



**DATE:** March 4, 2026

**TO:** All County Behavioral Health Plans (BHPs)

**SUBJECT:** Code Mapping Recommendations to Calculate Performance Measures Included in the Behavioral Health Accountability Sets (BHAS)

**I. PURPOSE**

The purpose of this letter is to provide BHPs<sup>1</sup> with recommendations for mapping state-specific procedure codes to codes included in the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Value Set Directory (VSD) and in measures stewarded by the Centers for Medicare and Medicaid Services (CMS). These recommendations are intended to support BHP performance on performance measures included in BHAS and ensure performance accurately reflects the full scope of behavioral health services provided to Medi-Cal members, including BH-CONNECT evidence-based practices (EBPs) and other community-based behavioral health services.

**II. BACKGROUND**

The Department of Health Care Services (DHCS) is committed to strengthening access to and quality of behavioral health services across the continuum of care for Medi-Cal members living with mental health conditions and substance use disorders (SUDs). Through the [Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment](#) (BH-CONNECT) initiative, [Behavioral Health Transformation](#) (BHT), and broader Medi-Cal transformation efforts, California's BHPs are providing new evidence-based behavioral health services and making new investments in workforce and delivery system reforms.

Using data to assess BHP performance in strengthening behavioral health care delivery is a key component of DHCS' [Comprehensive Quality Strategy](#) (CQS). As part of the CQS, BHPs are required to report on a set of quality measures included in DHCS' [Behavioral Health Accountability Set](#) (BHAS). BHAS measures are either

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<sup>1</sup> Inclusive of mental health plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS) programs and integrated plans responsible for both mental health and SUD treatment.

HEDIS measures stewarded by NCQA or CMS-stewarded measures. Consistent with applicable DHCS guidance, BHPs calculate and report BHAS measures annually. Each BHP's BHAS measure calculations are independently validated by auditors from DHCS' External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG), through a formal review process.

### III. **CALCULATION OF BHAS MEASURES**

Each year, BHPs calculate their performance on BHAS measures using technical specifications developed by NCQA and CMS. The technical specification for each measure describes how to calculate the measure numerator(s) (clinical events, diagnoses, procedures, and/or medications that demonstrate compliance with the measure) and denominator(s) (the eligible population to which the measure applies). The numerator is calculated using specified procedure codes (CPT and HCPCS codes) included in NCQA's HEDIS VSD or a measure specification for CMS measures.

**For applicable performance measures in scope of review, BHPs utilize state-specific HCPCS codes that are not reflected in the VSD.** These include a subset of procedure codes for EBPs available under BH-CONNECT as well as other codes used to claim for community-based behavioral health services, inpatient services, and opioid use disorder (OUD) treatment under Medi-Cal. These codes potentially align with other existing services and codes included and allowed in the VSD for applicable performance measures in scope of review. If these codes are not approved for inclusion in BHP measure calculations, calculated BHP performance measure rates may not account for all behavioral health services provided. For example, a member might receive services with a Coordinated Specialty Care (CSC) team. That member may also have an emergency department (ED) visit for a mental health diagnosis, meeting the "Follow-Up After Emergency Department for Mental Illness" (FUM) denominator definition. A CSC visit is an encounter that could be considered as a follow-up visit after an ED visit for mental health issues. If the procedure code for Coordinated Specialty Care (H2024) is not included as an approved code aligned with a comparable applicable standard code identified in the VSD, CSC visits cannot be captured in BHP performance data for the measure for FUM.

### IV. **BHP CODE MAPPING**

To address this issue, NCQA permits BHPs to "map" state-specific codes that are not currently included in the VSD to other procedure codes that are currently included in the VSD if they are in alignment with the applicable allowable code description. BHP-level code mappings must be reviewed and approved by their county-specific HSAG auditor annually. Code mapping is conducted at the BHP level, not at the state level.

Additionally, the HSAG auditor will request proof that the requested codes for review are required by the State.

DHCS has developed a list of procedure codes frequently used by BHPs that are not currently included in the NCQA HEDIS VSD for performance measures in scope of review in the EQRO process and are therefore not captured in BHAS measure calculations (Table 1); please review other documents on which measures are in scope of review in the EQRO process.<sup>2</sup> BHPs might include the procedure codes provided in Table 1 for mapping (or any other codes they propose to their auditor). Each BHP is responsible for developing its own code mappings and initiating review and approval by HSAG. There is no guarantee that any/all codes included in Table 1 will be approved for a BHP through the EQRO performance measure validation process.

Local mapping in Table 1 is only appropriate to potentially be applied to Short-Doyle claims.

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<sup>2</sup> <https://www.dhcs.ca.gov/Documents/BHIN-24-044-Monetary-Sanctions-Fail-to-Meet-or-Exceed.pdf> and <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx>

**Table 1. Local Code Mapping for BHP Consideration**

<b>Category</b>	<b>State-Specific Code</b>	<b>Description</b>	<b>Existing HEDIS VSD Code to Map</b>	<b>Description</b>
<b>BH-CONNECT Evidence-Based Practices</b>	H2040	Coordinated Specialty Care	H2015 (without revenue code)	Comprehensive community support services
	H2031	Clubhouse Services	H2015 (without revenue code)	Comprehensive community support services
	H2033	Multisystemic Therapy	H2015 (without revenue code)	Comprehensive community support services
<b>Other Community-Based Behavioral Health Outpatient Services</b>	T1007	Alcohol and/or substance abuse services, treatment plan development	H2015 (without revenue code)	Comprehensive community support services
	H2021	Community-based wraparound services	H2015 (without revenue code)	Comprehensive community support services
	H0032	Mental health service plan developed by a non-physician	H2015 (without revenue code)	Comprehensive community support services
	S5145	Therapeutic foster care	H2015 (without revenue code)	Comprehensive community support services
	T1017	Targeted case management	H2015 (without revenue code)	Comprehensive community support services
	99605, 99606, 99607	Pharmacist services	H0034	Medication support services
	90867, 90868, 90869	Transcranial magnetic stimulation	90870	Electroconvulsive therapy (ECT)
	96116, 96121, 96125, 96127	Neurobehavioral assessment	H2000	Comprehensive multidisciplinary evaluation
	T1001	Nursing assessment	H0031	Mental health assessment by non-physician

Category	State-Specific Code	Description	Existing HEDIS VSD Code to Map	Description
	H0046 (+ revenue code H0046 rev)	Inpatient H0046REV services	Revenue Code 0101	All-inclusive room and board
<b>Inpatient Services</b>	H2015 (+ revenue code H2015rev)	Inpatient H2015REV services	Revenue Code 0101	All-inclusive room and board
	H2013	Psychiatric health facilities	Revenue Code 0100 or 0101	0100: All-inclusive room and board 0101: All-inclusive room and board plus ancillary
	S5000/S5001 (+ appropriate National Drug Code [NDC])	Non-methadone MAT dosing	G2073	Naltrexone injection
<b>OUD Services</b>	S5000/S5001 (+ appropriate NDC)	Non-methadone MAT dosing	J0571	Buprenorphine oral
	S5000/S5001 (+ appropriate NDC)	Non-methadone MAT dosing	G2069	Buprenorphine injection
	S5000/S5001 (+ appropriate NDC)	Non-methadone MAT dosing	G2070	Buprenorphine implant
	S5000/S5001 (+ appropriate NDC)	Non-methadone MAT dosing	J0572	Buprenorphine/naloxone