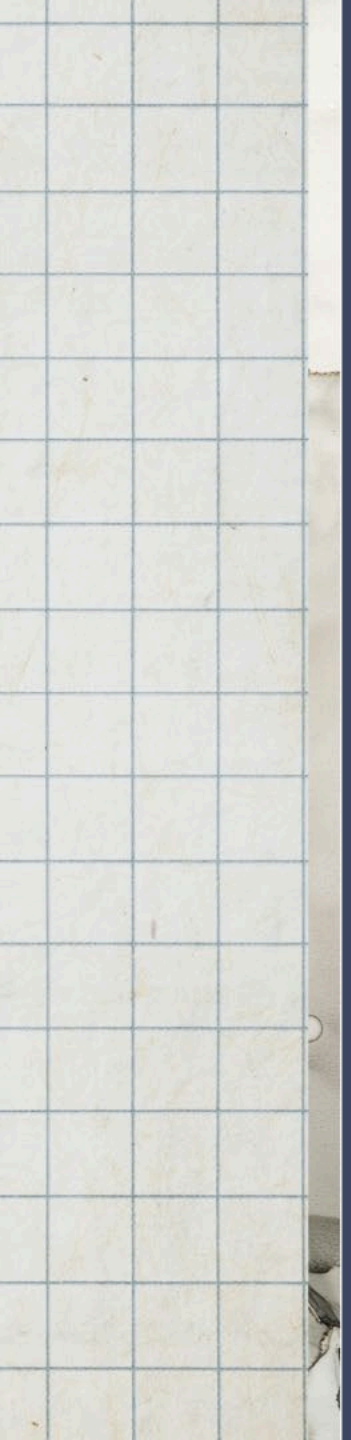

Reviewing Existing Non-Billable EHR Codes for ISL Reporting

Considerations for Behavioral Health Plans (BHPs)

Why should we review existing non-billable EHR codes?

- As BHPs prepare for **ISL reporting**, this is a good time to review how non-billable services and expenses are currently being tracked in the EHR.

- Taking this step now allows you to:
  - Align with current ISL readiness work (e.g., assignment of ISL codes to programs)
  - Evaluate whether existing non-billable codes map to current ISL codes, highlight gaps in the ISL code set, or reflect services that should instead be billed to Medi-Cal

- For BHPs using **non-billable EHR codes**, this review has three key steps:
  1. Identify non-billable EHR codes that have ISL implications
  2. Map existing non-billable codes to standardized ISL codes
  3. Develop an implementation plan

DHCS ISL resources, including the Code Library and Encounter Reporting Guidance, can be found here: Resources | DHCS

Step 1: Identify Non-Billable EHR Codes that have ISL implications

1. **Non-billable Medi-Cal CPT/HCPCS codes**

   CPT/HCPCS codes used for tracking non-billable Medi-Cal services (e.g., treatment services provided to uninsured clients or in lockout settings)

2. **Non-billable custom client-specific codes**

   BHP-created codes used to track client-related services and expenses that do not have a CPT/HCPCS equivalent

3. **Non-billable custom admin codes (not client-specific)**

   BHP-created codes used to track administrative activities that are not tied to a specific client (e.g., staff training, supervision, QA/UR)

1 + 2

If a code is used to track a **client-level service or support**, it should be reviewed for ISL.

3

If a code is used for **administrative, not client-specific** tracking, it likely does not need to be reviewed for ISL.

Step 2: Map Existing Non-Billable Codes to ISL Codes

If you are using...	Recommended Action
1 Non-billable Medi-Cal CPT/HCPCS codes	If the code was modified for tracking purposes, update it to align with Medi-Cal CPT/HCPCS coding requirements for ISL reporting (i.e., use the actual CPT/HCPCS code for reporting per DHCS guidance).
2 Non-billable custom client-specific codes	**Review and map** these codes to non-Medi-Cal ISL codes, **identify any gaps** for DHCS consideration, and **retire** unnecessary non-billable codes. If a generic non-billable code is used for a variety of services, BHPs should assess what it is capturing and map to ISL codes, as appropriate.

Let us know: If you think a service is missing from the ISL Code Library, please submit this feedback -with details about the missing service / use case - for DHCS' consideration for future updates

Step 3: Develop Implementation Plan

Key Considerations

1. **Finalize decisions**
   Retain, retire, or crosswalk existing non-billable codes

2. **Update EHR**
   Revise EHR codes, reference tables, and program code assignments

3. **Update training and guidance**
   Refresh provider guidance, job aids, and training materials; communicate changes

The goal is to turn mapping decisions into clear guidance and consistent practice.