go-live date and 97 days after all other counties' Phase II go-live date)
10	Special circumstances that cause a billing delay such as a court decision or fair hearing decision
11	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable

Denial Reason Codes

For Mental Health, please refer to: <https://dhs.saccounty.gov/BHS/BHS-EHR/Documents/2021-06-02-DMH-CARC-RARC.pdf>

Local Service Codes to SDMC Phase II Procedure Code (HCPC) Cross-Reference					
Note: Service Codes are entered by AVATAR Users and the cross-referenced HCPC is what is sent on the claim file. This is not intended to provide an inclusive list of possible service codes available for use.					
Local Service Code	Local Description	Notes as applicable	HCPC	Modifiers	DMH/ADP
CFT	ICC-CFT (Child Family Team)		T1017	HK	DMH
TFC	Therapeutic Foster Care		S5145	HE	DMH
KTA1	Intensive Care Coordination (ICC)		T1017	HK	DMH
KTA2	Intensive Home Based Services (IHBS)		H2015	HK	DMH
PM01	MH Prevention Education (Peer Support)	New Code effective 2/1/23	H0025	HE	DMH
PM02	MH Self-Help (Peer Support)	New Code effective 2/1/23	H0038	HE	DMH
35030	24 hour PHF Day Acute		H2013	HE	DMH
36000	Crisis Residential Treatment Service		H0018	HE,HB	DMH
37130	Crisis Stabilization		S9484	HE,TG	DMH
90785	Add On - Interactive Complexity		T1017	HE,59	DMH
9083X	Add On - Psychotherapy		H2015	HE,59	DMH
90840	Add On - Crisis Duration		H2011	HE,76	DMH
90899	Nursing Medication Support		H2010	HE	DMH
90899A	Nursing Medication Support - In Community		H2010	HE	DMH
90899B	Nursing Medication Support - In Phone		H2010	HE	DMH
90899C	Med Consult		H2010	HE	DMH
930RX	Assessment - with Rx Request	New Code effective 4/1/21	H2015	HE	DMH
93010	Assessment - without medical services		H2015	HE	DMH
93011	Assessment - with medical service		H2010	HE	DMH
93020	Assessment- w/o med svc - In Community	Do not use GT modifier	H2015	HE,HQ	DMH
93030	Assessment- Telephone	Do not use GT modifier	H2015	HE,SC	DMH
94000	Rehabilitation		H2017	HE	DMH
94030	TBS Direct Services		H2019	HE	DMH
94040	TBS Collateral		H2019	HE	DMH
94050	TBS Plan Development		H2019	HE	DMH
94510	Case Management/Brokerage		T1017	HE	DMH
95010	Collateral		H2015	HE	DMH
95020	Collateral- In Community	Do not use GT modifier	H2015	HE,HQ	DMH
95030	Collateral- Telephone	Do not use GT modifier	H2015	HE,SC	DMH
95510	Crisis Intervention - up to 74 minutes		H2011	HE	DMH
96510	Group Therapy		H2015	HE	DMH
96512	Group Therapy- In Community	Do not use GT modifier	H2015	HE,HQ	DMH
96520	Group Session		H2015	HE	DMH
96522	Group Session- In Community	Do not use GT modifier	H2015	HE,HQ	DMH
97010	Individual Therapy		H2015	HE	DMH
97020	Individual Therapy- In Community	Do not use GT modifier	H2015	HE,HQ	DMH
97030	Individual Therapy- Telephone	Do not use GT modifier	H2015	HE,SC	DMH
97530	Group Session Meds		H2010	HE	DMH
97532	Group Session Meds- In Community	Do not use GT modifier	H2010	HE,HQ	DMH
98500	Plan Development		H0032	HE	DMH
99211	E&M Established Patient Office Visit: Level 1		H2010	HE	DMH
99212	E&M Established Patient Office Visit: Level 2		H2010	HE	DMH
99213	E&M Established Patient Office Visit: Level 3		H2010	HE	DMH
99214	E&M Established Patient Office Visit: Level 4		H2010	HE	DMH
99215	E+M Established Pt :Level 5-up to 54 min		H2010	HE	DMH
99417	Prolonged Office-over 54 min	New code effective 4/1/21. Only use with 99215.	H2010	HE,76	DMH
99600	Day Treatment Intensive - Half Day		H2012	HE,TG	DMH
99650	Day Treatment Intensive - Full Day		H2012	HE,TG	DMH
99700	Day Rehabilitation - Half Day		H2012	HE	DMH
99750	Day Rehabilitation - Full Day		H2012	HE	DMH