

## **FFS Payment Process for all BH services (both ASOC and CSOC)**

1. Provider completes CMS1500 form (see attached) for EACH client.
2. Provider tracks multiple clients on Invoice Sheet (see attached). Each client's CMS1500 forms must be submitted along with the Invoice Sheet.
  - a. CMS1500 form should indicate who secondary funding source is going to be.
3. Provider emails Invoice Sheet, with CMS1500 forms, to [SOCFiscal@placer.ca.gov](mailto:SOCFiscal@placer.ca.gov) at end of the month.
4. SOCFiscal enters claim into SmartCare to bill to State, and to ensure the client is set up to receive services with the respective provider.
  - a. Once created in Workday an SI (Supplier Invoice) number will be issued.
    - i. A copy of the invoice and CMS1500 are attached in Workday.
  - b. Megan Jones should be added, if not already entered, as an approver.
  - c. Megan will review and give authorization for payment to the provider.

Service	Time (min)	Units	Code	Discipline	Notes	Payment
<b>Assessment/Evaluation Codes</b>						
Psychiatric Diagnostic Evaluation	15	1	90792	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	*Can also be used for collateral, Meeting with caregiver/significant support person to gather information to inform an assessment/re-assessment	\$35
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes	15	1	90885	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS		\$35
<b>Therapy and Mental Health Service Codes</b>						
Psychotherapy	16-37	2	90832	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS		\$70
Psychotherapy	38-52	3	90834	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS		\$105
Psychotherapy	53 or more	4	90837	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS		\$140
Psychotherapy for Crisis first 30-74 minutes	30-74	1	90839	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	urgent assessment and exploration of individual in crisis includes MSE, disposition and tx/interventions to address crisis (90840 added on for each additional 30 mins)	\$140
Family Psychotherapy (Conjoint psychotherapy with patient present)	26-50	3	90847	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	Add-On code G2212 could also be used to document a Family Psychotherapy service that goes beyond 50 minutes (G2212 is in 15 minute increments)	\$105
Multiple-Family Group Psychotherapy	15	1	90849	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	Allows for documentation of groups that include multiple families	\$35
Group Psychotherapy (other than that of a multiple-family group)	15	1	90853	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	Code for "typical" general group therapy that includes multiple beneficiaries	\$35
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons	15	1	90887	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	Utilized when a provider interprets or explains the results of psychiatric tests or other psychiatric/medical procedures to a family, caregiver, or other significant support person.	\$35
Psychosocial Rehabilitation	15	1	H2017	All disciplines	*Can also be used for collateral when meeting with caregiver/significant support person for the purpose of coaching, skill development as a means to support the client with managing behavioral health needs.	\$35
Community-Based Wrap-Around Services	15	1	H2021	All disciplines		\$35
Therapeutic Behavioral Services	15	1	H2109	All disciplines		\$35
Targeted Case Management	15	1	T1017	All disciplines	*Can also be used for collateral	\$35
<b>Add-On Codes:</b>						
Prolonged Office or Other Outpatient Evaluation & Management Service(s) beyond the Maximum Time (Each Additional 15 Minutes)	15	1	G2212	Same as disciplines for primary service	This is an Add-On Code	\$35
Sign Language or Oral Interpretive Services	15	1	T1013	All disciplines	Utilized when interpretation services are used.	\$35

Interactive Complexity *situation based (no time allotted for specific payment amount)	N/A	N/A	90785	Same as disciplines for primary service	Can only be utilized with assessment/psychiatric evaluation, therapy, and group therapy codes.  Refers to communication difficulties during the psychiatric service. For examples: *Managing maladaptive communications that complicate service delivery (high anxiety, confrontation/disagrrment, reactivity, repeated questions, etc.). *Caregiver emotions or behavior that interferes with ability to support the treatment of the individual in care. *Evidence of disclosure of a sentinel event/mandated report. *Use of play equipment or other devices to overcome barriers to therapeutic interaction.	N/A
Psychotherpay for Crisis each additional 30 mins	30	2	90840	Same as disciplines for primary service	This is an Add-On Code	\$70
<b>Intensive Home-Based Service Codes:</b> *Allowable modifier HK for IHBS or ICC services.						
Psychiatric Diagnostic Evaluation	15	1	90792	MD/DO, PA, PhD/PsyD, LCSW, MFT, LPCC, NP or CNS	Meeting with individual/ caregiver/ significant support person to gather information to inform as assessment/ re-assessment	\$35
Mental Health Sertvice Plan Developed by Non-Physician	15	1	H0032	Pharm, PhD/PsyD, LCSW, MFT, LPCC, PA, NP or CNS, RN, PT, LVN, MHRS, OT, Other	Meeting with caregiver/significant support person to develop a care plan/client plan	\$35
Psychosocial Rehabilitation	15	1	H2017	All disciplines	Meeting with individual/caregiver/significant support person for the purpose of coaching, skill development as a means to support the individual with managing behavioral health needs.	\$35

**Provider: ABC Sample Provider**

# INVOICE

123 Main St  
Auburn, CA 95603  
Phone: 530-555-1212 Fax: 530-555-1313

INVOICE # 072023-XXXX  
DATE: 07/31/2023

**TO:**  
Placer Co HHS Fiscal  
3091 County Center Drive  
Auburn, CA 95603  
[SOCFiscal@placer.ca.gov](mailto:SOCFiscal@placer.ca.gov)

**Invoices should be received 30 day from service date.  
No invoices will be accepted past 90 days from service.**

Client ID	Month of Service	Amount
12345678	July 2023	\$70
23456789	July 2023	\$70
34567891	July 2023	\$70
45678912	July 2023	\$35
56789123	July 2023	\$70
67891234	July 2023	\$140
78912345	July 2023	\$70
<b>TOTAL</b>		<b>525</b>

**THANK YOU FOR YOUR BUSINESS!**

Signature: \_\_\_\_\_

**Provider:**

# INVOICE

Street Address  
City, ST ZIP Code  
Phone: Phone Fax: Fax

INVOICE # 072023-XXXX  
DATE: 00/00/0000

**TO:**  
Placer Co HHS Fiscal  
3091 County Center Drive  
Auburn, Ca 95603  
[SOCFiscal@placer.ca.gov](mailto:SOCFiscal@placer.ca.gov)

**Invoices should be received 30 day from service date.  
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Client ID	Month of Service	Amount
<b>TOTAL</b>		

**THANK YOU FOR YOUR BUSINESS!**

Signature: \_\_\_\_\_